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AIDS in China [1]

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. cable	RE: [Discussion] (10 pages)	09/25/2000	P1/b(1) KBH 10/21/2024
002. briefing paper	Re: Meeting with Chinese Ambassador Li Zhaoxing (3 pages)	09/20/2000	P1/b(1) KBH 10/21/2024
003. letter	Draft Letter from Vice President Al Gore to Zhu Rongji, Premier, People's Republic of China (2 pages)	ca. 09/2000	P1/b(1) KBH 10/21/2024
004. email	From Kenneth Bernard, re: AIDS and China (2 pages)	ca. 1998	P1/b(1) KBH 10/21/2024
005. cable	Re: [AIDS in China] [2 copies] (12 pages)	09/21/2000	P1/b(1) KBH 10/21/2024
006. draft	Proposed/draft letter from Vice President Gore to Premier Zhu (2 pages)	08/24/2000	P1/b(1) KBH 10/21/2024

COLLECTION:

Clinton Presidential Records
National Security Council
International Health Affairs (Bernard, Kenneth)
OA/Box Number: 3646

FOLDER TITLE:

AIDS in China [1]

2007-1550-F
ke2037

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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Bernard, Kenneth W. (HEALTH)

From: WHSR
Sent: Wednesday, January 10, 2001 10:03 AM
To: Almon, Timothy C. (INTEL); Andreasen, Steven P. (DEFENSE); Beardsworth, Richard R. (Randy) (DEFENSE); Bernard, Kenneth W. (HEALTH); Binnendijk, Johannes A. (Hans) (DEFENSE); Black, Steven K. (VP); Blinken, Antony J. (EUR); Bolton, Edward L. Jr. (DEFENSE); Brzezinski, Mark F. (SEE); Cullom, Philip H. (DEFENSE); Davidson, Leslie K. (VP); Efros, Laura L. (NEC); Greenwood, Thomas C. (SEE); Hurley, C. Michael (SEE); McCarthy, Mary O. (INTEL); Mitchell, Donald A. (NSCCOMM); Pittman, Howard D. (SEE); Schulte, Gregory L. (SEE); Smith, James A. (INTEL); Yee, Hoyt B. (EUR)
Subject: SERBIA:SerbianScientists
Classification: UNCLASSIFIED
Distribution: SIT: ALMON ANDREASEN BEARDSWORTH BERNARD BINNENDIJK BLACK BLINKEN BOLTON BRZEZINSKI CULLOM DAVIDSON EFROS GREENWOOD HURLEY MCCARTHY MITCHELL PITTMAN SCHULTE SMITHJ YEE
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SERBIA: Serbian Scientists See 'Absolutely No Danger' From Depleted Uranium Munitions peacekeepers CEP20010110000225 Moscow Interfax English 1337 GMT 10 Jan 01 2. Russian expert says depleted uranium cannot cause cancer CEP20010110000197 Moscow ITAR-TASS English 1409 GMT 10 Jan 01 3. Authorities Deny FYROM at Risk From Effects of NATO Uranium Weapons EUP20010110000142 Sofia BTA (Internet Version-WWW) English 1142 GMT 10 Jan 01 4. Portugal: Scientists find normal levels of radiation in Klina, Kosovo EUP20010110000081 Lisbon RDP Antena 1 Radio Portuguese 1000 GMT 10 Jan 01 5. Spanish premier denies Kosovo cancers caused by uranium EUP20010109000451 Madrid EFE Spanish 2108 GMT 9 Jan 01
EU0101100275 Paris AFP (North European Service) in English 1454 GMT 10 Jan 01

[FBIS Transcribed Text] BELGRADE, Jan 10 (AFP) -- The people of Serbia are not at risk from depleted uranium (DU) munitions fired by NATO since no increased radiation levels have been found at most of the bomb sites tested in the country, scientists said Wednesday [10 January].

"We tested some 250 locations immediately after they were bombed and we found no indication of increased radiation" except at six sites, Srba Markovic, laboratory chief in Serbia's Vinca nuclear institute, told a meeting of scientists called by the health ministry.

NATO's use of armor-piercing DU rounds in its 1999 air war on Belgrade has left six areas of Yugoslavia contaminated by radiation, excluding areas in the UN-run province of Kosovo, Yugoslav army Colonel Milenko Rilak said.

However, those were "mainly uncultivable places, away from inhabited areas, which reduced the danger to people's health," Rilak said, adding that the spots, five in southern Serbia and one in Montenegro, had been isolated and were inaccessible to ordinary people.

"There has been absolutely no danger to the population," Milan Orlic of the Vinca institute said.

"At the moment there is no reason for panic," Serbian Health Minister Nada Kostic said.

Nevertheless, Kostic added that the ministry would form a commission of scientists and doctors to provide constant surveillance of the situation.

Slobodan Cikaric, deputy head of Belgrade's cancer clinic, said his institution has not registered any rise in the number of patients suffering from leukemia or other forms of cancers since the NATO bombings.

"The number of patients has not significantly changed since 1991," Cikaric said, adding however that the number of cancer cases could increase in the years to come, due to the delayed effects of exposure to depleted uranium.

The debate by prominent Serbian scientists comes as EU nations which sent troops to Bosnia and the Serbian province of Kosovo began investigations into leukemia and other illnesses suffered by Balkans veterans suspected to have links to DU projectiles fired by US forces.

Around 1,000 Yugoslav soldiers thought to have been exposed to DU munitions have been cleared by army medical tests as having no symptoms of related illnesses, Rilak said.

"We did not find a single case of a soldier contaminated by DU," Rilak said, adding however that "all the 100,000 Yugoslav soldiers who served in Kosovo at the time should to be tested, but that would require huge financial resources."

The existence of a so-called Balkans Syndrome among soldiers "is not proven yet, but it is possible that it could appear in the future," Markovic said. [Description of Source: Paris AFP in English -- North European Service of independent French press agency Agence France-Presse]

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United States Department of State



*Bureau of Oceans and International
Environmental and Scientific Affairs*
2201 C St., NW, Rm. 5806
Washington, DC 20520

Judith R. Greenspan

Office of Emerging Infectious Diseases

OES/EID, Room 5806 (Voice) 202-647-4689; (FAX) 202-736-7336 Email:greenspanjr@state.gov

Date: 12/6/00

Number of Pages Including Cover: 14

To: E - C.A. Pence, 7-9763; P - L. Tepper, 7-4780; PRM/POP - C. Jess/M. Pollack, 3-3094; G - D. Graham, 7-0753; IO/T - A. Blackwood, 7-8902; NIH/FIC - A. Bhat, 301-496-4903; NSC - K. Bernard, 456-9390; ONAP - S. Thurman, 456-2439

To: Interagency Participants
From: Nancy Carter-Foster
Subj: U.S.-China Collaboration on HIV/AIDS

The attached memorandum outlines the status of the HIV/AIDS problem in China, with an overview of present and potential USG activities for expanded U.S.-China cooperation on HIV/AIDS. It also outlines a program for funding consideration in order that we can move forward with recommendations for a specific program for the Chinese government on a concerted HIV/AIDS prevention program in FY2001.

We ask that you review and clear the document NLT COB Thursday, 12/7 for higher level review and consideration for funding commitments by a variety of USG agencies. In addition, CDC plans to meet with World Bank officials to discuss ways to leverage USG funding. You can reach me by phone, fax, or for my DOS colleagues, by classified email.

Meeting announcement

We invite all addressees (see clearance page at end of the attached document) to a meeting to discuss where we go from here, to be held either Thursday or Friday, January 4/5, most likely from 2-3:30 p.m. in Room 7835 of the Main State Department building. I will confirm the precise date, time and room number here at State shortly, and will be back in touch to give you those specifics. Thank you in advance.

MEMORANDUMI. HIV/AIDS in China

The Vice President, Under Secretary of State for Global Affairs Frank Loy, and Surgeon General David Satcher all have recently urged their PRC counterparts to expand collaboration on fighting HIV/AIDS and other infectious diseases. The Chinese have responded to these approaches with cautious interest. As China will be key to the success or failure of regional and global efforts to stem the spread of infectious diseases, we should capitalize on this opportunity to strengthen our bilateral cooperation in meeting China's HIV/AIDS and infectious disease challenges.

