

AIDS against the rest of the world

The spread of AIDS through heterosexual contact in Asia and Africa has reached truly epidemic proportions. The rest of the world should take notice while there is time.

THE most important news to come from the seventh international conference on AIDS that just ended in Florence is the worst news possible. While Western nations live with the illusion that the human immunodeficiency virus (HIV) has been somewhat contained within populations of homosexuals and intravenous drug users, data from the World Health Organisation make plain that the heterosexual spread of AIDS in Asia and Africa constitutes an epidemic that threatens the very fabric of the societies affected.

According to figures presented by James Chin of WHO, by the end of this decade 40 million men, women and children will be infected worldwide. In just three years time, he predicts, 10 million people in Africa will be infected; in Asia, where Thailand and India are particularly at risk, 3 million people are likely to become HIV positive. Most of those people will be young men and women in their 20s and 30s, whose deaths in huge numbers will devastate the population. WHO chief Hiroshi Nakajima says the looming pandemic threatens "the socio-economic development, and the very survival of whole communities and countries".

To those who closely follow the epidemiology of AIDS, these figures are not entirely a surprise. Nevertheless, the potential force of the pandemic has been brought home anew by the Florence meeting, where preliminary data on the biology of the AIDS virus makes it clear why a massive tragedy in Asia and Africa portends disaster in the West as well.

For the past decade — in fact, ever since AIDS was first reported in 1981 by the US Centers for Disease Control in Atlanta — Western researchers have emphasized the view that AIDS is difficult to transmit. And, indeed, the epidemic appears for now to have peaked in Western nations where HIV spread has been more-or-less contained among high-risk groups where the number of HIV positive individuals is likely to reach 2 million by the middle of this century. Such numbers are hardly a comfort. However, people have been assured that only unusual homosexual practices, such as anal intercourse, or the sharing of dirty needles among drug users really puts one at risk of getting AIDS. In many regards this is reassuring. Large numbers of men and women can go to sleep at night not worrying about contracting a lethal virus.

For the time being, this is largely true, but only because the virus is not yet as widespread among the heterosexual population as it is in Asia and Africa where the virus spreads with apparently fearsome ease from

man to woman and woman to man.

Studies suggest that the upward spiral of HIV infection in Thailand can be traced to the country's large number of prostitutes — government officials estimate there are 800,000 women working as prostitutes — and the fact that sex with prostitutes is common. One recently reported survey claimed that 75 per cent of Thai men said they have had sex with prostitutes.

Figures recently published by Jim McDowell, the US congressman/physician who is co-chair of the Congressional Task Force on International AIDS, also paint a bleak picture for India. According to McDermott, in Bombay alone, the HIV infection rate among 100,000–150,000 prostitutes has jumped from one per cent in 1987 to 30 per cent in 1990. With prostitutes averaging six contacts per night, and an HIV transmission rate of 0.1 per cent, he estimates that 6,000 men are being infected every month in Bombay alone.

The numbers of men from other nations who purchase what is now known to be high-risk sex in these and other countries can only be guessed at, but it is naive to think that once HIV is firmly embedded in the heterosexual population of international centres such as Bangkok and Bombay, its outward spread can then be contained.

Then there is the issue of HIV spread through what are now regarded as highly unlikely means — from physician to patients, for example, or vice versa. In the United States, Britain and the rest of Europe, current data seem to argue that such transmission is rare to the point of being nearly impossible.

There is a striking counter example — that of a dentist named David Acer in a medium-sized Florida town who, before his death last year, passed on HIV to at least one patient whose death is now being chronicled in the public press. Kimberly Bergalis, age 23, convincingly says that she has never had sex and never used drugs. Indeed, her only exposure to HIV appears to be at the hands of her dentist, who is presumed to have transmitted the virus in the course of an ordinary dental procedure.

Bergalis, who has written vividly about losing weight in her fingers and enduring the growth of fungus like 'white fur' all over her mouth and lips, has come to symbolize a fear that the medical profession has done its best to vanquish. Even if it is true that one is not likely to get AIDS from one's physician, the Bergalis case has created understandable public unease and generated a new fear of

this lethal disease that is entirely rational.

One thinks here of Camus's town of Oran and the day, sometime in '194-', that "When leaving his surgery on the morning of 16 April, Dr Bernard Rieux felt something soft under his foot" — namely a dead rat whose presence he first thought "rather odd, no more than that". But as rats in great numbers began dying, people finally recognised that the plague was upon them and that drastic measures had to be taken. It is not impossible that the few cases of unusual AIDS transmission carry a message we do not want to hear.

Controversial data presented in Florence by William Haseltine of the Harvard-affiliated Dana-Farber Cancer Institute in Boston speaks to a possible route of easy heterosexual transmission. Haseltine argues that dendritic Langerhans cells in the mucous lining the mouth and genital areas may be an important site of infection. Haseltine reports that once these cells are infected by HIV, they produce 80 per cent of HIV in the body — even more than white blood cells. In Haseltine's opinion, it is time to recognise AIDS as a "lethal venereal disease — primarily heterosexual".

Although many of Haseltine's colleagues challenge his views (while he, himself, notes that support for the work on dendritic cells comes not from the US National Institutes of Health but from private sources), the idea that AIDS is really a heterosexual disease is an idea whose time may have come.

Certainly, one's perspective on the disease is pertinent to the heated political debate in Florence that took place over US immigration policy and the next international conference scheduled for Boston in 1992. As it stands, US law forbids travel visas or immigration to persons known to be HIV positive. Taking the view that AIDS is not easily transmitted, and that a ban on travel is really a political decision to ban homosexuals rather than a decision about public health, scientific leaders and gay AIDS activists have threatened to cancel the 1992 conference unless the law is overturned. The issue is cast as one of moralistic conservatives versus compassionate liberals. Cast that way, there is only one side to be on.

But casting the debate that way totally ignores a more important reality that needs to be addressed in medical terms, not political. Is AIDS more easily transmitted than Western researchers have wanted to believe? Is the threat of a worldwide pandemic real and imminent? We need to know.

Barbara J. Culliton