

Chapter 4

Second Period: Government and Public Responses

From November 1988 to May 1991

To deal with the increasing number of IDUs infected with HIV who were mostly prison inmates and slum residents, the National Coordinating Committee on AIDS was established in the MoPH in November 1988 and the Permanent Secretary of the MoPH was appointed as chairman. Hence, the agency responsible for prevention and control activities on AIDS in Thailand was raised from department level agency, namely the Department of CDC, to the ministry level. To address the rapidly changing situation in which a sharp rise of HIV-infection was found among low-class female CSWs in June 1989, the MoPH established the Programme on the Prevention and Control of AIDS in October 1989, and accelerated the prevention activities. Shocked at the seriousness of the AIDS situation, a 100 percent condom promotion programme was launched in Ratchaburi Province, and the introduction of an AIDS Bill was discussed to control people with HIV/AIDS who were believed to spread HIV. To urgently increase the awareness about AIDS among the public, information about AIDS disseminated in this period involved messages which would create a frightening image of AIDS. Furthermore, the MoPH

tried to expand prevention activities to the provincial level. The then Minister of Public Health, who had recognized that the AIDS situation was at a critical stage and who had called for the end of secrecy about AIDS faced strong criticism from a local tourism association who feared that his remarks about HIV infection among female CSWs in its southern city might damage the local economy. Indeed, government efforts in this period faced strong opposition from both central and local government agencies, as well as from NGOs. Despite the initiatives of the MoPH, the other government agencies' beliefs about AIDS did not change. These differences between the MoPH and the other government agencies became obstacles for the implementation of the prevention measures. In this Chapter, the active responses of the MoPH to AIDS and the many obstacles they faced will be described.

While the MoPH had tried to create awareness about the danger of AIDS, the public displayed panic-like responses to the facts and information provided as they carried a negative and frightening message about AIDS. A local tourism association desperately tried to protect their business interests, and a university attempted to force foreign staff to undergo AIDS tests. Discrimination towards people with HIV/AIDS and their families by Thai society was severe and such people lost their places to live, jobs, and opportunities for education. On the other hand, NGO opposition to the MoPH's activities, included an

attempt to introduce the AIDS Bill and to continue a ban against foreigners with HIV/AIDS. In September 1989, NGOs working on AIDS gathered and established a coalition. These public responses will also be described.

4.1 Responses of the Ministry of Public Health

During this period, from November 1988 to May 1991, the MoPH came to play a major role in the prevention and control of AIDS in Thailand. The MoPH improved the national plan for AIDS, and then proceeded with its implementation.

Under the new policy of more open information about AIDS to the public, (In detail, see Chapter 3) and also under the circumstance that HIV began to sharply spread among female CSWs, AIDS prevention activities were continued more actively, openly, and broadly. However, the direction was to control the so-called high risk groups as the formulation of the AIDS Bill showed. To urgently create public awareness about AIDS, the MoPH used horrible photographs of the symptoms caused by AIDS, and illustrations of skeletons and hell symbolizing death. To prevent the spread of HIV, the MoPH tried to legislate the AIDS Bill which aimed to control people with HIV/AIDS by a strict law which included detention as a punishment.

To expand the AIDS prevention measures, the MoPH asked for the cooperation of other government agencies

both in the central and the local levels. Cooperation among government agencies, however, faced difficulties because of the other government agencies lacking knowledge about AIDS. This caused confusion and duplication of work among these agencies. Meanwhile more and more people were becoming infected with HIV.

4.1.1 The National Coordination Committee on the Prevention and Control of AIDS

In November 1988, the Permanent Secretary of MoPH was appointed chairman of the National Coordination Committee on the Prevention and Control of AIDS instead of the Director-General of the Department of CDC, and in February 1990, the committee was chaired by the Minister of Public Health. This illustrates the rise in priority of AIDS prevention measures to the ministry level. At a time when the number of people infected with HIV appeared to rapidly increase throughout the general population of the whole country, it was quite important to carry out effective and broad AIDS prevention and control measures.

4.1.2 The Programme on the Prevention and Control of AIDS, Ministry of Public Health

Reflecting the appeal of the then Minister of Public Health who called for 'the end of secrecy of AIDS'

and gave strong support for the openness of information about AIDS, the Permanent Secretary of the MoPH was appointed chairman of the National Coordinating Committee on AIDS in November 1988, in order to enforce the AIDS prevention and control measures. Associated with this appointment, the management of the AIDS prevention and control measures in Thailand was raised from the department level to the ministry agency. As a result of the raised priority of the AIDS issue, every department of the MoPH was involved in the AIDS prevention and control activities, and this enabled a high mobilization of both human and financial resources for prevention activities. In addition, because the ministry had assumed responsibility, the coordination and cooperation among the government ministries improved.

Under these circumstances, the MoPH reviewed the Thai National Programme on the Prevention and Control of AIDS twice, in February and October 1989, due to the change in the situation on the spread of HIV. (Table 4.1) The MoPH pointed out the sharp spread of HIV among low-class female CSWs, and the possibility of the further spread of HIV among housewives and children through male customers of those CSWs, were the reasons for revisions of this time. The MoPH, therefore drew a conclusion that it was necessary to carry out campaigns against AIDS to inform the public of the high risk of HIV-infection with the aim to change people's behavior. (MoPH, October 1989)

Table 4.1 Objectives and Strategies of the Programme on the Prevention and Control of AIDS, Ministry of Public Health

Objectives:

1. Prevent the spread of HIV infection
2. Reduce morbidity and mortality associated with HIV infection

Target:

1. Reduce the spread of HIV, keep the number of HIV-infected people below 24,000 at the end of 1991, and 100,000 at the end of 1996
2. Keep the number of AIDS patients below 320 at the end of 1991, and 1,400 at the end of 1996

Strategies and Measures:

1. Public Health Education
 - 1) Public health education and public relations
 - 2) Training
2. Treatment
 - 1) AIDS ward at Bamrasnaradura Hospital and every level of public health service centers.
 - 2) Case detection, counseling, and mobile medical team to support the implementation in provinces
 - 3) Welfare and rehabilitation center
3. Campaign/Prevention
 - 1) Campaign
 - 2) Screening of blood
 - 3) Contact tracing
 - 4) Medical and social counseling for CSWs and IDUs
 - 5) Legal measure
 - 6) Prevention of vertical transmission
4. Research
 - 1) Research to support prevention measures
 - 2) Establishment of working committee for research support
 - 3) Meetings for the exchange of results of research
5. Information
 - 1) Establishment of information center, library, etc.
 - 2) Issue of AIDS journal and AIDS news
 - 3) Meetings for the exchange of knowledge for prevention at regular intervals
6. System Improvement
 - 1) Coordination
 - 2) Control and supervision
 - 3) Evaluation
 - 4) Sentinel survey
7. Management Improvement of the Programme
 - 1) Coordination committee on AIDS
 - 2) Committee for programme management
 - 3) Department of Communicable Disease Control
 - 4) Management at provincial level

Source: Ministry of Public Health, October 1989, Thai.

Reflecting the result of the first sentinel survey which appeared in June 1989 and in which the spread of HIV among low-class female CSWs was found, it seems that the MoPH obviously recognized the serious situation of the AIDS epidemic and began to take serious action. For example, as stated in the programme's objectives, the MoPH fixed concrete figures and said the real number of people with HIV/AIDS should be kept below these targeted numbers. (MoPH, October 1989:2) The MoPH even mentioned a possibility of taking legal action against CSWs and IDUs or persons who would be suspected of spreading HIV to other people. (MoPH, October 1989:3,6)

Another remarkable point is that the MoPH focused on the improvement of the system and the management of the AIDS prevention and control programme, which had not been clearly mentioned in detail in the previous national programme on AIDS developed in 1987. It was quite important that all agencies of both the government and the private sector in society, and even international organizations be involved. This involvement was indispensable and essential in terms of the expansion of the AIDS prevention measures from concentrating only in some specific regions to becoming nationwide, and also from focusing only on high risk groups to focusing on the general public. The AIDS issue was now recognized as being not only a public health problem but also a social and economic problem.

The system and management improvements will now be elaborated on, because these features of the revised programme reflected the efforts of the MoPH to involve a lot of agencies in the prevention activities, and to expand the programme nationwide with the aim of informing the general public.