According to leading PRC experts, China's annual HIV growth rate is 30-40 percent; more than a million Chinese are infected. Though this represents a small proportion of China's population (one in every 1,300 people), experts fear HIV/AIDS could be approaching the threshold of explosive growth in the world's most populous country. Until recently, the spread of the disease occurred in an atmosphere of official indifference compounded by reluctance to acknowledge, let alone deal candidly with, China's growing problems with sexually transmitted diseases, prostitution and illegal drug use.

That said, China is now beginning to take more seriously what could be a burgeoning public health crisis both for the PRC and the world community. Ranking Vice Premier Li Lanqing has been designated Beijing's point person for coordinating government activities, and the Chinese media have become more active in bringing attention to China's HIV/AIDS situation. Minister of Health Zhang Wenkang told Surgeon General Satcher that now is the critical time for controlling HIV in China, before it gets out of control.

II. Ongoing U.S.-China Health Cooperation

The 1979 U.S.-China Health Protocol (renewed in 1998) provides a broad umbrella for cooperation in the health sciences. Cooperative activities in the form of grants, contracts, and research fellowships have increased steadily over the past few years, and pertain to a broad array of

infectious and non-infectious diseases and public health threats. While NIH grant and training activities support collaborative research on HIV/AIDS in China, neither CDC nor USAID yet support actual HIV/AIDS program work.

The Centers for Disease Control and Prevention (CDC) maintains longstanding collaborative activities with Chinese counterparts on subjects including neonatal screening, behavioral risk surveillance, lipid research, child mortality and neural tube defects. CDC is particularly interested in its ongoing work with China on measles control and polio eradication, including the planning, implementation, and evaluation of eradication activities and development of disease surveillance systems.

The National Institutes of Health (NIH) as of March this year had 316 Chinese scientists working in its labs on state-of-the-art research projects. NIH grants to U.S. institutions support several times this number of Chinese scientists working in the U.S. Specific collaborative efforts include:

- National Institute of Child Health and Human Development's support for China's first nationally representative survey of sexual health and family behavior (especially timely in view of the heightened focus on the spread of HIV/AIDS);
- The National Heart, Lung, and Blood Institute's joint epidemiology studies (dating from 1981) on cardiovascular and pulmonary diseases;
- The National Cancer Institute's longstanding cooperation with Chinese institutions in studies of esophageal, lung, and stomach cancers and choriocarcinoma in different areas of China (e.g. breast cancer in Shanghai and lung cancer in Yunnan tin mines);
- The National Institute of Allergy and Infectious Disease's (NIAID) competitive award to the China Academy of Preventive Medicine for the establishment of geographic information systems and resources for collection and study of infectious parasites. NIAID Director Anthony Fauci visited China in September 1999 to discuss HIV/AIDS research. Two NIAID scientists participated in a November 1999 meeting in Beijing to

prepare national plans for China's HIV/AIDS vaccine research efforts.

Other health-related cooperative activities not falling under the Health Protocol include:

- EPA - Working with China's State Environmental Protection Administration on several studies examining the link between air pollution and respiratory disease.

Several international organizations are doing work in China in this area, including UNAIDS, WHO, and the World Bank. The UK is also working in China on a contract with Family Health International (also a USAID contractor). Opportunities exist for U.S. HIV/AIDS project grants to leverage non-USG funds by blending with, for example, World Bank loan funds (see next section).

III. Support for Expanded Cooperation

The President has made it clear that controlling the global spread of HIV/AIDS is a U.S. national security priority. Vice President Gore has written Chinese Premier Zhu Rongji urging strengthened bilateral cooperation. Various senior U.S. officials, including Under Secretary Loy and Surgeon General Satcher, have delivered the same message to their Chinese counterparts during recent visits.

The Chinese have responded positively to our overtures. Recent meetings suggest the GOC is ready for significantly more engagement on these issues than in previous years. The following areas are particularly well-suited for bilateral cooperation:

- Public health human resource development through the establishment of a Field Epidemiology Training Program.
- Expanded HIV vaccine development and research. This is clearly an area of U.S. priority interest. (NIH)
- Expanded CDC-funded LIFE activities: HIV Surveillance, STD control, prevention through education, condom social marketing. \$5 million may be possible from expanded LIFE initiative funding. The possibility of including these funds as part of a World Bank project, now under preparation, might leverage as much as \$10 million for HIV/AIDS work by CDC. CDC plans to meet with Bank officials this fall.

- Safe Blood - The World Bank Health IX project included a small component on safe blood in a single Chinese province. FDA and the Red Cross might be able to team with the Bank on a larger project in other provinces if new project loan/grant funds were made available.
- Deploying NGOs and/or officials that have worked with the USG in Southeast Asian HIV/AIDS projects to exchange lessons learned and technical assistance with their Chinese counterparts.
- Public Awareness effort on HIV/AIDS and EIDs through an IAA between the Department of State and CDC to conduct awareness-raising workshops in East and South Asia with high-level USG and Asian counterpart officials, and from NGOs who are responsible for HIV/AIDS prevention and control in their countries. Successful Asian models for prevention and control of HIV/AIDS (such as Thailand's program) will be showcased.
- Public Diplomacy activities, funded by the State Department's Bureaus of Educational and Cultural Affairs and International Information Programs and administered by USIS Beijing, represent the full range of PD exchanges and programs. The U.S. Embassy in Beijing employs these information and cultural and professional exchange programs, products and services to address Mission Program Plan goals and priorities. Posts throughout China regularly program American Speakers, target of opportunity speakers, Telepress Conferences and Digital Video Conferences to promote and advance U.S. foreign policy. International Visitor programs bring Chinese professionals to the U.S. on group or individual short term exchanges.

IV. New Funding Approved by Congress

Congress approved significant funding increases for international programs aimed at combating the spread of HIV/AIDS for FY2001 under the Foreign Appropriations Bill. In addition, preliminary FY 2001 numbers indicate that CDC may receive \$113 million for LIFE/HIV/AIDS, USAID will receive between \$260 and \$315 million for international HIV/AIDS program assistance, NIH \$2 billion for HIV/AIDS research, and FDA funding, outside of the LIFE initiative,

may also be possible for blood screening and similar activities.

V. Legal Considerations

There are no specific restrictions on spending funds appropriated to CDC or NIH on programs in China. The State Department also has a role in choosing candidates for targeted exchange programs. Funds appropriated to USAID, however, have traditionally been subject to numerous restrictions under the Foreign Assistance Act (FAA) that prohibit funding programs in China (e.g. funds may not be spent in countries whose governments engage in a consistent pattern of gross human rights violations.) However, the FY2000 and FY2001 Foreign Operations Bills include language that permits USAID to spend FAA funds on HIV/AIDS prevention, treatment, and control activities "notwithstanding any provision of law that restricts assistance to foreign countries."

To initiate an HIV/AIDS program in China, USAID would have to notify Congress. Due to political sensitivities on this, USAID anticipates political obstacles in Congress, and is hesitant to engage, preferring to encourage HHS programs as a more appropriate alternative at this juncture. However, there may be some areas where USAID has a comparative advantage in addressing Chinese problems. Although efforts to capitalize on USAID strengths and comparative advantages will continue, USAID initially will not undertake any HIV/AIDS activities in China until a political decision is made regarding the policy and political tradeoffs.

VI. Recommendation

- A convergence of favorable circumstances (China's heightened focus on the threat posed by HIV/AIDS, as well as a new receptivity to bilateral cooperation, plus clear Administration and Congressional support for our programs) presents us with a valuable opportunity to make a difference in China's effort to contain the spread of HIV/AIDS before it reaches crisis proportions. Doing so is clearly in the U.S. national interest, as China's large and increasingly mobile population, rapid economic growth rate, and imminent WTO accession could comprise

the elements of an environment perfectly suited to the growth and spread of its infectious disease problems to the global community. NIH, CDC, USAID, and State should utilize existing and new funding to implement the projects outlined in Section III above. For example, a CDC team visited China in October 2000 to discuss the establishment of a Field Epidemiology Training Program with Chinese officials. A draft plan has been developed, and follows on the next pages.

Field Epidemiology Training Programs in China Draft Workplan (October 20, 2000)

I. Introduction

Following major national reforms since 1978, China has experienced rapid political and socioeconomic changes that have directly affected the health infrastructure. Health care has become decentralized, no longer the responsibility of a central government system, and rapid economic development in urban areas has made both internal and external migration increasingly common. Associated increases in new and emerging health problems have made it difficult for the public health system to train sufficient numbers of epidemiologists and health care workers, strengthen prevention and control programs, and otherwise address such challenges. Not only are diseases such as HIV and other STDs becoming more common, but noncommunicable diseases and injuries are growing as well due to widespread tobacco use and increases in risk behaviors among the population.

