
No-one can deny the gravity of the contemporary HIV/AIDS epidemic in the Asia-Pacific region. Efforts to control transmission of the virus are severely hampered by civil strife, poverty, political intransigence, long-standing sexual behaviours, and the sexual exploitation of women. Just as important, the virus does not respect national boundaries, and is carried by drug-users, refugees, illegal workers, sex-workers and tourists. The dimensions to its study, as this writer rightly claims, extend into culture, politics and power. This sinister epidemic lends itself to dramatic treatment, and Chris Beyrer’s book is indeed a drama, perhaps excessively so. An epidemiologist by training, he has written a book which is driven by a dramatic story of heroes — brave and committed doctors, nurses and NGO (non-governmental organization) volunteers — and villains — the allegedly drug-funded Myanmar regime, the moralistic and intransigent authorities governing Malaysia, the obstinately naïve ruling party of Laos, and traffickers in the sex and drug trade.

The preface declares that he will not present a treatise, but rather a crusading travelogue (p. vii). Beyrer introduces the key issue as: “If prevention works and is cost-effective, why has it been so problematic to implement?” (p. 15). The essential elements for the fight in this war include: condom promotion; improved detection and management of sexually transmitted diseases; access to clean syringes and needles for injecting drug users; efficient screening of blood and blood products; widespread implementation of precautions in medical settings; public education campaigns; “targeted interventions” for those at high risk — drug-users, homosexuals and sex workers. However, those at high risk are not the only victims or agents in this war, because like most wars, it is the innocent who suffer the most: in Southeast Asia the innocent are married women and the HIV-infected children they bear because husbands have engaged in unprotected sex with sex-workers (who themselves are victims of multiple exploitation). The problem, he points out, is the need for resources, political will, access to education, freedom of information, expression and thought, and the empowerment of women. Admirable as this is, it is an idealist recipe saturated with a totalistic American ideology (“freedom of information, expression and thought”) which aims to convert the world into one universal space of rights. This is indeed problematic.

The first part of this book provides case studies of countries, including Thailand, “Burma” (he refuses to call it “Myanmar”), dubbing
it a SLORC-imposed name), Cambodia, Laos, Malaysia, Vietnam, and the Yunnan province of China. The second part (entitled “People”) includes ten chapters ranging from “Women, Wives and Mothers”, “The Flesh Trade”, through to “Prisoners” (a very high risk group), and “Activists”. The third part, “Relativity and Culture”, comprises a miscellaneous group of essays dealing with drug wars, human rights and Asian values, and democracy and empowerment.

The chapter on Thailand is the richest in detail and observations, both because of the ready availability of data and the author’s own direct experiences of work in the field of epidemiology there. He outlines the appearance of the first wave of the HIV/AIDS epidemic (1984–88) in the form of infected homosexual men involved with foreign men and the local world of commercial gay sex. But the spread of HIV to other populations was discovered suddenly in 1988 when official screenings of drug-users revealed the rapid spread of the Type B virus. It was just a year after this that the third wave hit Thailand, with the detection of rising rates of infection among female sex workers, their clients and clients’ sexual partners. The fourth wave appeared with the spread of the virus (through the ramifying networks of carriers) among heterosexual men, estimated as numbering at least 600,000 between 1989 and 1995. The fifth wave of the epidemic, which transformed the crisis from that of a minority to the nation itself, was the spread to newly married women, wives, girlfriends, pregnant women, and foetuses. The epidemic among the heterosexual population was caused by the spread of the viral Subtype E (a variant of A and B types). This epidemic pattern did not occur in the United States, leading Beyrer to speculate on what factors were behind the spread among heterosexuals in Thailand: viral or behavioural?

Beyrer draws on the Thai institutional response to HIV/AIDS as a model for Southeast Asia. He recounts the involvement, after 1990, of leading public figures in mobilizing efforts to promote prevention and control, as opposed to mandatory testing. He attributes the fall in national HIV infection rates in Thailand by 1993 to “the practical Thai approach”.