First, in the improvement of the coordination system, the MoPH displayed the intention for coordination between as many agencies and organizations of both the government and the private sector as possible, at both the national and the international level. (Table 4.2) Second, with regard to improving the control and management, the senior officer of the MoPH, the vice permanent secretary in this case, was to be closely involved and responsible for the control and management of the programme. Regarding the implementation of the programme in the provinces, a quick report of the results was requested. Furthermore, an effective evaluation method of the programme was expected to be developed for systematic and improved programme planning in the future. For the estimation of the situation of the AIDS epidemic, two kinds of sentinel survey systems were adopted: that based on the medical cards of AIDS patients, and another which would be carried out nationwide every six months. The former is the system which would later be called the AIDS Voluntary Reporting System, and the latter is the original sentinel seroprevalence survey which first started in June 1989.

Table 4.2 System and Management Improvement in detail in the Programme on the Prevention and Control of AIDS, Ministry of Public Health

1. System Improvement
 - 1) Coordination
 - Within agencies of the MoPH
 - With other ministries
 - With private organizations
 - With international organizations
 - Establishment of neutral coordinating agency
 - 2) Control and Supervision
 - By senior officer of the MoPH
 - By Vice Permanent Secretary of the MoPH in the provinces
 - 3) Evaluation
 - Formulation of index for evaluation of the programme
 - Evaluation of the programme
 - 4) Sentinel Survey
 - Based on the patient's card
 - Special sentinel survey

2. Management Improvement of the Programme
 - 1) Coordination Committee on AIDS
 - 2) Committee for Programme Management
 - 3) Department of Communicable Disease Control
 - Expansion of Center for Prevention and Control of AIDS
 - Strengthening of the role of the Department of STDs, Bamrasnaradura Hospital, and the district communicable disease offices
 - 4) Management at Provincial Level
 - Establishment of the Committee of the Programme on Prevention and Control of AIDS at provincial level
 - Establishment of the Management Committee on Prevention and Control of AIDS at provincial level

Source: Ministry of Public Health, October 1989, Thai.

Regarding the improvement of management, the MoPH again created a Coordination Committee on the Prevention and Control of AIDS, which was already approved by the Cabinet, as the organization responsible for coordination, and suggested that the committee be revised when necessary in the future.

At the same time, the MoPH formulated the Committee for Programme Management as the organization for the management of the programme, and the Permanent Secretary of the MoPH was appointed a director of the committee. For the responsibilities of this committee, see Table 4.3.

Regarding the Department of CDC, the role of the Center for the Prevention and Control of AIDS was planned to be expanded to cover responsibility and implementation of the welfare and rehabilitation center. In addition, the strengthening of the role of the Venereal Division, Bamrasnaradura Hospital, and the district communicable disease offices, was also anticipated by the programme.

The management of the AIDS prevention activities at the provincial level referred to in the programme, was one of the remarkable topics in that the expansion of the activities on AIDS was nationwide. The provincial governor was appointed chairman of the programme committee and the whole local government was expected to be involved in the AIDS programme. (Table 4.4) At the same time, every agency or organization, both in the government and in the private

Table 4.3 Responsibilities of the Committee for the Programme Management

1. To manage the prevention and control programme on AIDS of the MoPH.
2. To set up the proper policy and method for the prevention and control of AIDS.
3. To consider solutions and improvement of the direction of the implementation of the prevention and control of AIDS which would be proper for the situation of the AIDS epidemic.
4. To support and mix various project plans related to AIDS.
5. To control and supervise the implementation of the programme, and to follow the results.
6. To establish the sub-committee for management, sub-committees, and working groups when necessary.

Source: Ministry of Public Health, October 1989, Thai.

Table 4.4 Provincial Committees on AIDS, Members, and Roles

1. The Committee of the Programme on the Prevention and Control of AIDS at Provincial Level
 - Provincial governor Chairman
 - Head of the prevention and control of AIDS of the local government Member
 - Representatives of the related private sectors Member
 - Doctors of the provincial public health office Member, secretary
 - Experts of the treatment of diseases for prevention. Member, assistant secretary

2. The Management Committee on the Prevention and Control of AIDS at Provincial Level
 - Doctor of the provincial public health office Chairman
 - Director of the central hospital, general hospitals, and community hospitals Member
 - Head of the provincial public health offices Member
 - Representatives of the CDC, the Department of Health, and the Department of Medical Sciences Member
 - Experts of the treatment of diseases for prevention. Member, secretary

3. The Roles of the AIDS Committee at Provincial Level
 - (1) To set up the policy for the prevention and control of AIDS in the province.
 - (2) To implement early the effective prevention and control measures of AIDS in the district of province based on the provincial policy and plan.
 - (3) To control and supervise the results of the prevention and control of AIDS the in province, and to coordinate them.
 - (4) To coordinate between the government service and related organizations both in the government and the private sectors.

Source: Ministry of Public Health, October 1989, Thai.

sector, was supposed to take part in the programme as well, though expected roles for the private sector were not concretely elaborated.

Then, the setting up of policies, the implementation of the plan, the coordination the results of the activities, and the coordination among organizations both within the government and between them, were provided as responsibilities of each province.

Through this programme, the MoPH tried to let every province develop its own AIDS prevention plan to suit their own situations and to expand the prevention activities nationwide.

4.1.3 AIDS Bill

In this second period from November 1988 to May 1991, while the Minister of Public Health called for the end of secrecy about AIDS and information about AIDS was actively disseminated, the expansion of the AIDS prevention activities in terms of both the target groups and the region of its coverage was also emphasized. However, according to the first sentinel seroprevalence survey conducted in June 1989, the greatest rate of HIV-infection, 44%, was found among female CSWs in a province in the northern part of Thailand. As this greatly surprised both the government and the public, the AIDS Bill was brought up again as a possible prevention

measure, and a strict legal force to control the high risk groups, such as IDUs, CSWs, and the other people with HIV/AIDS. Under the AIDS Bill, punishment including fines, detention, and imprisonment could be applied to "offenders."

(1) Structure and Content of AIDS Bill

The debate on the AIDS Bill took place from the latter half of 1986 to the first half of 1987 reflecting the amendment of the Immigration Law in August 1986, and its enactment was again brought up for discussion in the second half of 1989, exactly after the high infection-rate of HIV among female low-class CSWs was found as a result of the first sentinel seroprevalence conducted in June 1989.

The bill consisted of 72 articles; 6 of which were on definitions and the other 66 were categorized into 8 groups. (MoPH, Memorandum ...of the AIDS Bill, Thai) (Table 4.5)

In fact, a proposal of the AIDS Bill was made in February 1989 by Yongyuth Sarasombat, Visiting Professor of the Public Health Management of Alabama University, Birmingham, in the U.S.A.. (Yongyuth: November 2 1989: 91-101, Thai) However, it is interesting to note that punishment under his proposal was lighter than that under the AIDS Bill brought up for discussion after the

Table 4.5 Structure of AIDS Bill

Definition :	(Articles 1 - 6)
Section 1 :	Committee on the Prevention and Control of AIDS (Articles 7 - 15)
Section 2 :	AIDS Fund (Articles 16 - 22)
Section 3 :	Prevention and Control of AIDS (Articles 23 - 34)
Section 4 :	General Measures for the Prevention and Control of AIDS (Articles 35 - 38)
Section 5 :	Rights of the HIV-Infected and the Suspected Persons (Articles 39 - 41)
Section 6 :	Appeal (Articles 42 - 51)
Section 7 :	Authority and Duty of the Person in Charge (Articles 52 - 54)
Section 8 :	Punishment (Articles 55 - 71)
Section 9 :	Provisional (Article 72)

Source : Ministry of Public Health, Memorandum on Reasoning and Principles Accompanying the AIDS Bill, Thai.

explosive spread of HIV among female CSWs was found. For example, in Professor Yongyuth's proposal, if those infected with AIDS with a 'special occupation'* did not stop working in that occupation, they were in violation of the law, and they were liable to imprisonment not exceeding 6 months or to a fine not exceeding 10,000 baht, or both. In the latest AIDS Bill, however, the punishment for the same offense was imprisonment of not exceeding 3 years, or a fine not exceeding 60,000 baht, or both. (See Article 62, Appendix) The punishment under this AIDS Bill was obviously heavier. In his proposal, Professor Yongyuth said that punishment was very light and recommended a stricter law. (Yongyuth: November 2 1989: 100-101, Thai) Taking this into consideration, his comments seemed to have been adopted in the last AIDS Bill which will be discussed here.