To address such challenges, strengthening China's surveillance and control, outbreak investigation and response capacities will be crucial. Although China has a number of excellent academic programs which train graduates in broad-based public health skills it has not yet developed programs to train high-level applied epidemiology specialists with disease surveillance, outbreak investigation, and related skills. Training and placement of applied epidemiologists will be crucial for strengthening China's public health capacity and infrastructure at the national and local levels, and its ability to address emerging public health problems.

During Fall, 2000, Ministry of Public Health, Union of Public Health Schools (CAPM, PUMC, BMU), UNICEF, WHO, CDC, and other staff discussed interest in developing applied epidemiology training in China. This group concluded that development of a Field Epidemiology Training Program (FETP) would be an important means of providing highly-trained applied epidemiologists to strengthen China's disease surveillance and outbreak investigation capacity. Such a program would emulate the FETP model used to train more than 3300 applied epidemiologists in 30 FETP programs worldwide during the past 20 years.

II. Goals and Objectives

The major goal of this program is to strengthen China's national and local surveillance and outbreak capacity through establishment of a Field Epidemiology Training Program (FETP). The major objectives are to recruit, train, and place 6-10 highly-skilled applied epidemiologists throughout the Ministry of Health (MOH) and Epidemic Prevention Stations (EPSs) annually. The FETP will partner with existing MOH, CAPM, and affiliated academic programs, from which FETP trainees and faculty will be recruited.

Training will be primarily field-oriented rather than didactic and will emphasize acquisition of practical skills in three core areas: 1) communicable and non-communicable disease epidemiology; 2) health information systems; and 3) program management. Graduation will require successful mastery of a core set of competencies during the 2-year program (see Appendix).

III. Project Description and Activities

This 2-year certificate program will be based on the FETP model of "learning by doing" and incorporate approximately 80% field and 20% classroom activities. Applicants should have a Masters of Public Health degree, at least three years of public health experience, and be sponsored by an Epidemic Prevention Station (EPS) or Public Health Bureau (PHB) work unit. A key criteria in recruiting and selecting applicants will be a commitment from the trainee's work unit to guarantee a senior epidemiology technical position upon their graduation. The first class of 6 to 10 students will be based in Beijing at the Chinese Academy of Preventive Medicine (CAPM), which is under the jurisdiction of the Ministry of Health.

The program will be centered on "training-through-service" in which trainees master a core set of applied epidemiology competencies during their placements throughout EPSs and PHBs. These competencies include developing and evaluating disease surveillance systems, investigating outbreaks, and applied public health research (see Appendix). Students research projects will be based on real-life problems and focus on priority needs of the work unit or community from which trainees are recruited and in which they are placed.

During the first five years of the project, there will be one full-time domestic program director, two assistant directors, and one or two international co-directors. Co-directors and faculty would provide technical assistance to:

- a) Prepare the training curriculum and assist in teaching of short courses for each FETP class;
- b) Provide mentoring for trainees, including on-site assistance in outbreak investigations; development of public health interventions and community-based prevention and control programs; design and evaluation of public health surveillance systems; and evaluation of interventions and ongoing disease prevention and control programs;
- c) Technical sectors of the Ministry of Health, as requested;
- d) Facilitate the development of national scientific forums in epidemiology.

At least one supervisor per five students will be available to oversee all activities. Faculty will be selected from programs affiliated with the FETP. All staff positions will need to be approved by the Ministry of Health and members of the selection committee. Supervision will be a critical factor in developing skills, since students from the first class will be expected to become teachers following the completion of their training. A special one-week course for supervisors will include mentorship and leadership training in field epidemiology. Supervisors assigned to specific students will be responsible for ensuring that course participants meet specific requirements. International experts will be recruited to provide short-term training or other technical assistance to complement local expertise, as needed.

CDC's Division of International Health, Epidemiology Program Office, will implement this activity, and will be responsible for selecting, supervising, and supporting the activities of the on-site consultants.

This training program will not replace, but will build upon the masters of public health degree curriculum. Activity reports will be required of trainees and publication of project results in Chinese and international journals will be expected.

If a disease outbreak or other public health problem is identified and the Provincial Epidemic Prevention Station requests assistance, students will be accompanied by their supervisor and participate in all phases of the investigation. Other activities might include: the design or evaluation of surveillance systems and the design, implementation, analysis and interpretation of surveys. Because China is such a huge country with many choices of places to learn, the first class will focus in areas where expert supervision is always available. The first years will provide models for future training sites without the infrastructure could not currently meet training program requirements. An important goal of this training program is to develop the capacity to go to scale, in order to strengthen public health training and surveillance in the most rural areas, in harmony with health reform.

The two-year training phase will conclude with formal presentations by each student with the opportunity for questions and answers by colleagues and supervisors. Local and national government officials, policymakers, researchers, Chinese students training in public health, and health care professionals will be invited to attend. Future candidates and trainees already selected for the following class will be present as well. This will provide an opportunity to acknowledge accomplishments made and provide a framework for further discussions on expanding the training program. The graduating students will receive a certificate in Public Health which has been approved by the Ministry of Health (MOH), the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC) and UNICEF.

Years Three to Five: Career Path Development

Upon successful completion the program, operational support will be provided to graduates who return to their original work sites. This will facilitate the creation of field positions for senior field epidemiologists, and supervisors for future FETP trainees. Additional resources in the field will allow the graduates to apply what they have learned and serve as mentors for others, while avoiding excessive administrative responsibilities. A natural progression from student to teacher will optimize the translation of the learning experience into public health practice and provide continuity to the program. The complete five-year program will help to develop a future core of Chinese public health leaders.

Key Stakeholders and Institutional Linkages

This applied training program will be based at CAPM (which includes the Union School of Public Health of the Peking Union Medical College), under the leadership of the MOH. Partners will include UNICEF, WHO, CDC and other member countries of the Training in Epidemiology and Public Health Network (TEPHINET). In addition, technical expertise may be provided by Chinese experts from institutions with a variety of experiences in public health research, health information systems, policy, and other key areas. Beijing Medical University, Shanghai Medical University, Western China Medical University, and other institutions may also participate, depending on geographic area and expertise. Experts at provincial and district levels may also be selected in areas where project sites are identified to

encourage local involvement. Figure one show the relationship of potential partners with the FETP in China.

Recruitment of Candidates for the FETP

The advisory committee will review applications responding to announcements by schools of public health, medical schools, and other institutions. Letters will be distributed by the MOH to schools of public health, provincial and district level Epidemic Prevention Stations, and health bureaus announcing a call for applications for candidates of the FETP program to ensure an objective and comprehensive recruitment process.

Evaluation of Pilot Training Program in Applied Public Health

Indicators to measure the success of the training program will be developed and an independent evaluation will be carried out at the end of the first two years. Annual local training site-visits will be made by members of the Advisory Committee to inspect the facilities, and perform quality assurance of the field training component. Evaluation by committee members will include: access to telecommunication such as telephone, fax and e mail; computer software needed to satisfactorily carry-out field work investigations including statistical analysis and literature searches; access to current and relevant literature; the level and types of responsibilities each student is delegated and the role the supervisor has played to encourage optimal learning and enable professional growth.

Timetable:

November 30, 2000:

Proposal sent to potential donors

January 30, 2001:

Donors identified

February 28, 2001:

Meeting with Epidemic Prevention Station Directors

March, 2001:

Staff Selection

May, 2001:

Candidate Selection

September, 2001:

First Class Begins

Appendix

Examples of Training Activities to Meet Objectives

1. Conduct or participate substantively in a field investigation of a potentially serious public health problem that requires a rapid public health response. This health problem can be infectious or non-infectious in nature and should involve direct contact with human subjects.
2. Design, conduct, and interpret an epidemiologic analysis of a new or pre-existing data set. This data set must have been collected by the trainee or obtained from existing or routinely collected data from China's MOH or other public health institution in the country. As a result of the analysis, appropriate public health recommendations should be made.
3. Design, implement, or evaluate a public health surveillance or other information system.
4. Develop a research proposal and carry out a pre-planned epidemiologic study or survey to assess a health concern of public health importance to the country. The nature of this problem may be either infectious or non-infectious.
5. Use scientific literature to support the findings of epidemiologic investigation and recommendations made from investigations. Write and submit a report for publication in a public health bulletin and write a scientific manuscript for a peer-reviewed journal.
6. Give an oral presentation at a training seminar, and at a national or international scientific conference.
7. Respond appropriately to written or oral public health inquiries from the public, the media, government officials, or other health professionals.
8. Teach in a course on public health topics and/or serve as a proctor or mentor for junior level trainees.
9. Write a fundraising document for a proposed program to implement activities that will improve public health outcomes.
10. Communicate with the media and representatives of a community on a health problem or program.
11. Present briefing document to decision-maker (WHO leadership, National MOH or politicians) on a health problem.
12. Use computers effectively to manage public health work including: budgeting (spreadsheets), epidemiologic analysis (Epi-info), document presentation (word processing), and communication (graphics).

