

War in the Blood: Sex, Politics and Aids in Southeast Asia. By Chris Beyrer. London: Zed Books, 1998. 246 pp.

An American epidemiologist, lecturing at the School of Hygiene and Public Health at John Hopkins University, Chris Beyrer, has focused his attention on the HIV (human immunodeficiency virus) epidemic in Southeast Asia for the last decade, culminating in an informative, deeply disturbing book, *War in the Blood*.

While Beyrer was carefully mapping the trail of destruction of his "enemy" (as he romantically refers to the virus at one point in the book) through Southeast Asia, he also traced the efforts by local governments and non-government organizations (NGOs) to combat those diseases, and sought to understand the local social behaviours and cultural practices that either encourage or control transmission.

Of the 33.4 million people estimated to be infected with AIDS (acquired immune deficiency syndrome) by the end of 1998 (an increase of 10 per cent during the past year), 95 per cent of them live in the developing world, and 21 per cent are in Asia. While malaria has for many years been the biggest killer in the developing world (one million deaths in 1998), AIDS killed 2.5 million in 1998, and continues to infect an estimated 16,000 people each day, 43 per cent of them women (UNAIDS 1998). HIV has taken on the role of the global disease that defines our time.

By the end of 1997, Thailand was estimated to have 780,000 people living with HIV (2.23 per cent of the adult population), China 400,000 (0.06 per cent/adult population), Burma¹ 440,000 (1.79 per cent/adult population), India 4,100,000 (0.82 per cent/adult population), Indonesia 52,000 (0.05 per cent/adult population), Singapore 3,100 (0.15 per cent/adult population), and Malaysia 68,000 (0.62 per cent/adult population), with the number of people with AIDS officially reported to be 528 (World Health Organization 1997).

While it is to his credit that Beyrer has been careful to discuss only those countries he knows well (Thailand, Burma, Malaysia, Cambodia, Vietnam, Laos, and southern China), it is disappointing that Indonesia, the Philippines, Brunei, and Singapore have not been covered. Cu-

riously, only in the case of Singapore did he eliminate a country from consideration, because it “has not consistently reported HIV statistics to international bodies”, in addition to his lack of firsthand experiences here. This contention was refuted by a spokesperson for a local NGO, who suggested to me, quite accurately, that Beyrer “is more interested in [the] political motives for his piece”. Indeed, one would have to agree that the politics of AIDS are central to Beyrer’s concern, but this alone does not explain the curious omission.

Upon requesting further comment from Beyrer, he replied with the following statement:

In '94-'96, when I was working through data by country, Singapore's policy was to target migrant and “guest” workers with every sixth month mandatory HIV screening. Those infected were deported. This is an old variant of the US policy that assumes HIV prevention is keeping HIV infected people out of your population. This doesn't work, of course, but it also sharply skews statistics, since you are trying to test all of one population, and not testing (or testing and not reporting) others. The government refused to release its guest worker data, or the figures on deportations, and I knew from a . . . colleague who worked for them how biased what data they were releasing was. Since I had not the time, or resources, and since HIV there seemed not to play a major role in other epidemics, I thought it better to not include Singapore.

Be that as it may, this note is interesting because it reveals Beyrer's conclusion that the pandemic can be controlled only by addressing the synergy between HIV infection, local politics, and what he calls “other epidemics”, that is, sexually transmitted diseases (STDs), tuberculosis, as well as the social epidemics of intravenous drug use (IVDU), and the trafficking of women. It is the co-determinacy of these various social manifestations that arrests his attention as epidemiologist.

Beyrer repeatedly addresses why he believes the “magic bullet” approaches to HIV infection are not only quixotic, but generally enhance viral transmission. In Southeast Asia, “magic bullet” approaches have included the ubiquitous deployment of the law and criminal codes to combat the epidemic, such as the isolation or deportation of those infected from the population, the criminalization of prostitution or drug

use, and the criminalizing of people of alternative sexual persuasions, such as homosexuals, transvestites, transsexuals. These blunt instrumental practices, the author contends, tend to increase transmission by propagating fear in the populace, pushing the epidemic underground, and short-circuiting education efforts. Beyrer is strongly supported by the World Health Organization in this contention.