The latest AIDS Bill actually included articles which ordered medical personnel to keep information confidential about people who were infected or were suspected to be infected with AIDS (Article 32); and prohibited medical personnel to refuse treatment of AIDS patients (Article 39); and prohibited employers to fire their employees because of AIDS (Article 41). Furthermore, the bill also mentioned the establishment of the AIDS Fund (Section 2) aimed at encouraging research related to AIDS,

* In Thai "*Archiip Phiset*" is used, which means an occupation of selling sex.

the propagation of knowledge about AIDS, and the support for people infected with HIV, etc. Regarding this part, there was an agreement even among members of NGOs* who generally strongly protested against the AIDS Bill.

The purpose of the AIDS Bill was, however, not to protect the individual rights of those infected or suspected to be infected with AIDS, but to control those people by law. Therefore, the bill authorized officials to order high risk groups or people infected with HIV to undergo blood tests for AIDS (Article 24) and enabled them to force those who disobeyed or violated the order or the law to undergo tests and have treatment or restrict their movements. (Article 28) Officials could even fine, detain or imprison persons who violated the articles and engaged in behavior which could spread HIV to others. (Article 59, 60, 62, and 63)

At the same time, owners or superintendents of entertainment places, namely, owners of the places where

* John Ungphakorn, the Director of the Thai Volunteer Service, strongly opposed the AIDS Bill, however, he expressed his agreement with the idea of establishing the AIDS Fund in the bill. (Bangkok Post, Hearing draws strong support for AIDS Bill, November 24 1989. Looking at the title of this article, the writer seems to understand that there had been strong support to the AIDS Bill in the public hearing. However, strong objections to the bill were made by "doctors, social scientists and activists working on issues ranging from women's, children's and gay rights, to prostitution, public health and rural development," according to Ann Danaiya Usher in After the Forest: AIDS as ecological collapse in Thailand, 'Thai Development,' No.26 1994, pp.20-32, a magazine about development news and NGO movements in Thailand.)

commercial sex could be provided, such as, brothels, bars and night clubs, were also targeted by the AIDS Bill. That is, in case they did not implement the prevention measures, the authorities could submit a petition to the court to seek the closure of those entertainment places. (Article 37, 38, and 66) Even if the entertainment places did not offer convenience for the authorities to make inquiries, they could be fined as well. (Article 70)

(2) Dispute concerning AIDS Bill

Although the MoPH emphasized the necessity of the AIDS Bill, claiming the difference of AIDS from other diseases, the strict control against high risk groups and people infected with HIV led to strong criticism in terms of the violation of individual rights, and the ineffectiveness of forcing peoples behavior by law.

The MoPH defended the AIDS Bill claiming that "the prevalence of AIDS has different features from other communicable diseases, therefore, it is impossible to take measures for the control and prevention of disease by applying the present law in order to control AIDS." (MoPH, Memorandum ..., Thai) The Minister of Public Health, Chuan Leekpai, himself emphasized the necessity of the AIDS Bill from the viewpoint that the crack down on the sex industry was essential to reduce the spread of HIV since CSWs working there were knowingly spreading the virus, (Bangkok

Post, September 14 1989) and he explained that "its purpose is to empower officials to stop the spread of the killer disease." (Bangkok Post, September 9 1989)

According to Ann Danaiya Usher, a writer on environmental politics and health issues in Thailand since 1987 and a staff reporter at *The Nation*, an English daily newspaper in Bangkok, the former Prime Minister Thanin Kraivichien (October 1976 to November 1977) was "the most high-level proponent" of the AIDS Bill. (Usher, 1994:29) According to her, Thanin said at a meeting organized by the Chulabhorn Research Institute in early 1989 that "Of course we do not want to discriminate [against] such groups of people, commonly known as 'high risk groups,' but how can we reduce such risk from these irresponsible people... for the general public must also be protected?" (Usher, 1994:29)

Against the background that the sex industry and CSWs were regarded as the source of the spread of HIV, there was the fact that some CSWs infected with HIV had been continuing to provide sexual services to customers. (Bangkok Post, January 25 1989) The Governor of Chiang Mai, Pairat Techarin, claimed that "most of the girls who tested positive with HIV were still working because they had no alternative ways to make a living." (Bangkok Post, November 24 1989)

However, strong criticism of the Bill emerged. Thongbai Thongpao, a human rights lawyer, totally

disagreed with the proposed AIDS law. He argued that it "not only violates individual rights but is also unfair to service girls who are infected with the disease unknowingly." (Bangkok Post, September 8 1989) The statement submitted to the Prime Minister by 15 NGOs, including Dr. Praves Wasi, a Magsaysay Award winner from Siriraj Hospital, said "If a law is put into effect, people who were infected unknowingly will be considered criminals and will cause others to hide and spread AIDS even more." (Bangkok Post, October 12 1989) John Ungphakorn, the then Director of the Thai Volunteer Service, opposed the AIDS Bill on the ground that its target was obviously sex-workers and not their customers, and that this would award criminal status to infected people. (John, August 5-9 1990: 151-154)

Pressured by public opposition, a public hearing of the AIDS Bill was held in November 1989 and was attended by public prosecutors, police, lawyers, and representatives of government agencies and NGOs. Afterwards, minor revisions were made, then in March 1990 the Cabinet approved in principle a draft of AIDS Bill. The then deputy Minister of Public Health, Suthas Ngermuen disclosed that he would try to introduce the the AIDS Bill in the form of an executive decree in case it could not be passed by the then Parliament. (Bangkok Post, July 14 1990) An executive decree is an emergency measure used to propose a bill as law while the House of Representatives

is in recess. Therefore, if the AIDS Bill was introduced in the form of the executive decree, the immediate implementation of the bill would have been possible.

The plan to use the executive decree for the AIDS Bill predictably faced strong criticism from NGOs, such as the Women's Foundation and Friends of Women Group. A coalition of 18 NGOs also pointed out the vagueness of the terms used in the bill, such as 'high risk groups,' and criticized the AIDS Bill by saying that "only people belonging to high risk groups... are subject to unfair treatment under the proposed law since they are most visible, most identifiable and offer least resistance." (Bangkok Post, July 17 1990)

This AIDS Bill drafted by the MoPH was supported by personnel from the public health organizations, but opposed by NGOs. Therdpong Chaiyana, the then chairman of the House Public Health Committee claimed the necessity of the AIDS Bill on the grounds that "to prevent AIDS carriers from spreading the disease either deliberately or unknowingly." (Bangkok Post, July 19 1989) However, this was somehow strange, because what should be prevented was HIV itself, not 'AIDS carriers' as mentioned. People who supported the AIDS Bill seem to have misunderstood the target for the prevention and control of AIDS. Opposition groups objected to the bill and pushed human rights forward in support of their reasons. Women's rights were especially emphasized since the majority of the target

group of the bill were female CSWs. Tanin, the then Privy Councilor and also former Prime Minister, said "the law (AIDS Bill) must be strictly enforced." (Bangkok Post, November 24 1989) However, why should CSWs be under strict control while the sex industry had never been treated strictly even though it is illegal? Behind the idea of the AIDS Bill, there seems to be a hint of protecting male interests; allowing them to keep their profit from the sex industry but also to secure their own safety at the same time. Usher said, "Lawyers on the draft committees stood their ground, insisting that it would be unrealistic to legislate for men to wear condoms with prostitutes, and that the 'public good' must override idealistic human rights concerns." (Usher:29)

4.1.4 100 Percent Condom Program

Taking the AIDS situation which had suddenly and sharply spread among female CSWs into consideration, the 100 Percent Condom Program was first launched in 1989 in Ratchaburi Province, west of Bangkok. The purpose of the programme was to promote 100% condom use in the commercial sex setting. For that purpose, free condoms were provided to entertainment places, such as brothels, tea houses, night clubs, or bars, with the collaboration of health officials, local administrators, and the police. Since there were a lot of instances when customers refused to

use condoms even though female CSWs asked them to, the cooperation of the owners of those places was absolutely essential for the success of the programme.