13. Attend and participate in training courses on program evaluation, cost-effectiveness analysis, graphics and visual presentations and media relations.
14. Participate in program management activities and actual implementation of public health interventions.

Drafted: EAP/CM:JDFritz:7-7628:17OCT2000
O:CM:Econ:Global:Aids:HIV-AIDS memo_1
and
OES/EID:JRGreenspan:7-4689:20NOV2000
H:EID/working documents:Judith:China:11-24-00 PD revision
China MEMORANDUM
and
DHHS/DIRG:TNovotny/TChung

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CDC:HGayle
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NEC:DRosen
NSC/NEC:LEfros
OVP:TGOsius
ONAP:SThurman

Bernard, Kenneth W. (HEALTH)

AIDS/China

From: WHSR
Sent: Friday, December 01, 2000 4:17 AM
To: Babbitt, James F. (VP); Banbury, Anthony "Tony" N. (MULTI); Bernard, Kenneth W. (HEALTH); Cables; Christy, Gene B. (ASIA); Efros, Laura L. (NEC); Jarrett, Kenneth H. (ASIA); Mclean, Matthew K. (MULTI); Naplan, Steven J. (MULTI); Osius, Theodore G. (VP); Patten, Wendy L. (MULTI); Pritchard, Charles (Jack) L. (ASIA); Schwartz, Eric P. (MULTI); Shea, Dorothy C. (MULTILAT); Smith, Holly M. (ASIA); Smith, Peter D. R. (MULTI); Tighe, Mary P. (ASIA); Wilcox, Richard M. (MULTI)
Subject: AIDS IN CHINA: YUNNAN PROVINCE CONFRONTS HIV ----- SUMMARY -----

ActionAddrees: RUEHC/SECSTATE WASHDC IMMEDIATE 1089
Classification: UNCLASSIFIED
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RUEHZN/ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE
RUEHGO/AMEMBASSY RANGOON 3372
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RUEHSB/AMEMBASSY HARARE 0062
RUEHSH/AMCONSUL SHENYANG 0545
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BANGKOK FOR CDC

CDC FOR TIMOTHY MASTRO
DEA FOR OF;OFF/JONES/DENEHY;NI
STATE FOR OES, OES/EID, OES/PCI, AND EAP/CM
STATE PASS NIH/FOGARTY CENTER FOR HOLT
STATE PASS NIH FOR NIAIDS/JOHNSTON
STATE PASS HHS FOR SATCHER, NOVOTNY, HOHMAN, AND PHS
STATE PASS USAID FOR G/ERIKA BARTH
WHITE HOUSE FOR OSTP AND OVP
WHITE HOUSE FOR NSC/BERNARD AND JARRETT, AIDS/THURMAN

E.O. 12958: N/A

TAGS: KHIV, SOCI, PGOV, EAID, PHUM, PREL, CH
SUBJECT: AIDS IN CHINA: YUNNAN PROVINCE CONFRONTS HIV

SUMMARY

1. HIV/AIDS FIRST APPEARED IN CHINA'S YUNNAN PROVINCE IN THE LATE 1980'S. CURRENTLY, YUNNAN HAS 50 PERCENT OF CHINA'S CUMULATIVE HIV CASES (ALTHOUGH XINJIANG NOW HAS MORE NEW INFECTIONS). SHARING OF NEEDLES BY INTRAVENOUS DRUG USERS REMAINS THE PRIMARY MODE OF HIV TRANSMISSION IN YUNNAN, ALTHOUGH A FLOURISHING SEX/TOURISM TRADE MAY MAKE HETEROSEXUAL SEX THE PRIMARY TRANSMISSION MODE WITHIN A FEW YEARS. YUNNAN'S DIVERSE AND MOBILE POPULATION; MOUNTAINOUS TERRAIN; LONG INTERNATIONAL BORDER; HIGH RATES OF POVERTY; HIGH RATES OF DRUG ABUSE; AND LOW LEVELS OF EDUCATION, LITERACY, AND HIV AWARENESS ARE OBSTACLES TO HIV PREVENTION. LOCAL OFFICIALS AND NGO'S HOPE THAT THE U.S. GOVERNMENT WILL PROVIDE FINANCIAL OR TECHNICAL ASSISTANCE TO YUNNAN, TO SUPPORT LOCAL EFFORTS TO FIGHT HIV. END SUMMARY.

FIFTY PERCENT OF CHINA'S CUMULATIVE HIV INFECTIONS

2. HIV HIT YUNNAN PROVINCE EARLY AND HARD. YUNNAN'S HIV-INFECTED POPULATION, LARGELY INTRAVENOUS DRUG USERS, ACCOUNT FOR 50 PERCENT OF ALL CHINESE HIV INFECTIONS. MOST OF YUNNAN'S HIV-INFECTED POPULATION APPEAR TO BE DRUG ADDICTS, ACCORDING TO SOME YUNNAN PROVINCIAL HEALTH OFFICIALS, 80 PERCENT OF HIV WAS TRANSMITTED THROUGH INTRAVENOUS DRUG USE BUT ONLY SEVEN PERCENT OF TRANSMISSION CAME THROUGH SEX. SOME EXPERTS SUSPECT THAT THE APPEARANCE OF AN OVERWHELMING PROPORTION OF DRUG ADDICTS IN THE YUNNAN HIV PICTURE MAY BE DUE TO FAULTY TESTING. TESTING DRUG ADDICTS IN DETENTION CENTERS IS RELATIVELY EASY. GOING OUT INTO SOCIETY AND TESTING PROSTITUTES, THEIR CLIENTS, AND THE GENERAL POPULATION IS MUCH HARDER. FUNDING IS ALSO A BIG PROBLEM. ALTHOUGH KUNMING AUTHORITIES HAVE INVESTED HEAVILY IN THE PROVINCE'S INFRASTRUCTURE, FUNDING FOR HIV PREVENTION AND MONITORING SEEMS TO BE A MUCH LOWER PRIORITY.

3. NOW THAT HIV HAS SPREAD TO EVERY CHINESE PROVINCE, YUNNAN'S SHARE IN OVERALL HIV INCIDENCE IN CHINA DROPS EACH YEAR. IN 1999, XINJIANG HAD THE HIGHEST NUMBER OF NEW HIV CASES. THERE IS ALREADY OVERLAP BETWEEN IV DRUG USERS AND THE GENERAL POPULATION SINCE SOME PROSTITUTES ARE ALSO INTRAVENOUS DRUG USERS. SINCE

1994, HIV INFECTION RATES IN YUNNAN HAVE MORE THAN DOUBLED EACH YEAR. AN OCTOBER 2000 REPORT FROM THE YUNNAN HEALTH AND ANTI-EPIDEMIC STATION (SEE PARAGRAPH FIVE BELOW) ESTIMATES THAT THE 1999 PREVALENCE OF HIV AMONG YUNNAN INTRAVENOUS BLOOD USERS WAS 28 PERCENT AMONG BOTH STD PATIENTS AND TWO PERCENT AMONG INFANTS BORN AND PROSTITUTES. THERE ARE ABOUT 1500 PREGNANT WOMEN AND 500 NEWBORNS WITH HIV IN YUNNAN PROVINCE EACH YEAR. ESTIMATES OF HIV INFECTION RATES FOR CHINA AS A WHOLE RANGE WIDELY FROM AS LOW AS 100,000 TO WELL OVER 1 MILLION, AND ARE INCREASING BY ABOUT 30 PERCENT ANNUALLY.