From Thailand and its positive approach to prevention, the author moves on to Burma, Cambodia and Laos, the first two of which present a very different picture: authoritarianism and chaos, respectively. Here the data are much thinner. Data from Burma are unreliable, and existing estimates of infected cases are based mainly on drug addicts, not the general population. Beyrer allows his democratic/humanitarian views to dominate these sections. He denounces the SLORC for treating HIV sufferers as candidates for incarceration, for allowing the medical system to degenerate, and for not legalizing condoms until 1993. By
1995 there were estimated to be 350,000 to 400,000 HIV infections. Most of this chapter is marred by the author’s divergence into discussions of other matters (tourism and the currency) and repetitive pleas for democracy in Burma.

The prospects for monitoring and containing AIDS in Cambodia are even gloomier. With the civil war disruption following the Khmer Rouge regime’s collapse, the carnage caused by land mines, high levels of drug use, trafficking of girls into brothels, low levels of condom use, uncontrolled blood transfusions, the negative impact of UNTAC forces (creating a booming sex trade), HIV/AIDS has run rife. Estimates of the HIV-infected population run from 50,000 to 90,000 people for Cambodia.

The evidence available for Laos is very thin, and the author found in his interviews that AIDS was associated in the popular and official mind with the moral decadence of Thailand. In most of this chapter, he offers speculations about the levels of trafficking in the sex trade, the possible impact of HIV-infected Lao and minority women returning from sex work in Thailand, and muses on the long-term impact of American military intervention in the 1970s. Much of this writing is superfluous padding, and subordinates evidence to a clever turn of phrase.

Beyrer’s verdict on Malaysia is mixed. He notes the hard line on drug use and the policy of screening only specific groups of the population for the virus — a dangerous policy, given that thousands of Malay men visit Thai sex workers across the border. He criticizes the UMNO government’s policy of avoiding the issue of needle-exchange and condom promotion and its confidence that sound Muslim family values will prevent the spread of infection to the heterosexual population. At the same time, he applauds the support networks for HIV/AIDS sufferers among the gay community and NGOs. Regarding Vietnam, he notes the wide disparity in HIV/AIDS infection figures between the government and the World Health Organization (2,280 compared to 200,000). He notes how the “take-off” occurred with drug users around 1992, and observes the disproportionate number of cases concentrated in the south, speculating (unconvincingly) about the causes of this regional imbalance (the impact of American involvement and wartime trauma — the latter surely as severe in the north!). He suggests that the available data, showing most cases among men, indicate the early phases of the Thai epidemic. He applauds the Vietnamese government’s use of Thai-style strategies focusing on education and prevention.

Given the writer’s own commitments and intentions for this work, one cannot really fault the conclusions. They follow from the axiom
that HIV/AIDS is a human rights issue: thus those regimes and social systems that prevent public health objectives should be transformed. Many of the descriptive scenes are not necessary, and the key information could have been conveyed in a book half the length. Technical epidemiological details could have been dealt with best in an introductory section, rather than scattered throughout the narrative. There are numerous acronyms and initialisms that are not indexed, making the reading less than easy.

This book will appeal to readers who are drawn to conspiracy theories and idealistic solutions for the state of the world, and who respond readily to ideologically sound slogans. Despite the evocative title (which is sure to sell many copies among the politically-correct Western middle class), this is not political economy in the true sense: it is the personal testament and thematized travel tale of a committed HIV/AIDS activist, and should be read as such.

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Peter Chalk is to be congratulated for providing a tightly written, highly informative and far-reaching study on the so-called “grey-area phenomena” (GAP) of maritime piracy, drug production and trafficking, and political terrorism in Southeast Asia. The study provides useful case studies combined with trenchant observations and analysis of often complex and unconventional regional security problems. The policy-oriented conclusion examines specific measures for integrating and coordinating responses to the GAP at national levels, together with sets of recommendations for developing multilateral and regional responses.

From the outset, Chalk utilizes a paradigm of “grey-area phenomena” developed by two other authors, Jim Holden-Rhodes and Peter Lupsha in an article written for Criminal Justice International (Vol. 9, No. 1, 1993). GAP is “loosely defined as threats to the stability of sovereign states by non-state actors and non-governmental processes