Later, in August 1991, this programme became the official policy of the National AIDS Committee and contributed to raising the rate of condom use in the commercial sex setting, and in fact, the number of male sexually transmitted diseases patients decreased. (AIDSCAP: January 1993)*

However, because the target of the programme was extremely limited, that is, female CSWs and their male customers, it could not stop the transmission of HIV from male customers to their wives and children, who were completely out of the target of the programme.

Details of the programme and the results will be mentioned in Chapter 5, which describes about the third period when the 100 Percent Condom Program officially became one of the activities for AIDS prevention and control in Thailand.

4.1.5 Review of Medium-Term Plan

Reflecting the rapid spread of HIV and the clear shift in the pattern of HIV transmission, the Medium-Term

* Sexually transmitted diseases are greatly related to the HIV infection, namely, they enable the easy transmission of HIV.

Plan, 1989-1991, was developed in August 1989. It was also reviewed each year, first in March 1990, then in January 1991, and again in November 1991.

According to a review team, activities planned in the Medium-Term Plan were generally well implemented and there were some cases which even exceeded the planned target. In the first year, for example, the review team evaluated that the first year of the Medium-Term Plan was a success in that most targets were met, such as the distribution of 18 million condoms, health education which reached tens of thousands of people through group education and outreach sessions, the production of a large variety of posters, pamphlets, or other health education materials, and the training for health workers, teachers and other key groups, etc. The team also identified some shortcomings of the Medium-Term Plan, such as, the duplication of sub-committees of the National Coordination Committee on the Prevention and Control of AIDS, and the redundancy of health education in general.

From the perspective of focusing on the expansion of measures to deal with the rapidly changing AIDS situation, the change of activities and recommendations of the review team will be particularly focused on in terms of the decentralization of the AIDS prevention plan to the provinces, and involvement of other organizations, both government and non-government. These were actually very significant keys for dealing with the fast spreading AIDS

situation, by mobilizing more resources from all sectors of the country and by expanding the prevention plans to the whole country.

When the Medium-Term Plan was developed in August 1988, the majority of people infected with HIV were IDUs. However, when the first revision was conducted in March 1990, this majority shifted to female CSWs and males with sexually transmitted diseases, and a more broad prevalence of HIV in the provinces was visibly recognized. Upon this change, the review team mentioned in its first review that appropriate planning at the provincial and district levels was urgently needed because none of the provinces had submitted coherent plans for the prevention and control of AIDS. The team pointed out that most activities were established on an ad hoc project basis. It was, therefore, recognized that there was an increased and urgent need to develop decentralized plans for activities at the provincial level and to assist provinces in the formulation of immediate intervention. (MoPH, WHO, March 19-29 1990:11-16) Because of the increasing spread of HIV among female CSWs especially in the upper northern provinces of Thailand, 5 northern provinces were suggested to be chosen to receive immediate attention in preparing a plan of action.

Concerning cooperation between the government and NGOs, the review team expected NGOs to work particularly in reaching people who were hard to be reached, such as individuals, villagers, slum residents, and especially

low-charge female CSWs who were the high risk group of HIV infection through heterosexual intercourse.

In the second review conducted in January 1991, the review team pointed out the limitation of the AIDS measures under the MoPH on the grounds that the AIDS epidemic exceeding the capacity of any single ministry, and, therefore, called for multi-sectoral cooperation. Because planning was mainly done by the MoPH and funds were given by the MoPH, other ministries could not realize the seriousness of the epidemic and they believed that AIDS was the responsibility only of the MoPH. (MoPH, WHO, November 4-15 1991:9) Therefore, the review team appealed for strong political commitments from all government and private sectors and for the appointment of the Prime Minister to be chairman of the National AIDS Committee by saying that "Maximum utilization of combined efforts from various institution can not be secured without direct political commitment from the highest national authority." (MoPH, January 14-23 1991:7)

The month after this recommendation was publicized, a military coup took place and the government changed. Under the new government, led by Prime Minister Anand Panyarachun, the National AIDS Committee was chaired by the Prime Minister and strong political leadership for the AIDS prevention and control measures was realized only several months later.

In addition to developing and revising provincial

AIDS plans, training and supervision on developing AIDS provincial plans were included in the work plan for the third year of the Medium-Term Plan (April 1991 to March 1992).

With regard to NGOs, even though as of October 1990, 35 NGOs participated in the national AIDS activities, (Table 4.6) the team mentioned the necessity of more additional fund to NGOs to expand NGOs' activities on AIDS.

Because the issue of the AIDS Bill had been argued in this period, the review team referred to it and pointed out the difficulties "to balance the rights and responsibilities of individuals and the concerns of public health interventions," (MoPH, 14-23 January 1991:12, Annex 7) and recommended further public hearings to discuss key controversial issue of the AIDS Bill before submitting it to the Cabinet. Different from the first and the third reviews which were conducted by teams including external personnel, such as WHO and representatives of Thai NGOs, this second review was an internal review which was carried out by a group of six senior Thai health officials of the MoPH. Taking this point into consideration, the fact that the review team recommended further public hearings about the AIDS Bill can be appreciated and also seems to indicate the fairness of the MoPH, because the

* MTP : Medium-Term Plan

Table 4.6 NGOs Participating in National AIDS Prevention Activities in Thailand (October 1990)

1. Funding/technical assistance/pilot research
 - (1) Family Health International (FHI)
2. Funding/technical assistance/pilot implementation
 - (1) Program for Appropriate Technology in Health (PATH)
 - (2) Redd Barna Thailand
 - (3) World Vision Foundation of Thailand
3. Funding/technical assistance
 - (1) Family Planning International Assistance (FPIA)
4. Implementation of project activities
 - (1) AIDS Crusade
 - (2) Association for the Promotion of the Status of Women
 - (3) Association for Strengthening Integrated National Population and Health Development Activities of Thailand (ASIN)
 - (4) Chulabhorn Research Center
 - (5) Duang Prateep Foundation
 - (6) Education Means Protection of Women Engaged in Recreation (EMPOWER)
 - (7) Fraternity for AIDS Cessation in Thailand (FACT)
 - (8) Foundation for Agriculture and Rural Management (FARM)
 - (9) Foster Parents Plan International
 - (10) Foundation for Women
 - (11) Friends of Women Group
 - (12) Grassroot Micro Media Project
 - (13) Hotline Center Foundation
 - (14) Intensive Development for the Quality of Life Association
 - (15) Media Link Group
 - (16) National Council on Social Welfare of Thailand
 - (17) National Council of Women of Thailand
 - (18) National Young Women's Christian Association of Thailand
 - (19) Population and Community Development Association (PDA)
 - (20) Private Hospital Association of Thailand
 - (21) Planned Parenthood Association of Thailand (PPAT)
 - (22) Pearl S. Buck Foundation, Inc.(Thailand)
 - (23) Program on AIDS, Thai Red Cross Society
 - (24) Social Development and Improvement Foundation
 - (25) Thai Association for Voluntary Sterilization
 - (26) Thailand Development Research Institute (TDRI)
 - (27) Thailand Fertility Research Association (TFRA)
 - (28) Thai Volunteer Service
 - (29) World Concern
 - (30) Women Doctor's Association for Thailand

Source: Ministry of Public Health, 14-23 January 1991:
Annex 6

AIDS Bill was drafted by the MoPH itself.

The third review was done in November 1991, after Prime Minister Anand became chairman of the National AIDS Committee. The review team recommended that a multi-sectoral National AIDS Programme be developed, and said that the "new structure of the National AIDS Committee and the National AIDS Programme should be designed to develop effective working relationships between national authorities, government ministries, and non-governmental organization." (MoPH,WHO,November 4-15 1991:10)

Concerning provincial AIDS prevention and control plans, the team recommended that a more effective system and greater technical assistance were needed for provincial and district officials, because there were inconsistencies between official national policies and activities taking place at the field level. For example, case detection was still taking place in some provinces, despite that it was no longer continued in national policy.

Regarding the AIDS Bill, the team reported the suspension of the bill. The AIDS Bill was canceled by the National AIDS Committee in December 1991.