HIV SPREAD FROM YUNNAN ALONG DRUG ROUTES

4. HIV WAS FIRST DETECTED IN YUNNAN IN 1989. HIV HAS MOSTLY SPREAD AMONG INTRAVENOUS DRUG USERS. EIGHTY PERCENT OF CHINA'S ILLEGAL DRUG TRAFFIC PASSES THROUGH YUNNAN, WHICH LIES JUST NORTH OF THE GOLDEN TRIANGLE. CHINESE RESEARCH ON THE GENETICS OF HIV (THERE ARE FIVE TYPES OF HIV VIRUS IN CHINA) HAVE SHOWN THAT HIV HAS SPREAD ALONG THE MAIN DRUG ROUTES FROM YUNNAN THROUGH SICHUAN AND GANSU TO XINJIANG AS WELL AS FROM YUNNAN EASTWARDS TO GUANGDONG PROVINCE. EIGHTY PERCENT OF THE DRUGS IN CHINA ARE DISTRIBUTED THROUGH YUNNAN.

OCTOBER 2000 JOURNAL ARTICLE: YUNNAN HIV TRENDS

5. YUNNAN PROVINCIAL HEALTH AND ANTI-EPIDEMIC CENTER OFFICIALS, IN AN OCTOBER 2000 ARTICLE IN THE "JOURNAL FOR CHINA AIDS/STD PREVENTION AND CONTROL," WROTE THAT IT TOOK 12 YEARS FOR HIV TO SPREAD THROUGHOUT THE YUNNAN DRUG USER POPULATION. BASED ON REPORTING FROM 42 SENTINEL SITES, THE YUNNAN CENTER ESTIMATES 1999 HIV PREVALENCE AMONG IV DRUG USERS WAS 28 PERCENT, TWO PERCENT IN PROSTITUTES (AND ONE PERCENT IN THEIR CLIENTS) AND TWO PERCENT AMONG STD PATIENTS. (NOTE: THE GANSU AND SICHUAN PROVINCIAL HIV MONITORING STATIONS ESTIMATED THE PROPORTION OF INTRAVENOUS DRUG USERS INFECTED WITH HIV IN 1999 TO HAVE BEEN TWO PERCENT IN GANSU AND SIX PERCENT IN SICHUAN. END NOTE.) THE PROPORTION OF PROSTITUTES WITH HIV IN YUNNAN IS EXPECTED TO EXCEED FIVE PERCENT BY 2005. IT TOOK 12 YEARS FROM ITS DISCOVERY UNTIL 1999 FOR HIV TO SPREAD TO ALL OF YUNNAN PROVINCE'S TWELVE PREFECTURES. IN THE MOSTLY SERIOUSLY AFFECTED ONE-THIRD OF THE PREFECTURES, HIV PREVALENCE AMONG INTRAVENOUS DRUG USERS RANGES FROM 48 PERCENT TO 75 PERCENT. (COMMENT: THESE NUMBERS SHOULD BE TAKEN WITH RESERVE SINCE THERE IS ONLY ONE EPIDEMIC STATION IN YUNNAN THAT FOLLOWS PROSTITUTES AND THEIR CLIENTS. THE IMPORTANT MESSAGE HERE IS THAT HIV CONTINUES TO MOVE FROM SEVERAL HIGH-RISK GROUPS INTO THE GENERAL POPULATION. THE RAPID DEVELOPMENT OF THE YUNNAN TOURIST INDUSTRY MAY WELL CREATE FAVORABLE CONDITIONS FOR THE SPREAD OF STD'S AND HIV. END COMMENT.)

MOST HIV FUNDING COMES FROM THE PROVINCE

6. YUNNAN HEALTH OFFICIALS SAID THAT MOST OF THEIR FUNDING IS RECEIVED FROM THE PROVINCIAL LEVEL. THE PROVINCIAL GOVERNMENT HAS GENERALLY ALLOCATED RMB 1 MILLION (USD 125,000) FOR HIV PREVENTION AND CONTROL IN THE PROVINCE; RECENTLY THIS AMOUNT WAS RAISED TO RMB 3 MILLION (USD 375,000). IN ADDITION, THE PROVINCE HAS COOPERATED WITH SEVERAL INTERNATIONAL ORGANIZATIONS AND NON GOVERNMENTAL ORGANIZATIONS (NGOS) INCLUDING, UNICEF, UNDP, WHO, AUSTRALIAN RED CROSS, OXFAM, DOCTORS WITHOUT BORDERS, AND SAVE THE CHILDREN. YUNNAN PROVINCE HAS ALSO RECEIVED FOREIGN ASSISTANCE FROM THE UNITED KINGDOM AND AUSTRALIA.

PROVINCIAL OFFICIALS MORE OPEN THAN LOCALS

7. PROVINCIAL OFFICIALS HAVE MORE LIBERAL ATTITUDES AND ARE MORE OPEN THAN LOCAL OFFICIALS ABOUT HIV. A LOCAL NGO REPRESENTATIVE PRAISED THE DEDICATION AND COMMITMENT OF THE YUNNAN PROVINCIAL HEALTH BUREAU AND ITS HIV PREVENTION AND CONTROL STAFF. AUTHORITIES IN DEHONG PREFECTURE AND RUILI COUNTY, YUNNAN'S EARLIEST AND STILL BIGGEST HIV HOTSPOTS, ARE NOT SO OPEN. A 1999 INTERNAL REGULATION PROHIBITED THE DISCUSSION OF THE HIV SITUATION IN DEHONG PREFECTURE WITH OUTSIDERS. IN THIS CASE "OUTSIDERS" WERE NOT LIMITED TO FOREIGNERS, BUT INCLUDED CHINESE OFFICIALS AND MEDIA

FROM OUTSIDE OF DEHONG PREFECTURE AS WELL. DIFFICULTIES THE CENTRAL GOVERNMENT HAS IN UNDERSTANDING THE PROVINCES AND IN IMPLEMENTING POLICY SEEM TO BE REPLICATED IN THE RELATIONSHIP BETWEEN THE PROVINCE AND THE PREFECTURAL AND COUNTY GOVERNMENTS.

YUNNAN'S UNIQUE CHARACTERISTICS POSE CHALLENGES

8. DR. CHEN HONG, DEPUTY DIRECTOR-GENERAL OF THE YUNNAN PROVINCIAL HEALTH BUREAU, DISCUSSED HIV IN YUNNAN WITH EMBOFF. CHEN SAID THAT THE YUNNAN GOVERNMENT IS AWARE OF U.S. EFFORTS TO FIGHT HIV AND WOULD WELCOME U.S. GOVERNMENT ASSISTANCE. CHEN OUTLINED THE MAJOR DIFFICULTIES IN FIGHTING HIV IN YUNNAN PROVINCE:

-- DIVERSE POPULATION: ONE THIRD OF YUNNAN'S 41 MILLION PEOPLE BELONG TO ONE OF TWENTY-FIVE ETHNIC MINORITIES. MANY OF YUNNAN'S RURAL PEOPLE ARE POOR AND UNEDUCATED.

-- DRUG ABUSE IS RAMPANT.

-- MOBILE POPULATION: MANY MIGRANT WORKERS CARRY DISEASE WITH THEM AS THEY MOVE BACK AND FORTH BETWEEN THE CITY AND THE COUNTRYSIDE. THE DEVELOPMENT OF TOURISM (COMMENT: AND WITH IT PROSTITUTION. END COMMENT) ARE ALSO IMPORTANT.

-- A POROUS INTERNATIONAL BORDER: MUCH OF YUNNAN'S POPULATION LIVES ALONG ITS 4000-KILOMETER LONG BORDER

WITH LAOS, VIETNAM AND MYANMAR. EIGHT OF YUNNAN'S SIXTEEN PREFECTURES AND TWENTY-SIX COUNTIES ARE ON THE BORDER.

-- TRANSPORTATION/TOPOGRAPHY: YUNNAN IS 94 PERCENT MOUNTAINS AND HILLS. CLOUDS CAUGHT IN ITS MANY VALLEYS MAY HAVE GIVEN YUNNAN ITS NAME: SOUTH OF THE CLOUDS. YUNNAN HAS ONLY EIGHT AIRPORTS. DIFFICULT JOURNEYS BY ROAD ARE SOMETIMES THE ONLY WAY TO MOVE AMONG MANY CITIES AND TOWNSHIPS. POOR TRANSPORTATION MAKES IT HARDER TO COLLECT INFORMATION AND TO CARRY OUT HIV PREVENTION AND CONTROL PROGRAMS AND ACTIVITIES.

