AIDS spreads throughout Asia, but nations still hesitate to act

by Mary McCourt

The deadly AIDS epidemic is spreading throughout Asia, the most heavily populated region of the world. Although this was the last region of the world to confirm AIDS cases, the disease is now reported by the People's Republic of China, Japan, South Korea, the Philippines, Thailand, Sri Lanka, and India. All of these nations are doing little more than limited screening of the most obvious sources of AIDS infection: visiting students from the AIDS-ravaged countries of Africa, male and female prostitutes, blood supplies from the United States.

Yet both Japan and India have great capability for medical and biological research. The problem is that most Asian nations regard AIDS as a "foreigners' disease," and reported cases so far have been traced to direct contact with some person, or blood, from America, Europe, or Africa. Yet all these nations are failing to take the one measure that could contain the virus: complete testing of all visitors to Asia from the AIDS-plagued West. The AIDS virus, no matter what its source, is spreading to both women and men, and proving just as lethal among Asians as any other population.

Although AIDS was detected in Australia as early as November 1982, it was not until Sept. 15, 1986 that Dr. Hafdan Mahler, head of the World Health Organization (WHO), warned at a Manila press conference that AIDS was "knocking at the door of Asia. . . . Clearly it is an epidemic and it is everywhere. . . . India has it now, Australia has quite a lot of it."

AIDS on the Indian subcontinent

India especially, with its 780 million people and utterly inadequate testing facilities, is the most vulnerable. Medical clinics often forced to re-use inadequately sterilized syringes, and untested blood supply, could well become another Africa, if the government does not take immediate steps. To test the entire population of India, as that of China, would be an impossible task. AIDS must be stopped at the frontiers.

It is next to impossible to check the spread of AIDS in a country like India, where no steps were taken to test the thousands of incoming tourists each day, sources at the Indian Council of Medical Research (ICMR) told the Hindustan Times Jan. 1. No adequate infrastructure for checking on AIDS exists in India, and most Indian doctors know little about the disease, or about precautions to prevent its spread, according to the paper's report.

Yet the Indian government is holding back. The Indian Planning Commission failed to clear an urgent, 60 million rupee ($6 million) health ministry proposal for a National AIDS Control Strategy, the Hindustan Times reported Dec. 28. The health ministry submitted four months before a proposal to establish a national surveillance and monitoring system for AIDS. It calls for one surveillance center and three to five "sentinel" centers in every state. The proposal is a modification of one proposed earlier by the Indian Council of Medical Research, calling for 90 million rupees for AIDS surveillance through 1990. Even after planning commission approval, the proposal would then have to be submitted to the finance ministry.

India is waiting to take action, because so far no "indigenous" mutant form of the AIDS virus has been detected, like the different forms of the virus that have developed in Africa or the United States, according to New Delhi sources. It is true that the virus mutates rapidly and different strains exist in different areas of the world, but it is not true that the Indian population is not threatened until that happens. Until we have some knowledge of how AIDS spreads, the only possible means of control is testing of anyone who could carry AIDS into the country, and isolation of detected cases.

Already AIDS is forcing India to take steps it would rather avoid. The government is now deporting all foreign students carrying AIDS, the Hindustan Times reported Jan. 2. The policy was adopted last autumn, but was kept a "closely guarded secret, as the government is anxious not to ruffle the feelings of friendly countries to which the AIDS victims may belong," the paper reported. But too many cases have been found to allow such diplomacy. The first student, from Ethiopia on an Indian government grant, was expelled in December, and a Kenyan student soon followed. By this writing, nine Kenyan students have been expelled, and three students from Tanzania, who studied at an engineering college in Quilon, are likely also expelled.

With only 23 surveillance centers in India, of which only...
four can perform the more accurate Western Blot test, already 35 AIDS cases had been identified by Oct. 15, 1986, and the number may well have reached 50 by the end of that year, the Hindustan Times reported Dec. 28. But testing is only being done in the larger cities, and there has been little attempt to test drug users.

The first Indian reported with AIDS was a prostitute in Madras in southern India, last spring. Dr. I. S. Gilda, secretary of the India Health Organization, reported the first confirmed AIDS death June 9, 1986, in Bombay, on the west coast. The victim, a Bombay businessman, had likely contracted AIDS from a transfusion of contaminated blood in New York in 1981.

AIDS was discovered in Calcutta, in eastern India, in October. A prostitute was jailed after she tested positive in a sampling of prostitutes, hospital blood supplies, and children with blood diseases initiated by Police Chief Sujit Mohal Chowdhury in Calcutta’s red light district, the London Times reported Dec. 9. A magistrate jailed the woman, on the grounds that, “If she is released on bail, the disease will spread further, which is harmful for society.” But she was released on the grounds of “discrimination,” and since no government facilities exist for such cases, she disappeared.

Cases are also on the rise in New Delhi, Dr. Malviya of the Immunology Department of the All-India Institute of Medical Sciences confirmed Jan. 1.

The first AIDS case in Sri Lanka was detected in Colombo, when a very sick British AIDS patient was deported to London on Nov. 16, 1986. Colombo is known as the “Gay Paradise” of the Indian Ocean, where there are some 2,000 male prostitutes, many of them young boys, the British weekly the Observer reported. Sri Lankan health officials are proposing that British tourists be required to carry certificates that they are AIDS-free, and British diplomats are being pressured to demand that their government restrain AIDS carriers from traveling to Third World countries.