From these three revisions of the Medium-Term Plan, it seems clear that despite the efforts of the MoPH to prevent and control AIDS, HIV spread much faster and the situation exceeded the capacity of the MoPH. Consequently, strong political commitments from the highest

level became necessary. To address this situation, the MoPH made efforts to have every province develop their own AIDS prevention plans. However, due to the provincial officers' lack of knowledge and recognition about AIDS, there were some inconsistencies with the national policy on AIDS at the field level. With regard to NGOs, though more NGOs became involved in the MoPH's AIDS prevention plan and financial support was provided to them, it was still necessary for the MoPH to budget more funds and to improve the structure of the National AIDS Committee and the National AIDS Programme so as to develop effective working relationship with NGOs.

4.2 Out of Step Responses of the Government

To deal with the increasingly serious AIDS situation, the MoPH tried to conduct the AIDS prevention and control activities with the cooperation of other organizations, both government and non-government, and in broader areas of the country. However, the efforts of the MoPH faced obstacles not only from the NGOs but also from other ministerial and local government organizations.

4.2.1 Ministry of Interior:

Revision of the Immigration Act

As already mentioned in Chapter 3, AIDS was included in the Immigration Act in August 1985 in order to prevent foreigners infected with HIV from entering the country and to provide for the deportation of foreigners infected with HIV. Since foreign tourists were not required to show any certification mentioning their status of AIDS, this act had in fact never been strictly enforced.

Therefore, in 1989, the MoPH which had apprehensions about the serious situation of AIDS started to study the possibility of drafting a law empowering the authorities to conduct blood tests on all tourists entering the country. It also studied whether the test should be mandatory for all incoming tourists, according to the then deputy Minister of Public Health, Suthas Ngermuen. (Bangkok Post, July 23 1989) This kind of bill was also supported by the Democrat Party. It is remarkable that the then deputy leader of the Democrat Party was Chuan Leekpai, also the then Minister of Public Health. While he called for the end of secrecy about AIDS, he agreed with the strict control of people infected with HIV through the passing of the AIDS Bill.

However, the MoPH changed its attitude in November 1990. The MoPH asked the Ministry of Interior to remove

AIDS from the Immigration Act based on a request from the WHO, which wanted to remove obstacles for people with AIDS coming to Thailand for an international AIDS conference held in December 1990 which was organized by the Princess Chulabhorn Foundation of Thailand. On the elimination of AIDS from the Immigration Act, the MoPH explained that "the situation of AIDS had greatly changed, therefore, blocking foreigners with HIV or AIDS from entering the country is no longer effective in preventing and controlling AIDS in the country." (MoPH, 1993 Fiscal Year:5, Thai) The MoPH realized that preventing foreigners infected with HIV from entering the country no longer made any sense because the AIDS issue was already a national problem and not just a problem of foreign countries. This attitude of the MoPH was clearly demonstrated in its response to introduce the AIDS Bill aimed at controlling activities of the Thai high risk groups, not foreigners.

It was obvious, however, that the direct reason of the movement to eliminate such discrimination against foreigners with HIV was the request from the WHO. The MoPH judged that keeping foreigners infected with HIV from entering the country was not only meaningless, but also could harm the country's international image, especially that of WHO which had been providing both human and financial resources for the country's AIDS prevention and

control activities.* By eliminating AIDS from the Immigration Act, the MoPH tried to keep the country's good image in dealing with the AIDS issue and expected a good relationship with international organizations, which were potential financial and human support resources.

Contrary to the intention of the MoPH, its request for the removal of AIDS from the Immigration Act was turned down by the Ministry of Interior. The Ministry of Interior explained that "approving the AIDS victims entry would be tantamount to granting them special privileges." (Bangkok Post, December 16 1990) Though the MoPH recognized the necessity to compromise with the Ministry of Interior by giving assurance that the officials of the MoPH would "take care of" those infected foreigners during the conference, the request was turned down.

The Deputy Permanent Secretary of the Ministry of Interior, Chamnan Pojana, further said "if AIDS victims were allowed into Thailand the move might later backfire on the ministry," and questioned that "If the Thai people learn about the Interior Ministry's decision to allow AIDS carriers into the country and later criticized it for its decision, who then will take the responsibility?" (Bangkok

* As of the end of 1989, WHO was the organization which donated the most financial support, US\$1,300,000, more than one fourth of the total financial support from international organizations regarding AIDS prevention and control programmes in Thailand. (Ministry of Public Health, National and International Investments in Thailand's National AIDS Programme.)

Post, December 16 1990) These remarks indicate that the Ministry of Interior at that time gave priority to protecting itself from public criticism and to evade any responsibility which might arise in the future, in spite of the MoPH's intention to build a good image of the country in order to receive international support for the country's AIDS prevention activities.

Dissatisfied with the decision of the Thai government, WHO boycotted the international AIDS conference held in December 1990 which was attended by about 900 delegates from 23 countries. Associated with the boycott of the WHO, Her Royal Highness Princess Chulabhorn who was chairman of the Chulabhorn Research Foundation, the organizer of the conference, resigned as the WHO's Friendship Envoy. This implied that she was not in a position to force the government to allow foreigners infected with HIV to enter the country. WHO had pressed the institution to push the government to revise the Immigration Act which prevented foreigners with HIV from entering the country. Finally, in February 1991 the removal of AIDS from the Immigration Act was officially approved by the Cabinet.

4.2.2 Responses of Local Governments

In order to expand the AIDS prevention and control measures to all provinces, for the sake of covering and

reaching every population group of the country, the MoPH directed each provincial government in the Programme on the Prevention and Control of AIDS of the MoPH planned in October 1989 to establish the provincial committee for the prevention of AIDS, and to formulate a provincial prevention and control plan on AIDS.

However, no coherent plans required by the MoPH had been submitted as of March 1990, except on ad hoc projects. (MoPH, March 19-29 1990:18) Concerning the slow responses of local governments, the first year review team of the Medium-Term Plan recommended that "Technical assistance is required for comprehensive provincial level planning, guidance in the area of evaluation and the development or adaptation of strategies specific to the local situation and support for implementation of activities." (MoPH, March 19-29 1990:6) There lacked a basis for formulating the coherent provincial AIDS prevention plan and its implementation by the local government.

The MoPH at this time faced opposition from the local governments when requiring cooperation for the implementation of the AIDS prevention activities. There was a different recognition regarding the AIDS issue between the MoPH and local governments.

In June 1990, the plan to establish AIDS rehabilitation centers for AIDS patients and people infected with HIV based on the Programme on Prevention and Control of AIDS of the MoPH, faced objection from local

governments. The purpose of the plan, which had already been approved by the Cabinet in April, was to establish four AIDS rehabilitation centers which would provide initial counseling for those infected with HIV, a home, rehabilitation, and job training for AIDS patients, whose numbers were rapidly increasing. Though the official figure of all people infected with HIV, including AIDS patients, was 10,767 as of the end of 1989 (Teera, January-March 1991:6), the review team of the first year of the Medium-Term Plan had estimated at least 45,000 to 50,000 at the end of March 1989. Therefore, the real numbers could be estimated at much more than the number officially publicized by the MoPH.* Under this circumstance, the establishment of AIDS rehabilitation centers was considered the most crucial and final link in the country's complete, integrated AIDS prevention programme, according to the Deputy Director-General of the CDC, Dr. Annuay Trisupa. (Bangkok Post, June 4 1990)

The MoPH faced opposition to this plan when it first decided to set up a rehabilitation center in Rayong Province. Pattaya, which is a famous beach resort and a night entertainment spot for both Thai and foreign

* Mechai Viravaidya estimated the number of people infected with AIDS as 300,000 in the same month, June, according to Bangkok Post (June 6 1990), however, he himself would often change the number afterward, for example, 100,000 in August 1990, 400,000 - 700,000 in September 1990, and 150,000 in March 1991, etc. At that time, the numbers estimated was varied by researches or organizations.