-- LOW AWARENESS: THERE IS A GREAT NEED FOR MORE FUNDING IN THE AREA OF HEALTH EDUCATION. CURRENTLY, HIV EDUCATION AND AWARENESS EFFORTS ONLY REACH 20 PERCENT OF THE POPULATION. DR. CHEN POINTED OUT THAT INFORMATION AND EDUCATION CAMPAIGNS HAVE BEEN SUCCESSFUL; IN COUNTIES WHERE PROGRAMS HAVE BEEN IMPLEMENTED, HE REPORTED, OVER 50 PERCENT OF THE POPULATION HAS SOME KNOWLEDGE OF HIV.

-- LIMITED RESOURCES: HIV TESTING LABS ARE NOT WELL EQUIPPED AND THERE IS A NEED FOR GOOD VEHICLES TO PROVIDE SERVICES. ALTHOUGH THE GOVERNMENT HAS INCREASINGLY RECOGNIZED THE IMPORTANCE OF HIV CONTROL, DUE TO EXTREMELY LIMITED RESOURCES, HIV PREVENTION AND CONTROL PROGRAMS IN THE PROVINCE ARE STILL GROSSLY UNDER-FUNDED.

PRUEHER

Bernard, Kenneth W. (HEALTH)

AIDS/China

From: WHSR
Sent: Friday, December 01, 2000 4:25 AM
To: Bernard, Kenneth W. (HEALTH); Cables; Christy, Gene B. (ASIA); Efros, Laura L. (NEC); Jarrett, Kenneth H. (ASIA); Osius, Theodore G. (VP); Pritchard, Charles (Jack) L. (ASIA); Smith, Holly M. (ASIA); Tighe, Mary P. (ASIA)
Subject: AIDS IN CHINA: FROM DRUGS AND BLOOD TO SEX

ActionAddres: RUEHC/SECSTATE WASHDC IMMEDIATE 1081
Classification: UNCLASSIFIED
DateTime: 010814Z DEC 00
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Identifier: M4757787
InfoAddres: RUEHPH/CDC ATLANTA GA PRIORITY
RHEHAAA/WHITE HOUSE WASHDC PRIORITY
RUEABND/DEA HQS WASHDC PRIORITY
RUEKDIA/DIA WASHDC PRIORITY
RUEHZN/ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE
RUEHGO/AMEMBASSY RANGOON 3364
RUEHVN/AMEMBASSY VIENTIANE 2998
RUEHSB/AMEMBASSY HARARE 0054
RUEHSH/AMCONSUL SHENYANG 0537
RUESLE/AMCONSUL SHANGHAI 5801
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STATE FOR OES, OES/EID, OES/PCI, AND EAP/CM
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WHITE HOUSE FOR NSC/BERNARD AND JARRETT, AIDS/THURMAN

E.O. 12958: N/A
TAGS: KHIV, SOCI, PGOV, EAID, PHUM, PREL, CH
SUBJECT: AIDS IN CHINA: FROM DRUGS AND BLOOD TO SEX

SUMMARY

1. TIMELY INTERVENTION MAY STILL BE ABLE TO SLOW THE SPREAD OF HIV FROM CURRENT HIGH-RISK GROUPS -- SUCH AS INTRAVENOUS DRUG USERS AND PAID BLOOD DONORS -- TO THE GENERAL POPULATION, WHERE IT WILL SPREAD RAPIDLY VIA SEXUAL RELATIONS, ACCORDING TO CHINESE EXPERTS. CHINA'S FLOURISHING SEX TRADE (SEE OVERVIEW IN APPENDIX) AND EVER-INCREASING RATES OF SEXUALLY TRANSMITTED DISEASES, ESPECIALLY SYPHILLIS, ARE CREATING CONDITIONS THAT ALLOW HIV TO SPREAD MORE EASILY. IN YUNNAN PROVINCE, WHERE THE HIV/AIDS EPIDEMIC IS OLDEST AND MOST SERIOUS, THE PROVINCIAL GOVERNMENT'S EPIDEMIOLOGICAL STATION ESTIMATES THAT 28% OF INTRAVENOUS DRUG USERS, TWO PERCENT OF YUNNAN PROVINCE PROSTITUTES, AND ONE PERCENT OF THOSE WHO PATRONIZE PROSTITUTES WERE INFECTED WITH HIV AS OF THE END OF 1999. MEANWHILE, LARGE RESERVOIRS OF HIV IN INTRAVENOUS DRUG USERS AND PAID BLOOD DONORS (REPORTEDLY 10,000 IN ONE HENAN COUNTY ALONE) INCREASE THE LIKELIHOOD THAT HIV WILL SPREAD RAPIDLY FROM THESE GROUPS TO THE GENERAL POPULATION THROUGH HETEROSEXUAL TRANSMISSION.

2. INTERVENTIONS AMONG COMMERCIAL SEX WORKERS WILL BECOME INCREASINGLY IMPORTANT. SOME NGO'S TEACH IV DRUG USERS AND PROSTITUTES RISK REDUCTION BEHAVIORS SUCH AS CONDOM USE, BUT STILL NEED TO BE VERY CAUTIOUS IN THEIR WORK WITH PEOPLE ON THE MARGINS OF SOCIETY AND THE LAW. A WIDER STRATEGY ADDRESSING SOCIAL, POLITICAL AND ECONOMIC ISSUES, ALREADY ADOPTED IN SOME SOUTHEAST ASIAN COUNTRIES, MAY BE MORE SUCCESSFUL. SOME FOREIGN AND CHINESE EXPERTS PROPOSE WORKING WITH AT LEAST THE TACIT CONSENT OF POLICE AND LOCAL GOVERNMENTS TO APPEAL TO THE BUSINESS INTERESTS OF "ENTERTAINMENT HOUSE" OPERATORS THAT CONDOMS SHOULD BE USED BY SEX WORKERS, SINCE STD'S AND HIV ARE BAD FOR BUSINESS. AND SOME CHINESE EPIDEMIOLOGISTS AND SOCIAL SCIENTISTS OPENLY ARGUE THAT GREATER TOLERATION OF MARGINALIZED GROUPS AND THE LEGALIZATION OF PROSTITUTION WILL BE NEEDED TO DEFEAT THE HIV/AIDS EPIDEMIC IN CHINA. END SUMMARY.

HOW MUCH HIV? NOBODY KNOWS (OR THEY'RE NOT SAYING)

3. CHINESE EXPERTS EMPHASIZE THAT THERE IS NO RELIABLE INFORMATION ON HOW FAR HIV HAS ACTUALLY SPREAD IN CHINA. THE GOVERNMENT ESTIMATES THAT 75% OF HIV-INFECTED PEOPLE IN CHINA ARE INTRAVENOUS DRUG USERS, BUT MANY EPIDEMIOLOGISTS, BOTH FOREIGN AND CHINESE, DO NOT CONSIDER THIS DATA TO BE RELIABLE. SURVEILLANCE IN CHINA FOCUSES ON PUBLICLY ACKNOWLEDGED HIGH-RISK POPULATIONS SUCH AS DRUG USERS AND COMMERCIAL SEX WORKERS. BUT SOME CHINESE OFFICIALS BELIEVE THAT THE NUMBERS OF PEOPLE INFECTED THROUGH SELLING OR RECEIVING BLOOD TRANSFUSIONS IS MUCH HIGHER THAN IS COMMONLY STATED PUBLICLY. IN ADDITION, CHINA'S SEX TRADE, WHICH FLOURISHES EVEN IN RURAL AREAS, GREATLY BOOSTS THE RISK OF THE RAPID SPREAD OF HIV BEYOND CURRENT ACKNOWLEDGED HIGH-RISK GROUPS SUCH AS INTRAVENOUS DRUG USERS.

4. MANY OF CHINA'S HIV-INFECTED ARE AMONG THE NATION'S 100 MILLION MIGRANT WORKERS, A GROUP THAT IS RELATIVELY DIFFICULT TO STUDY. ASIDE FROM YUNNAN PROVINCE, THE "BIRTHPLACE" OF AIDS IN CHINA, THE REGIONS OF HENAN, SICHUAN, XINJIANG, AND GUANGXI HAVE BEEN ESPECIALLY HARD HIT WITH HIV/AIDS. SOME CHINESE EXPERTS ESTIMATE THE NUMBER OF CHINESE INFECTED TO BE WITH HIV AS HIGH AS ONE MILLION, WITH THE TOTAL FIGURE INCREASING BY ABOUT 30 ANNUALLY.

