AIDS and Tourism: Implications for Pacific Island States

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The implications of AIDS control efforts for international travelers are of growing concern to Pacific island states. To date, most Asian and Pacific countries remain Pattern III in the AIDS lingo: too few cases to determine whether the "future infected" will be primarily intravenous drug users and homosexual men (Pattern I) or evenly split between the sexes via heterosexual transmission, plus perinatal transmission (Pattern II). Given this low disease rate in the Pacific, concern tends to focus on maintaining an AIDS-free environment; on "keeping AIDS out". Unfortunately this focus can distract from the most important issue: personal protection.

Nancy Davis Lewis, in a monograph published by the Pacific Islands Development Program of the East-West Center in Honolulu, addresses one of the more sensitive aspects of AIDS in the Pacific: specifically, the controls or restrictions that might be justified for people coming from overseas. Tourism and foreign investment are important sources of income to many island countries. They can be significantly affected by the perception that travel to an island is risky, or by barriers to free travel, such as requirements for AIDS clearance before arrival. Dr. Lewis, in stating the case against such special measures, points to difficulties with the test itself (e.g. false negative results during the "window" period), problems with specimen-handling (e.g. false positive results in the adverse - for blood specimens - climates and conditions of the tropics), and the sheer cost and logistic nightmares involved.

More importantly, such measures are unnecessary and unworkable. Unnecessary because tourism itself is not the danger; the danger is unprotected sexual intercourse. Unworkable because the epidemiology of AIDS indicates that screening tourists will have a very minimal impact, if any, on disease spread. An international committee at a World Health Organization meeting in 1987 concluded: "at best and at great cost HIV screening of international travelers would retard only briefly the spread of HIV, both globally and with respect to any particular country". As Dr. Lewis further states, "the social and sexual behaviors that put a person at risk are the same worldwide". These realities in the case of tourists imply also the futility of similar legal efforts applied to foreign residents in a country.

The xenophobia that AIDS causes should not be unexpected. There are many historical parallels for a threatening disease being linked to national or ethnic fears. Syphilis was once considered by the French to be the "English disease". The English, of course, called it the "French disease". In fact, Dr. Lewis cites the example of some African countries viewing AIDS as an imported "Western" disease, while most Westerners view it the other way.

But AIDS is a world problem, and its origins make no difference other than academic. It is with us to stay, and no country in touch with the rest of the world can expect to remain AIDS-free.

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In addition to the implications of AIDS for tourism and travel, Dr. Lewis reviews HIV transmission and epidemiology (world and Pacific), and addresses some of the special problems confronting educational efforts in Pacific islands. Because the focus of this monograph is on tourists and other foreign travelers, she only touches briefly on controversial issues of concern to the citizens of a country living at home: in particular, mandatory testing and quarantine.

I will expand slightly on that theme here, because of its importance as an issue at least in Micronesia. There has been considerable experience in the world with quarantine, for diseases ranging from smallpox to Hansen's disease. Quarantine is largely ineffective for many diseases even more infectious than AIDS, and may be enormously expensive. What is more, quarantine for HIV-positive people is a life-time proposition. This extreme measure would be proposed for people who represent little or no danger to the general public. AIDS is not, except in most unusual circumstances, a disease that strikes the casual bystander. Infection with HIV requires active commission; in the Pacific these are

mostly related to sexual intercourse. Quarantine will not protect society because only some of the infected will be quarantined, and they represent no general public threat anyway. Protection is best achieved by personal measures: being responsible and careful about personal sexual activity, and using condoms whenever risk exists.

Mandatory testing of the general public would only be justified if subsequent quarantine were possible and effective, or if, by informing large numbers of people of their HIV status, it resulted in measurable changes in behavior. It is much more likely that the family or community reaction, and especially the threat of quarantine, would sabotage efforts at mandatory testing; or else its enforcement would be so cumbersome and expensive as to make the result not nearly worth the effort. On the other hand, voluntary testing, and even "routine" testing in certain populations such as persons with other sexually transmitted diseases, may be very helpful in educational efforts.

Those looking for legislative or regulatory answers to community, national, or regional AIDS control in the Pacific will not find them in Dr. Lewis' monograph. Such answers do not exist. AIDS and Tourism: Implications for Pacific Island States provides a useful and important analysis of issues of pressing concern in many Pacific island nations. And it reconfirms that, at least until a vaccine or an effective treatment is found, our best defense against AIDS remains a personal one. It's a risky world. Attempts to make our environment (or our island) safe from AIDS are much less effective and enormously more complicated than keeping ourselves safe.

The final message is: educate and protect yourself, and teach others to do the same.

Reviewed by: Michael J. O'Leary, M.D., M.P.H. Epidemiologist, Federated States of Micronesia. □

Aspects of Old Age in Fiji

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This 133 page monograph went into print in 1987, thereby becoming the first major publication on this particular topic for this particular part of the world. For this reason alone, it ought to be reviewed. It is more than likely however that certain readers, including perhaps the author and publisher, may hold the view that this reviewer lacks the proper qualifications to be an expert in this particular field and hence, the credibility for this review exercise.

I can only respond to that by pointing out that I am a Fijian who knows more than a little about Fiji's social and economic environments. My work involvement is also in teaching basic medical sciences (including sociology), community health, and general practice, all of which are concerned with the welfare of the elderly. And, like everyone else around me, I am heading inevitably towards old age and, mortality willing, to becoming an elderly person within the kind of social environment that the book deals with.

This publication was spawned (a word frequently encountered in the book) out of a W.H.O. sponsored four country study intended to provide data on aging. For Fiji, its specific aims were ..... "to increase awareness among researchers and policy makers of the issues associated with an aging population, to generate provisional and indicative quantifiable data on which to base objectives for more intensive investigation, and to also provide data from which can be derived areas of policy targets and programmes to meet the needs of the elderly".....quoting directly from the book. The W.H.O. protocol for the four country study was designed to provide data on the status of the elderly in relation to health, economic resources, lifestyles, mental status, disabilities and utilization of health services, as well as in other activities of daily living such as housing, transport and social resources, together with family support.

"The study acknowledges that the sociocultural environment in Fiji conforms with those of other developing communities in which it is unequivocally accepted that the younger generation is duty bound to care for its elderly parents (and sometimes grandparents), even in the changing world and its new forms of economic organization."

The guiding philosophy was the view that, - to quote directly from the book again...."information on the health and social characteristics of the aging population, their attitudes and utilization of current services, and certain information to be obtained from their immediate family (where appropriate), are relevant to a formulation of their needs