

## Indian state plans compulsory HIV testing, segregation and branding

The department of Women and Child Welfare in the Indian state of Maharashtra has issued a circular ordering compulsory HIV testing of all girls aged 12 and over who live in destitute homes. The same government is also planning to brand HIV positive prostitutes with indelible ink. The reason, claim Maharashtra health officials, is that the state has around 60,000 AIDS/HIV patients and the measures are necessary to prevent further spread of infection.

State governments are free to enact their own health laws in India because health is a state, not a federal, matter and although the circular is an order issued by only one department of the government, it requires a higher authority in central government to withdraw it.

The compulsory testing of women living in the state's 50 boarding houses was ordered on December 9<sup>th</sup> last year. The circular requires that positive females are transferred to a separate institution in Saangli 200 miles away from Mumbai, the state capital "for appropriate care and treatment." Not surprisingly, the statute raised a storm of protest at a recent workshop in Delhi, where over 100 representatives of non-governmental organizations (NGO) signed a petition demanding its immediate cancellation. But Ramesh Gaur of the SOS Medical and Educational Foundation at Nasik in Maharashtra, who mobilized the testing campaign, categorically denies claims made last month by a central government health official that the controversial order has been revoked. Anjali Gopalan, head of Delhi-based NGO, the NAZ Foundation, confirmed that the ruling has not been withdrawn and that several girls have already been forcibly tested.

The Maharashtra government is also trying to steer tough legislation for AIDS control through the state legislative Assembly. Under the draft "Maharashtra Protection of Commercial Sex Workers Act," prostitution will be legalized but prostitutes must register with a Board comprised of officials from the police and administrative agencies, which is to be created to look after their welfare. The Boards will have the power to carry out searches and conduct compulsory HIV tests. But perhaps the most astonishing piece of the proposal is that those who test positive will have their thighs "branded" with indelible ink to warn cus-



Indian women demonstrate against HIV testing.

tomers. Branded women who have commercial sex will be quarantined and their clients will be sent to jail.

"This is incredible and has not happened even in countries under military regime," says Ishwar Gilada, secretary of the Indian Health Organization, an NGO that operates in Mumbai's red-light area. Gilada says Mumbai's prostitutes have threatened to release a list of their client's names to the press if the government goes ahead with the Act.

The laws violate the policy of the central government's National AIDS Control Organization (NACO) for deal-

ing with HIV testing and care of people living with AIDS. "We do not advocate mandatory testing at all, except in cases of organ or semen donation," says NACO's project director and health secretary Prasad Rao. But NACO has no legal powers to enforce its policy. Rao's only hope is that the Maharashtra legislation will have a fate similar to a bill proposed by central government in 1989: public outcry was so strong that Parliament turned down recommendations for mandatory HIV testing and patient isolation.

Anand Grover of the Mumbai-based Lawyers Collective, which provides free legal help to HIV-infected people, warns that the problem is not restricted to prostitution. HIV testing goes on in many private companies and people are dismissed from work "because there is no law that says it is illegal," he explained. Grover won India's first case of HIV-employee dismissal against a public sector company last year and currently has ten similar cases on his books.

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## Government cutbacks may prevent identification of new pig viruses

Speaking at a meeting in Sydney, Peter Kirkland—the Australian virologist who identified a new pig virus—was forced to agree with comments of associate professor in public health at the University of Adelaide, Scott Cameron that discoveries such as this may not be made if funding cut-backs and privatization of veterinary laboratories continues. "There is no doubt that if virus isolation had not been done, and certainly is an area that we have cut back on as we face increasing pressure, the virus would not have been found," Kirkland told *Nature Medicine*.

At the Horizons of Science forum on human disease, Kirkland said that the reluctance of farmers to start paying for what used to be free diagnostic tests and autopsies, may ultimately impact on public health and add to concerns surrounding xenotransplantation. "No screening program could be expected to successfully detect a new agent such as this, especially when it is transmitted silently in the pig

population," said Kirkland

The paramyxovirus caused stillbirths and deformities in a large commercial breeding piggery near Sydney in June last year and antibodies to the virus were detected in two farmworkers. By August, the virus had been traced to a nearby fruit bat colony, making it the third fruit bat virus in three years—after equine morbillivirus and lyssavirus (*Nature Med*, 3, 5; 1997)—to be found in humans in Australia. One of the two positive men was

from a farm where there are infected pigs but no bats but, strongly suggesting pig to human transmission.

Government veterinary laboratories in each state provided free services to farmers up until the late 1980's, but these have gradually moved towards full cost recovery, with many being privatized. According to Kirkland, "if farmers are discouraged from bringing in their sick animals we run the risk that a number of these emerging diseases will remain concealed."

RADA ROUSE, SYDNEY

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Pig paramyxovirus.

Courtesy of Peter Kirkland