tourists, is located near this province. The National Economic and Social Development Board (NESDB) opposed the plan on the grounds that "the centre is 'not suitable' because the province's economy is fast developing as one of the centres of the Eastern Seaboard." (Bangkok Post, June 4 1990) The Governor of the province, Suchart Thammongkol, also opposed the plan and said the AIDS center in Rayong should not be established in his province because Rayong was dynamic and an area undergoing fast changes, and cited the NESDB saying that "an AIDS center there would have an adverse impact on the investment climate." (Bangkok Post, June 5 1990) He even refused to hold a seminar to disseminate knowledge about AIDS and the purpose of the AIDS center by saying that "There is no use, the money will just be wasted." (Bangkok Post, June 5 1990) Sermsak Karun, a member of Parliament (MP) from Rayong Province opposed the plan as well by saying that "An AIDS rehabilitation centre will not promote tourism and the expansion of the province's economy." (Bangkok Post, June 5 1990)

The MoPH again faced opposition in the next place, Chiang Mai. The provincial authorities argued that "the province was a tourist centre, therefore, the AIDS rehabilitation centre should not be located there." (Bangkok Post, June 4 1990)

Furthermore, the plan to establish a center to care for babies infected with HIV by the Chulabhorn

Foundation also faced opposition. The governor of Rayong, where the center was planned to be set up, explained the reason that the province "was not ready." (Bangkok Post, June 4 1990)

As seen in these cases, plans to set up institutions related to AIDS faced opposition from the NESDB, provincial governors and MPs, and provincial authorities. Those people or agencies opposed the establishment of an AIDS center by using excuses such as economy, development, Eastern Seaboard, tourism, investment, etc. All of them are words deeply related to regional commercial profit. Local governments would never allow a situation which they believed would potentially be harmful to the region's economy.

As described above, the effort of the MoPH to expand the AIDS prevention measures to the whole country faced obstacles from the local governments. The people who needed education about AIDS were not only high risk groups or the general public, but also these local officers. In order to implement broad AIDS prevention activities, the MoPH had to start from the education of officers in local governments. Reflecting that the MoPH faced opposition to the AIDS rehabilitation plan, the Ministry of Interior began to launch a campaign to educate and assist district officers about AIDS.

4.3 Public Responses

In this second period, from November 1988 to May 1991, the public was affected by the end of secrecy about AIDS. Since the increasing number of AIDS/HIV cases was now suddenly and often talked about, especially by the then Minister of Public Health, people were informed of the serious situation without enough understanding about AIDS and assumed panic-like responses.

The local tourism authority of Hat Yai vehemently accused Chuan, the then Minister of Public Health, of talking about the AIDS situation in the region and damaging the region's economy, even though the Tourism Authority of Thailand (TAT) finally adopted a more realistic approach. At Chulalongkorn University, the dispute concerning blood screening for AIDS to foreign staff emerged because of the misconception about AIDS. In Phetchaburi Province, a boy was refused entry to school because his parents had died of AIDS.

The NGOs, on the other hand, made active protests against the AIDS Bill of the MoPH and the decision of the Ministry of Interior concerning the removal of AIDS from the Immigration Law, while at the same time they cooperated with the government on implementing AIDS prevention activities. The number of NGOs working on the AIDS issue increased and these activities became more diversified. The Thai NGOs Coalition on AIDS (TNCA) was

established to strengthen these activities of the NGOs.

4.3.1 Responses of a Local Tourism Association

Hat Yai is a famous tourist destination placed near the Thai-Malaysian border in the southern region. Most foreign tourists are Malaysians. Since the sex industry is prohibited in Malaysia due to religious reasons, it is well known that many Malaysians visit Thailand for the purpose of buying sexual services in Hat Yai. After HIV dramatically spread to female CSWs and their male customers, and the transmission of HIV through heterosexual intercourse was widely recognized as risk behavior for HIV-infection during this second period, the situation became unfavorable for the tourism industry in Hat Yai which had relied on the sex industry for profit. To deal with this, AIDS-free certificates were issued to female CSWs who had undergone blood tests and were found to be negative, and convenience was provided to customers so as to convince them that they were not at risk, and not to stop buying sexual services in Hat Yai. In spite of these efforts, the number of Malaysian tourists halved in 1989. (Bangkok Post, September 12 1989) According to an immigration officer, the number dropped from 500,000 in the same period of the previous year to 200,000 (Bangkok Post, August 31 1989) because of Malaysia's campaign against the danger of AIDS in Thailand. After press

reports about Malaysian tourists infected with HIV at Hat Yai, (Bangkok Post, September 10 1989) an AIDS campaign was conducted in Malaysia and the serious AIDS situation of Thailand was reported. This campaign escalated even to conduct random blood tests of Malaysians returning from Thailand, especially along the Thai-Malaysian border. With the decrease of the tourists, the tourism industry in Hat Yai was damaged.

Therefore, when the then Minister of Public Health, Chuan Leekpai, said that the AIDS situation was serious in the South, especially in Hat Yai, because there was a large number of service girls there, Chuan was strongly criticized the tourism sector in Hat Yai. Although Sawai na Phatthalung, a chairman of the Songkhla* Tourism Association, claimed that tourism in Hat Yai had declined as a result of Malaysia's campaign even before Chuan's remarks, he also expressed his anger at Chuan by saying that "What Mr Chuan said was like setting fire to 500-baht notes**." (Bangkok Post, September 25 1989) On leaflets distributed to urge people to join a rally against Chuan, a question was printed: "The country survives on its economy. How can a person who destroys the economy be a minister?" and angry people threatened to

* Songkhla is a southern province in which Hat Yai is a district.

** 500-baht note was the bank note of the highest value at that time in Thailand. The highest at present is the 1000-baht bank note.

burn Chuan's effigy at the rally.

Concerning this strong criticism of the tourism sector of Hat Yai, Chuan said, "Those who make arrangements for prostitution are certainly affected by AIDS publicity," but "tourism in general is not affected," (Bangkok Post, September 27 1989) and he claimed the necessity of the publication of information about AIDS for the future of the country.

Ten MPs and former MPs were also invited to the rally by the Songkhla Tourism Association. Anant Ruangkul, a MP for Songkhla invited to the rally said Chuan "should not have made such a remark because it could damage the tourist industry here (Hat Yai)," and Chamni Sakdiseth, an MP for Nakhon Si Thammarat, one of the southern provinces, said that Chuan's "recent campaign against AIDS tended to be too alarming." (Bangkok Post, September 29 1989)

The criticism against Chuan's remarks, however, gradually seemed to change to personal attacks on Chuan. Banners were thus written: "Who has ruined Hat Yai's economy? An MP of Trang* will be ruined in Hat Yai," (Bangkok Post, October 2 1989) and were carried by minibuses for the rally. Chuan was clearly regarded as the person responsible for the damage to Hat Yai's economy. Since Chuan was a deputy head of the Democrat Party, none of the MPs from his party was invited to the rally. On the

* Trang is one of provinces in the southern part of Thailand. Chuan Leekpai is an MP for Trang Province.

other hand, Sawai, one of the organizers of the rally, had strong connections with the Social Action Party, because he was an unsuccessful Social Action Party's candidate in the general election. Ironically, the South has been the region where the Democrat Party has dominated most constituencies.

The rally was conducted on November 2nd. About 100 minibuses with banners against Chuan drove around the town and about 1,500 people, three MPs and one former MP joined the rally under the close watch of some 100 police and military personnel. (Bangkok Post, October 3 1989) The organizers were obviously disappointed when most of the MPs and former MPs invited did not show up.

4.3.2 Tourism Authority of Thailand

During the incident in Hat Yai, not everyone in the tourism sector there criticized Chuan. The Songkhla Hoteliers Association led by Mallika Charoenpanich, chairman of the association, expressed its intention not to join the anti-Chuan rally. Although the association lost 9 of 67 members as a result of this incident, the association decided to launch a campaign in conjunction with Songkhla Tourism Association and 11 government agencies concerned, such as the Public Health Office, Tourist Police, and TAT in order to explain to the Malaysian media that Hat Yai was not AIDS-infested.

(Bangkok Post, September 25 1989)

The incident in Hat Yai also stimulated the TAT to adopt a realistic approach to the AIDS epidemic and to revise its promotional strategy. General knowledge about AIDS and the prevention methods were planned to be included in the TAT's new campaign posters, booklets, and pamphlets in several languages. The TAT learned that further silence could do more harm to the country's tourism industry. It, therefore, changed its strategy and admitted the fact of AIDS in Thailand, but explained to Malaysian people that AIDS was a preventable disease, and appealed to Thailand's active prevention measures against AIDS.