Throughout the book, Beyrer peppers his epidemiology with short narratives of his meetings with health officials, NGO activists, sex workers, and others. While these personal anecdotes do provide some respite from the inexorable unpacking of the regional statistics, more than once his inadequately researched descriptions suffered the fate that bedevils all cultural “snapshots”: they promise a perception into complex societies that they simply cannot deliver. While we receive an intimation of local social practices, it is not at sufficient depth for us to really understand them.

Fortunately, these travel narratives are graciously short, and it was clearly never Beyrer’s intention to write anthropology or sociology, but to map an epidemic rapidly on the move. We read in excruciating detail the ways in which AIDS intersects traditional lives, the traditions of sexuality, marriage, business, prostitution, the drug trade, sexual bondage, war, and oppression.

I will quote the following passage at length which offers a good sense of Beyrer’s application of a political or cultural epidemiology:

The very rapid spread of HIV in Southeast Asia has brought about a re-examination of traditional sexual cultures, of the social costs of rapid growth and change, and of the ways repressive political regimes have created national vulnerability to HIV.

The virus forces us to look objectively at sex, and at the ways in which sexual activity often, even regularly, violates social norms and challenges shared mythologies. ...

Governments, indeed societies as a whole, can be uncomfortable with these realities, and can refuse, as so many American leaders have refused, to see beyond their fixed assumptions of what constitutes “normal” sexual behaviour and to look at what people in their societies, indeed they themselves, actually do. This kind of rigidity can lead to disaster, especially with a disease like AIDS, where the incu-

bation is long enough to deny that an HIV problem exists until the virus has thoroughly seeded a population.

Thus we heard the Indian Minister of Health in 1993 stating that traditional Indian family values were the best protection for Indians against AIDS, not condoms, or STD care, or the protection of sex workers. (p. 13)

Four years later, by the end of 1997, India had four million-plus infections.

Beyrer claims that AIDS cannot be controlled instrumentally by governments or even the medical establishment, because the virus makes its way through societies if *social* conditions support its transmission. These co-dependent conditions are varied: traditional, modern, personal, medical, legal, governmental, or related to the breakdown of all the prophylactic institutions of society during periods of social trauma, oppression, and war (as in Burma and Cambodia). Only a synergistic approach to all these interconnected conditions can have real effect.

Perhaps the most disturbing chapter in Beyrer's book is the one concerning Burma, where he describes the forcible displacement of thousands from their villages to camps or new townships on fallow ground, reminiscent of South Africa's apartheid.

The displacement, followed by the importation of heroin into the camps, has resulted in wide-scale addiction of the population. To make matters worse, Burmese statistics reveal the highest incidence of HIV infection among addicts recorded anywhere in the world, and the highest proportion of HIV infection to general adult population in Asia. Put these conditions together with the lowest per capita expenditure on medicine in the region — in large part due to the protracted war of the military junta against rebellious students and minorities — and you have a recipe for an unimaginable disaster.

Beyrer maintains that democratization and demilitarization are the only way out of the dilemma, and largely agrees with the assessment of the National League for Democracy and its leader, Aung San Suu Kyi — popularly elected in 1990, and under house arrest since — that ASEAN's consistent support of the military regime and investment for profit has enhanced the oppressive conditions that allow HIV to proliferate.

Beyrer comes across in *War in the Blood* as a pessimistic realist, foreseeing the prospect of a massive death-toll in Asia in the tens of millions a few years from now, and the spawning of millions of AIDS orphans, many of them infected as well. But he is not a nihilist. Of course, civil strife, repression, human rights abuses, censorship, corruption, and governmental neglect, as Beyrer argues, can make HIV epidemics worse. He sees information dissemination — even in resource-limited settings — as the most viable weapon against the virus in the developing world and to this point, his book is a welcome addition to the arsenal.

NOTE

1. The military junta, which changed the country's name from Burma to Myanmar, has dubious legitimacy in the eyes of the Burmese citizens, who overwhelmingly voted for the National League for Democracy (NLD) during the 1990 elections, and also the United Nations, which still recognizes the results of those elections. For this reason, Beyrer refers to the country by the former, albeit colonial name, used by the NLD and opposition groups.

REFERENCES

- UNAIDS (Joint United Nations Program on HIV/AIDS). *AIDS Epidemic Update*, December 1998.
- World Health Organization and UNAIDS. *Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases*. <http://www.who.int/whosis>, 1997.

Ray LANGENBACH

Ray Langenbach is a doctoral candidate in the Department of Cultural Histories and Futures of the University of Western Sydney at Nepean, Australia.