5. YUNNAN PROVINCE MAY NOW BE HOME TO ABOUT HALF OF CHINA'S HIV-INFECTED POPULATION, AND 44% OF ITS AIDS CASES. BUT YUNNAN HAS THE MOST MONITORING STATIONS, SO IT IS POSSIBLE THAT ITS HIGH HIV RANKING IS ALSO RELATED TO ITS RELATIVELY EFFECTIVE MONITORING, IN ADDITION TO THE RELATIVE SERIOUSNESS OF THE HIV PROBLEM. (SOME OTHER PROVINCES, PARTICULARLY HENAN (AT 100 MILLION PEOPLE CHINA'S MOST POPULOUS PROVINCE) CLAMP DOWN HARD ON REPORTS CONCERNING HIV INFECTIONS.) THE SEXUAL TRANSMISSION OF HIV SEEMS ALREADY WELL-ESTABLISHED IN YUNNAN, AND PERHAPS SOON WILL BECOME PROMINENT IN SOME OF THE SOUTHEAST COASTAL PROVINCES THAT SUFFER HIGH STD RATES.

6. LOCAL GOVERNMENTS, MEANWHILE, OFTEN DO NOT WANT THEIR OWN PEOPLE OR THE CENTRAL GOVERNMENT TO KNOW HOW MANY PEOPLE ARE INFECTED WITH HIV. INFORMATION ABOUT THE SPREAD OF HIV AMONG PAID BLOOD DONORS, IN PARTICULAR, IS OFTEN SUPPRESSED. REPORTS IN LOCAL NEWSPAPERS CONCERNING PAID BLOOD DONATIONS AND THE SPREAD OF HIV ALMOST ALWAYS REPORT ON PROBLEMS IN OTHER PROVINCES, NOT THE HOME PROVINCE OF THE MEDIA OUTLET. FOR EXAMPLE, A CHENGDU NEWSPAPER IN DECEMBER 1999 BROKE THE STORY OF THE WENLOU AIDS VILLAGE IN SHANGSAI COUNTY, HENAN PROVINCE (SEE TRANSLATION OF ARTICLE APPENDED TO REF A). SOME OFFICIALS CONSIDER PUBLIC DISCUSSION OF THE BLOOD DONOR/HIV CONNECTION TO BE A THREAT TO SOCIAL STABILITY, SINCE CHINESE PEOPLE MIGHT WELL BLAME THE PROBLEM ON OFFICIAL NEGLIGENCE. THEREFORE, THESE OFFICIALS TEND TO BELIEVE THAT DENIAL IS THE BEST COURSE. PHYSICIANS IN SOME AREAS ARE ACTIVELY DISCOURAGED FROM SPEAKING OUT ABOUT HIV AMONG PAID BLOOD DONORS. ONE CHINESE PHYSICIAN WAS IN FACT ACCUSED RECENTLY OF HELPING "SPIES AND ANTI-CHINA FORCES" BY GIVING INTERVIEWS TO FOREIGN JOURNALISTS.

TRANSMISSION CHANNELS: SEX AND BLOOD DONORS, IN
ADDITION TO IV DRUG USERS

7. SEXUALLY TRANSMITTED DISEASES (STD'S), AND ESPECIALLY SYPHILLIS, GREATLY INCREASE THE LIKELIHOOD OF TRANSMISSION OF HIV THROUGH SEXUAL INTERCOURSE. STD INFECTIONS IN CHINA CONTINUE TO GROW AT ROUGHLY 30% EACH YEAR -- A LONG-TERM TREND. (STD INFECTIONS CLIMBED 32% NATIONALLY IN 1999, ACCORDING TO THE CHINESE NATIONAL CENTER FOR STD AND LEPROSY CONTROL.) MOTHER-TO-CHILD CONGENITAL SYPHILLIS RATES, MEANWHILE, DOUBLED DURING 1999. SHANGHAI, ZHEJIANG, BEIJING, JIANGSU, GUANGDONG AND HAINAN REPORT THE HIGHEST INCIDENCE OF STD'S, ALTHOUGH SHANGHAI, GUANGDONG AND HAINAN REPORTED INCREASES OF 10% OR LESS.

8. MANY OF CHINA'S HIV-INFECTED PEOPLE NUMBER AMONG THE NATION'S 100 MILLION MIGRANT WORKERS. THE SHANXI PROVINCE EPIDEMIOLOGICAL STATION REPORTED IN AN OCTOBER 2000 ARTICLE THAT OF 176 HIV CASES REPORTED (VERY LIKELY ONLY A VERY SMALL FRACTION OF THE ACTUAL NUMBER), TWO-THIRDS WERE MIGRANT WORKERS. NEARLY ONE-HALF OF THE MIGRANT WORKERS WERE FROM OUTSIDE SHANXI. FIVE PERCENT OF THE HIV-INFECTED PERSONS WERE PAID BLOOD DONORS.

9. THERE ARE AIDS PAID BLOOD DONOR VILLAGES NOT ONLY IN HENAN (CHINA'S MOST POPULOUS PROVINCE) BUT ALSO IN HUBEI, HEBEI, SHANXI AND OTHER PROVINCES. THE PLIGHT OF THE HUNDREDS OF HIV-INFECTED PAID BLOOD DONORS OF WENLOU VILLAGE, SHANGCAI COUNTY (DISCUSSED RECENTLY IN TIME, THE NEW YORK TIMES AND A SPRING 2000 EMBASSY BEIJING REPORT) IS FAR FROM UNIQUE. ONE HUNDRED KILOMETERS AWAY IS ANOTHER BLOOD DONOR VILLAGE WHERE 96 OUT OF 155 (62 PERCENT) OF THE PAID BLOOD DONORS TESTED HIV POSITIVE. THE KAIFENG, SHANGQIU, ZHOUKOU, AND ZHUMADIAN REGIONS OF HENAN PROVINCE ALSO HAVE MANY HIV-INFECTED BLOOD DONOR VILLAGES. THE NOVEMBER 30 THE NATIONAL NEWSPAPER SOUTHERN WEEKEND QUOTED AN UNAMED SHANGCAI COUNTY EPIDEMIOLOGICAL STATION WORKER AS SAYING THAT SHANGSAI COUNTY HAS NEARLY 10,000 HIV-INFECTED PEOPLE. THE WORKER ASKED TO REMAIN ANONYMOUS FOR FEAR OF REPRISALS.

10. AN OCTOBER 1998 LAW BANNING PAID BLOOD DONATIONS HAS HELPED REDUCE THE SCALE OF THIS ACTIVITY. BUT CHRONIC BLOOD SHORTAGES, AND THE STRONG ECONOMIC INCENTIVE FOR MIGRANTS TO SELL THEIR BLOOD, HAVE MADE IT DIFFICULT TO ENTIRELY ELIMINATE PAID BLOOD DONATIONS. IN OCTOBER, SOUTHERN WEEKEND REPORTED ON HIGH RATES OF BLOOD-BORNE DISEASE AMONG SEVERAL THOUSAND ILLEGALLY-ORGANIZED PAID BLOOD DONORS IN GANSU. ACCORDING TO CHINESE OFFICIALS, AUTHORITIES IN ONE CHINESE PROVINCE HAVE FOUND SEVERAL ILLEGAL BLOOD PLASMA COLLECTION STATIONS OVER THE PAST TWO YEARS. NEARLY 100 PAID DONORS FOUND AT THE BLOOD PLASMA COLLECTION STATIONS WERE TESTED FOR HIV -- AND 75 TESTED POSITIVE.

PROSTITUTION A KEY FACTOR IN WIDENING REACH OF HIV

11. CHINESE HIV RESEARCHERS EXPLAIN THAT ONE REASON CHINA'S HIV/AIDS PREVALENCE IN CHINA IS STILL FAIRLY LOW (PERHAPS ONE MILLION PERSONS OUT OF A TOTAL OF 1.3 BILLION) IS THAT DRUG USERS AND PROSTITUTES HAVE HAD TO BEGIN TO MINGLE ONLY IN RECENT YEARS. FORMERLY, DRUG USERS WERE GENERALLY LOCATED IN ETHNIC MINORITY AND RURAL AREAS SUCH AS YUNNAN AND XINJIANG, AND WERE USUALLY POOR AND LESS MOBILE. PROSTITUTES, ON THE OTHER HAND, WERE MORE MOBILE AND GENERALLY RESIDED IN URBAN AREAS. THIS SITUATION IS CHANGING RAPIDLY.