Naturally, there was a risk for the TAT talking about AIDS of giving the impression that Thai tourism had some connections with the sex industry. Regarding this risk, however, Seri Wangphaichit, the then TAT deputy governor said that the policy of the government and the TAT was to promote tourism through nature and culture, but never through the sex industry, "it is imperative for TAT to present a true picture" (Bangkok Post, October 2 1989) of the AIDS situation in the country under the increased public awareness about AIDS in order to protect the long term profit of the Thai tourism industry. The TAT planned to conduct a campaign to inform people with correct knowledge about AIDS in cooperation with hoteliers and tour agencies in Hat Yai, and also planned to invite

Malaysian journalists to see the real AIDS situation in Thailand.

Concerning the relationship between Thai tourism and the sex industry, though Seri said "It has never been our policy to use sex to promote Thailand," (Bangkok Post, October 2 1989) it is a fact that "Thailand has long been promoted as the 'sex capital' of the world; encouraging tourists to come to Thailand." (Mingsarn, September 1994:25) This kind of tourism promotion must have been conducted with an implicit understanding, that was the silence of the TAT. Therefore, after the TAT learned that continued silence on the AIDS issue would cause more harm for the country's tourism industry, it really needed to break the silence and to change its strategy. It was precisely the economic damage brought about by the AIDS epidemic that changed the TAT's strategy to admit the fact of AIDS.

Despite the AIDS issue, national tourism income continued to increase. In 1987, during "Visit Thailand Year," it increased by 34%, in 1988 by 58%, and by 1991 it was equivalent to two-thirds of the country's agricultural export earnings, or nearly the same as that from textile and garment exports. (Mingsarn, September 1994:24) The number of tourists and revenue from tourists in 1989, the year of the Hat Yai incidence, also increased by about 13.7% and 22.2% compared with that of 1988 respectively. although the tourism industry in Hat Yai, especially the (Alpha, February 1994:115) It could be said then that sex

industry, might have been damaged by AIDS, tourism as a whole in Thailand had been little affected.

4.3.3. Impact on Society

(1) Blood Tests for Foreign Staff at Chulalongkorn University

In July 1989, an AIDS dispute concerning the employment of foreign staff flared up between the university authority and foreign staff at Chulalongkorn University, one of the top educational organizations in Thailand. The University Official Sub-committee adopted the precautionary measure in which all foreign teachers of the university would be required to undergo AIDS tests before being employed or having contracts renewed. (Bangkok Post, July 28 1989) According to the University's President Dr. Charas Suwanwela, the adoption of this policy was extensively discussed over a month previously when a foreign lecturer at the University's Language Institute had died of AIDS. He said "the university's lecturers are very concerned with AIDS." (Bangkok Post, July 28 1989) Though there was a meeting about a week before the lecturer's death in which AIDS was explained to be a communicable disease which was infectious only through sexual contact or contact with blood, it was reportedly said that "there was considerable alarm at the meeting

attended by Thai lecturers and support staff." (Bangkok Post, July 28 1989)

Reportedly, the university's policy would have also been applied to Thais. Thai teachers who tested HIV-positive would be forced to resign while foreign staff found to be positive would be deported.

Besides that, foreign staff could only be allowed the use of the swimming pool with an AIDS-free certification, according to the then Director of the Language Institute.

In reaction to this, some members of the Foreign Teachers Association submitted their resignation in protest against the university's policies by saying that the HIV test was a confidential matter between a doctor and a patient.

The policy of the university authority was completely based on the same fear claimed for the necessity for the formulation of the AIDS Bill which was being disputed at the same time. People in general, even the authorities of the university, were really afraid of the transmission of AIDS. Even highly educated people, such as the deans of the university, who should have been able to reassure university staff, on the contrary, contributed in generating confusion. They seem to have considered AIDS as a disease that was spread by foreigners through casual contact at the workplace and by sharing the swimming pool. For people in general, foreigners were

still considered as the most high risk group of AIDS although the majority of people infected with HIV in Thailand had already changed from foreigners to Thai IDUs, Thai female CSWs, and Thai heterosexual males. This indicates that public understanding of AIDS did not keep up with the real situation of AIDS which was changing extremely rapidly.

(2) A Case of a Boy Whose Parents Died of AIDS

An eight-year-old boy in Phetchaburi Province was being ostracized by his school and neighbors. (Bangkok Post, June 6 1990) Since his father had died of AIDS, parents of other students in the school pressured and threatened the headmaster saying that they would take their children away if the boy was allowed to enroll. As a result of this, the boy's enrollment in the first class of the community's school was not allowed. He was also rejected by the administration of another school for fear that he could spread HIV to other children. Afterward, as time passed and the fear subsided, the boy was accepted at the school which first refused him. Unfortunately, however, less than a month later, his mother died of AIDS, and then, he was again shunned by the neighborhood and the school was pressured by parents to oust the boy.

After this incident was reported, the boy's negative status for AIDS was reconfirmed by the then

Deputy Minister of Public Health, Suthas Ngermuen. He brought the boy to a press conference at the MoPH and made an appeal to the public for sympathy to the boy. At a conference, the MoPH tried to dispel people's fear, and an official held the boy in front of the press (Bangkok Post, June 8 1990) as proof that there was no risk of infection with HIV from the boy.

It was not only the general public who were afraid of HIV infection and over-reacted, but also the local authorities. Before the boy's father died of AIDS, he briefly spent time as a monk. When he died, provincial health officials went to the temple and conducted blood tests for all the monks of the temple as they feared that other monks might have been infected with HIV from the boy's father.

As this case shows, people generally ostracized HIV/AIDS sufferers and their family members. The local officials also lacked understanding about the AIDS issue, therefore, they even took actions which supported people's fear of HIV infection instead of providing correct knowledge about AIDS to the public and dispersing the confusion of the community. The necessity of participation of community leaders, such as, village headmen and monks, in AIDS prevention programmes was pointed out in a conference attended by officials of the MoPH, university experts, representatives of NGOs, and people in the mass media just one week prior to the boy's case. (The Nation,

June 19 1990) The provincial government was not yet prepared to educate people about AIDS. Therefore, the MoPH, the central government, had to play this role instead.

Because the boy was slightly mentally-retarded as well, he was given lifelong free medical service, and his case was handled by the Public Welfare Department in order to find other ways to help him. (Bangkok Post, June 8 1990)

(3) Other Incidents

In April 1989, Sommart Troy, an AIDS activist and chairman of the Assembly of AIDS Crusaders, said her group found four AIDS patients who were not able to return home because of social stigmatization against them. (Bangkok Post, April 17 1989) One of the four was Cha-on, the first person infected with HIV by blood transfusion during his operation. (For detail, see Chapter 3) According to Sommart Troy, the other three were rejected by their families. She made an appeal for the necessity of accommodation for these AIDS patients who had no where to go.

In Phrae Province in the northern part of Thailand, a 28-year-old man who was about to be married, because despaired of his HIV-infection and committed suicide by using pesticide. (Bangkok Post, March 5 1989) In a note left for his mother, he said he was doomed because he had AIDS.

As can be seen from these cases, people infected with HIV or AIDS patients suffered not only from the disease itself and the disappointment in their lives, but also from social ostracism. They were even abandoned by their own family members. This is a great tragedy for us human beings.

4.3.4 Responses of NGOs

NGOs in this period often opposed the AIDS prevention and control measures by the MoPH. On the other hand, the Thai NGOs Coalition on AIDS (TNCA) was established in September 1989 by 18 NGOs working on the AIDS issue for the purpose of building cooperation both with the government and among members of NGOs. Under the situation that HIV was rapidly spreading among female CSWs and their male clients through heterosexual intercourse, the range of activities gradually expanded and diversified.

In this period, NGOs protecting the human rights of people infected with HIV and AIDS patients, asked the government for their involvement in the prevention measures, and tried to commit the policy making of the government through its coalition.

(1) Opposition to the AIDS Bill

As mentioned already, the AIDS Bill drew strong opposition particularly from social activists and NGOs on the ground of violation of human rights.