The cover-up continues

San Francisco is not the only place where the AIDS virus has “civil rights.” In the Philippines, economic collapse has driven thousands of young women and men into prostitution, and this is being used as the excuse to allow at least 15 known AIDS-infected prostitutes to continue to work in Olongapo and in Angeles City near the U.S. Clark Air Base. Dr. Angelina Andrada, director of Olongapo’s Social Hygiene Clinic, said in an interview that the infected women had been urged to stay at work, rather than return to their home provinces, so the progress of their disease could be monitored, the Dec. 29 New York Times reported. The identities of the women have been kept secret even from their employers, she said. “If everyone will know they have AIDS, they will treat these girls as outcasts.” Local lawyer Estanislao Cesa said he was preparing a class action suit on behalf of “the women of Olongapo,” demanding restitution of those who had caught the disease. The Ministry of Health has asked the Philippine military to seek a guarantee from the United States that all servicemen would be screened for AIDS.

More than 1,400 bar hostesses and massage parlor attendants in Manila and Quezon City were tested for AIDS in November, after it was learned that a sauna attendant, who had gone to Japan, was infected with AIDS. Similar measures have been taken in Thailand, where already nine months ago 6 AIDS cases were confirmed, and 12 AIDS-related cases reported, according to Dr. Praphan Bhanupark of Chulalongkorn University in Bangkok. A group of physicians at the university demanded last May that all homosexual bars be closed, the Sunday Telegraph reported May 25, 1986.

One of the nastiest situations in the Pacific is in Australia. In June 1986, the health department reported that already 109 people had died of AIDS, with another 100 dying. By Jan. 19, the Medical Journal of Australia reported 373 cases, with 192 deaths. More than 5,000 Australians will be infected by the AIDS virus by 1991, according to an Australian health department report, a Reuters news wire reported Nov. 14. Australia’s first case of AIDS was discovered in November 1982.

China: one billion people

AIDS has also hit China, the world’s most populous country. It was, however, a full year after an Argentine tourist died of AIDS while visiting China in June 1985, that the government decided to prepare a quarantine law to require foreigners entering the country for more than six months to undergo medical checks for AIDS and other diseases, as China Daily newspaper reported Aug. 25, 1986. “It is intended to prevent infectious diseases from spreading both inside and outside China from seaports, airports, and exit and entry stations along the borders,” the paper wrote. “Foreigners who intend to stay in China more than half a year may be required to have medical check-ups and to present inoculation or health certificates, as Chinese are required to do before going abroad. This is especially needed because many highly contagious diseases are still quite common abroad and some new kinds, like AIDS, are cropping up.”

By Oct. 20, after four Chinese were found carrying the HIV virus, the Chinese health ministry had set up an AIDS prevention team of 13 medical experts on virology, epidemiology, and “the combination of Western and traditional Chinese medicine to monitor worldwide AIDS developments and prevent the disease in China,” the official Xinhua News Agency stated. The four had contracted the disease as a result of being injected with U.S. blood-clotting agents. A senior WHO official in Peking warned that more may have been infected, UPI reported Oct. 21. China has since banned blood imports.

“The Chinese have been buying a lot of various kinds of blood products which they don’t manufacture or do not manufacture in sufficient quantities, so the number will increase,
I'm sure of that," he said. The official estimated that hundreds of people received transfusions of imported blood before the ban was imposed.

By Dec. 19, a health ministry official confirmed that China is requiring that all foreigners coming to study or do research in China to take blood tests for AIDS. Wang Chao, an official of the ministry's Epidemic Prevention Department, said the requirement will affect about 2,200 foreigners annually. Students will not be forced to take the tests, Wang said. "We'll just advise them to do so and leave the authorities of their universities to decide what more to do." But all new students will be tested starting next year. "If they refuse, their study opportunities in China will be removed," she said.

**Japan: untapped research potential**

Japan is one of the few nations in the world which could lead an all-out assault on the AIDS epidemic. Japan made the critical political decision to end the post-war era at the turn of the year, by breaking the limit on its defense spending and launching a new degree of foreign-policy assertiveness. It has yet, however, to commit its economic or research capabilities to stopping AIDS. More funds for research and screening have been committed, but to date these are far too small, even to curtail AIDS within Japan itself. In December, the 1987 budget for AIDS prevention was increased to yen 155 million, the Japan Times reported Dec. 31. The government spent only yen 43 million against AIDS in 1986. The research budget for AIDS prevention will go up to yen 148 million in 1987, a 300% increase, and administrative costs will be up to yen 7 million, a 200% increase from last year.

AIDS was first discovered in Japan in 1985. As of Jan. 18, 1986, there were 26 cases of AIDS, 17 of whom had died. But there are at least 11,000 carriers, according to Takashi Kitamura, director of the Department of Enteroviruses at the National Institute of Health, the Japan Times reported Nov. 21, 1986. Kitamura said he expected the AIDS cases to reach 1,500 in three years, but with one woman already having a full-blown case of AIDS, and an estimated 300,000 homosexuals in Japan, the potential for rapid spread is great.

The Government Council for Science and Technology decided Dec. 11 to launch urgent research on AIDS, to measure the quantity of the AIDS virus, and to evaluate the effects of anti-AIDS drugs and measure the disease's progress, the Japan Times reported Dec. 12. Then, five days later, the health and welfare ministry established the AIDS Countermeasure Experts Conference, led by Yuichi Shiokawa, professor emeritus at Juntendo University, which met in Tokyo to set up a surveillance committee to diagnose AIDS patients and monitor AIDS virus carriers, in cooperation with 2,000 hospitals and clinics in Japan. It also set up four research groups to develop medicinal treatment for AIDS and study transmission of the virus. The 19-member conference will hold a symposium on AIDS in February and will invite experts from other countries.