A letter opposing the AIDS Bill was submitted to the then Prime Minister Chatichai Choonhavan by 15 NGOs. It was also signed by Dr. Praves Wasi. In this letter, the statement said "If a law is put into effect, people who were infected unknowingly will be considered criminals and will cause others to hide and spread AIDS even more." (Bangkok Post, October 12 1989) In the letter, 15 NGOs emphasized that they were close to the situation because of their community work both in the cities and countryside, and asked the government to encourage and give opportunities to NGOs to participate in the prevention and control measures by allowing them to take part in making policies and campaigns. The establishment of an agency to coordinate with NGOs was proposed to the government as well.

John Ungphakorn voiced disagreement with the AIDS Bill in a public hearing on the AIDS Bill in November 1989. Though he agreed with the idea of setting up an AIDS Fund to be included in the draft, as a representative of the NGOs attending the hearing, he objected to the entire Section 3 of the Prevention and Control of AIDS which wanted to control people infected with HIV and AIDS

patients. (Bangkok Post, November 24 1989) He expressed concern that IDUs and CSWs were being targeted by the bill and said; "The NGOs were in favor of keeping the infected people in society rather than isolating them in a special place or in a detention area." (Bangkok Post, November 24 1989) Regarding the AIDS Bill, he again claimed at a conference in 1990, 'AIDS in Asia and Pacific Conference,' that "Thai NGOs resolutely oppose these measures, which are obviously targeted on sex workers not their clients," and further explained that apart from violating basic human rights, the AIDS Bill would award criminal status to HIV victims and discriminate against women." (John, August 4-5 1990:153)

Pushing human rights out front, NGOs opposed the AIDS Bill and claimed the necessity of more involvement of NGOs in the government AIDS prevention activities.

(2) Opposition to the Decision of the Ministry of Interior

Concerning the refusal of the Ministry of Interior to revise the Immigration law in order to enable foreigners infected with HIV to enter Thailand for an international AIDS conference to be held in December 1990, Chanthavipa Apisuk, director of EMPOWER, an NGO providing protection for female CSWs, analyzed that the Thai government still lacked understanding and respect for

human rights and had no flexibility and sincerity in solving the AIDS problem. (Bangkok Post, December 17 1990) John Ungphakorn also criticized that the decision deprived foreign AIDS carriers of basic rights and explained that the ban would not help solve the problem because already no fewer than 200,000 Thai were infected with HIV. (Bangkok Post, December 17 1990)

Also here NGOs emphasized the government's lack of respect for human rights and pointed out the senselessness of the decision by the Ministry of Interior.

(3) Opposition to the Establishment of AIDS Rehabilitation Center

The plan of the MoPH to establish an AIDS rehabilitation center was opposed not only by the local governments but also by a social activist. Sommart Troy, a chairman of AIDS Crusade, claimed that this plan would rob patients of their human rights. (Bangkok Post, December 19 1990)

While the plan for establishing AIDS rehabilitation center for people with HIV/AIDS faced opposition from the local governments at Rayong and Chiang Mai in June 1990, the plan was also objected in Lampang in the northern region. In the plan for Lampang, the MoPH planed to turn a former leper colony into a rehabilitation center. Because there is a history that leper patients

were stigmatized in society, the conversion of the leper colony to the AIDS rehabilitation center was expected to cause the same stigmatization or discrimination. Sommart Troy pointed out that patients would not be allowed to leave there unless checked out by relatives, and claimed that it would be like a jail and that the basic human rights of patients would be violated. (Bangkok Post, December 19 1990)

A similar plan in Lampang was ironically not opposed by the provincial authority like other cases (See '4.2.2 Responses of Local Government,' p.137) but by a social activist and local residents who feared the hospital would spark off an AIDS epidemic in the region.

As the above cases show, NGOs in this period opposed the direction of the government on grounds of violation of human rights. It can be said that these were the opposition against the MoPH's strong responses which had been actively trying to deal with the serious AIDS situation through controlling people with HIV/AIDS at the sacrifice of their human rights.

(4) AIDS Panel Discussion

In June 1989, a panel discussion on AIDS titled, "AIDS, Danger That Runs Deep," was jointly held by the Reporter's Association of Thailand and Thammasat's Faculty of Social Administration. This was attended by Cha-on

Suasum, the first AIDS patient in Thailand infected with HIV from a blood transfusion; Prateep Ungsongtham Hata, the leader of the Duang Prateep Foundation working for slum residents at Klong Toey; Natee Teerarojjanapongs, a gay activist for the AIDS issue; Dr Praphan Phanupark, an AIDS expert from the Faculty of Medicine of Chulalongkorn University; Dr Wiwat Rojanapithayakorn, director of the AIDS Control Center; and Professor Nonglak Aiempradit, an instructor at the Faculty of Social Administration of Thammasat University.

In this panel discussion, Cha-on talked about the difficulties he faced after he contracted AIDS. (For detail, see Chapter 3) Especially he said he was put in a special hospital for AIDS patients at Bamrasnaradura Hospital in a word with "the sick and dying, with their awful smell of blood and excrement." (Bangkok Post, June 20 1989)

An AIDS activist Natee explained his activities for AIDS prevention. He tried to raise awareness of AIDS prevention through performances of his dance troupe at gay bars and saunas. He reported that the number of gays infected with HIV who worked gay bars and saunas as male CSWs was increasing and said these boys were only counseled to try to use condoms. If they were asked by customers not to use condoms, they would give in and oblige, he said. He also established FACT, the Fraternity for AIDS Cessation in Thailand, in order to cooperate with

government agencies for AIDS prevention. He also mentioned the necessity to support people infected with HIV morally, socially, and financially. (Bangkok Post, June 20 1989)

After Natee's speech, Prateep explained the details and reason for her involvement in AIDS prevention activities and claimed that what the foundation could do was to give counseling to those who were infected with HIV in the Klong Toey slum because they could not let their children* starve.

Through this panel discussion, the real voice of AIDS patients was thrown to the public. Through talks by two social activists, Natee and Prateep, the general public had the chance to know the real and difficult situation that people with HIV/AIDS faced. They suffered not only from the disease itself but also from the discrimination of the general public. The deep connection between the AIDS issue and social problems, such as poverty and prostitution, also appeared again. The situation in which there was a large likelihood that HIV could spread more among the general public if no measure was provided for infected people was also presented to both the government and the public. This panel discussion was a precious occasion to provide a chance for the public to reconsider the AIDS issue.

* People who were found to be infected with HIV could not work and earn money any more because of social discrimination against people with HIV, and their children would starve.

(5) Establishment of Thai NGOs Coalition on AIDS (TNCA)

In September 1989, the Thai NGOs Coalition on AIDS (TNCA) was established by 18 NGOs and chaired by Dr. Praves Wasi. Within these 18 NGOs, there was a common argument that AIDS was not only a health problem, but was a complicated social problem which occurred at every level of society, therefore, there should be a popular mobilization in order to solve this problem seriously. (TNCA, June 1995, Thai) The first objectives of the coalition at the time of establishment were 1) to join NGOs working for the AIDS issue, 2) to give resources support to each other, 3) to develop human resources of members, and 4) to conduct joint campaign activities. (Nartrudee:52)

Later, however, the coalition would face both internal and external obstacles in its management among members. This will be discussed in detail in Chapter 5.

As mentioned above, NGOs in this period tried to oppose the MoPH's various AIDS prevention activities, such as formulation of the AIDS Bill and establishment of AIDS rehabilitation centers, which would violate the human rights of people infected with HIV and AIDS patients. In addition, NGOs made efforts to raise awareness of AIDS prevention among the public and to ask for public sympathy for those people with HIV/AIDS through, for example,

issuing statements and holding panel discussions. In that sense, it could be said that NGOs in this second period expanded the target groups of their activities from only the high risk groups, such as IDUs and male and female CSWs, to the general public. However, this should have been only natural under the circumstances that HIV was beginning to spread more widely through Thai society. In addition, it was remarkable that an NGO's coalition was established in terms of the new and constructive movement from the public sector. Though the internal and external problems of the coalition would later be exposed, it is worth special mention in the sense that the government could not ignore the coalition as a representative of NGOs working for the AIDS issue in so far as the government needed the cooperation of NGOs in implementing AIDS prevention and control. In other words, the establishment of the coalition was strong reminder of the existence of NGOs to the government.

ศูนย์วิทยทรัพยากร
จุฬาลงกรณ์มหาวิทยาลัย