12. IN RECENT YEARS, CHINA'S RAPIDLY EXPANDING PROSTITUTION TRADE IS INCREASING THE RISK OF HIV INFECTION FOR URBAN POPULATIONS. (SEE THE NEWSPAPER ARTICLE SUMMARIZED BELOW, AS ONE ILLUSTRATION OF THE GROWTH IN PROSTITUTION IN CHINA.) THE YUNNAN PROVINCIAL GOVERNMENT HEALTH AND EPIDEMIOLOGY CENTER, REPORTING IN THE OCTOBER 2000, EDITION OF THE "JOURNAL FOR CHINA AIDS/STD PREVENTION AND CONTROL," STATED THAT ABOUT 2%

OF PROSTITUTES AND 2% OF STD PATIENTS IN YUNNAN PROVINCE HAVE HIV. IN ADDITION, ABOUT 1% OF THOSE WHO PATRONIZE PROSTITUTES ARE INFECTED. ALTHOUGH THESE PERCENTAGES SEEM LOW, THE NUMBERS OF PEOPLE INVOLVED IS QUITE HIGH. THE BIG TOURIST BOOM IN YUNNAN OF THE PAST FEW YEARS, IN PARTICULAR, HAS INCREASED SEX TOURISM AND PROSTITUTION THERE. ONE INFORMED YUNNAN OBSERVER SAID THAT PUBLIC SECURITY IN YUNNAN OFTEN TURNS A BLIND EYE TO PROSTITUTION TO THE REGION'S SEX INDUSTRY.

13. MOST EXPERTS AGREE THAT SOME PROSTITUTES ARE IV DRUG USERS, AND THAT THE TWO POPULATIONS HAVE BEGUN TO INTERMINGLE. COMMERCIAL SEX WORKERS HAVE MANY DIFFERENT SEXUAL PARTNERS AND SO SPREAD HIV MUCH MORE WIDELY AND MORE RAPIDLY THAN IV DRUG USERS (WHO TRANSMIT HIV ONLY WITHIN THEIR CIRCLE OF FELLOW DRUG USERS). IF MORE HIV CONTINUES TO SPREAD FROM THE IV DRUG-USING POPULATION TO PROSTITUTES, THE SPEED OF TRANSMISSION WILL INCREASE, AND HIV COULD EASILY SPREAD FROM HIGH-RISK POPULATIONS TO THE GENERAL POPULATION. HOWEVER, SUPPRESSION OF INFORMATION ABOUT THE WIDESPREAD HIV PROBLEM IN RURAL CHINA MEANS THAT MANY PEOPLE ARE NOT TOLD THEY HAVE HIV. HOSPITALS OFTEN SIMPLY TELL PEOPLE WITH AIDS "WE CAN'T HELP YOU HERE" OR SAY CRYPTICALLY "YOU HAVE NUMBER FOUR." IN THIS ATMOSPHERE, PEOPLE WITH HIV BOUNCE FROM HOSPITAL TO HOSPITAL, HIV-INFECTED PROSTITUTES KEEP WORKING, AND HIV-INFECTED BLOOD DONORS KEEP SELLING BLOOD.

GOVERNMENT POLICIES OFTEN COMPLICATE HIV PREVENTION

14. HARM REDUCTION STRATEGIES AIM TO PERSUADE PEOPLE IN HIGH-RISK GROUPS TO PROTECT THEMSELVES AGAINST HIV, EVEN IF THEY ARE UNWILLING TO STOP THE RISKY BEHAVIOR. IV DRUG USERS CAN BE ENCOURAGED TO USE CLEAN NEEDLES, AND PROSTITUTES TO USE CONDOMS AND HAVE REGULAR MEDICAL CHECK-UPS. HOWEVER, BECAUSE DRUG USE AND COMMERCIAL SEX WORK ARE ILLEGAL IN CHINA, INTERVENTIONS TO PREVENT HIV ARE OFTEN CONSTRAINED BY STATE POLICIES DESIGNED TO PREVENT DRUG USE AND PROSTITUTION. ACCORDING TO CHINESE LAW, A PERSON MAY BE ARRESTED FOR DRUG ABUSE IF CARRYING AN INJECTION NEEDLE. THUS, FEAR OF ARREST MAY DISCOURAGE MANY IV DRUG USERS FROM PARTICIPATING IN NEEDLE EXCHANGE PROGRAMS OR CARRYING CLEAN NEEDLES THEMSELVES (INSTEAD USING THOSE PROVIDED BY THE DRUG SELLERS). THIS CREATES GREATER RISK FOR HIV TRANSMISSION, SAYS ONE YUNNAN DRUG ABUSE EXPERT. SIMILARLY, PROGRAMS TO REDUCE RISK OF HIV TRANSMISSION AMONG COMMERCIAL SEX WORKERS MAY ELICIT HARSH CRITICISM OR EVEN A CRACKDOWN FROM PUBLIC SECURITY OFFICIALS, WHO IN TURN FEAR ATTRACTING ATTENTION TO RAPIDLY EXPANDING COMMERCIAL SEX ACTIVITY.

15. YUNNAN PROVINCIAL HEALTH OFFICIALS ASSERT THAT, OFTEN, PUBLIC SECURITY (AS WELL AS THE GENERAL POPULATION) FEAR THAT HIV PREVENTION EFFORTS AMONG DRUG USERS AND COMMERCIAL SEX WORKERS WOULD LEAD TO AN EVEN MORE RAPID EXPANSION IN DRUG ABUSE AND PROSTITUTION. THUS, EFFORTS FOCUS ON ERADICATING THE ILLEGAL BEHAVIOR, RATHER THAN ON PREVENTING HIV TRANSMISSION. THIS POLICY COMPLICATES THE WORK OF HIV PREVENTION, HEALTH OFFICIALS ADD. IF PREVENTION EFFORTS ARE TO SUCCEED, OFFICIALS

EMPHASIZE, BEHAVIOR CHANGE PROGRAMS TO PREVENT HIV TRANSMISSION MUST BE IMPLEMENTED, EVEN IF IV DRUG USE AND COMMERCIAL SEX WORK PERSISTS.

SOME CALL FOR SOCIAL TOLERATION TO HELP BEAT AIDS

16. WANG YANGUANG OF THE CHINESE ACADEMY OF SOCIAL SCIENCES INSTITUTE OF PHILOSOPHY, IN HIS APRIL 2000 ARTICLE TITLED "STRATEGY OF TOLERANCE AND HIV/AIDS PREVENTION IN CHINA," ARGUED THAT ONLY BY ADOPTING HARM REDUCTION STRATEGIES, COMBINED WITH TOLERANCE FOR PEOPLE WHO HAVE DIFFERENT BELIEFS AND BEHAVIORS, CAN CHINA BEAT THE HIV/AIDS EPIDEMIC. WANG WROTE, "AIDS MUST BE CONTROLLED SO THAT THE CHINESE NATION CAN SURVIVE ... AIDS CONTROL POLICIES ARE HARD TO IMPLEMENT BECAUSE OF THE DIFFERENT INTERESTS OF SOCIALLY MARGINAL GROUPS THAT HAVE DIFFERENT BELIEFS, MORALS, VALUES AND BEHAVIORS. YET ALL PEOPLE SHARE A COMMON INTEREST IN CONTROLLING AIDS." WANG WENT ON TO CRITICIZE THE CUBAN PRACTICE OF PUTTING HIV-INFECTED PEOPLE IN CONCENTRATION CAMPS, CALLING THAT AN INEFFECTIVE WAY TO COMBAT HIV GIVEN THE LARGE NUMBERS OF PEOPLE INVOLVED, AND THE FACT THAT SUCH POLICIES MIGHT JUST DRIVE INFECTED PEOPLE UNDERGROUND.

17. IN CHINA, WANG ARGUED, PROSTITUTION IS SPREAD WIDELY AND TAKES MANY DIFFERENT FORMS. NEITHER THE "STRIKE HARD" APPROACH OF THE CHINESE POLICE NOR THE "RED LIGHT DISTRICT" STRATEGY SUGGESTED BY SOME CHINESE SCHOLARS CAN BE SUCCESSFUL, HE BELIEVES. WANG WROTE: "THE RAPID GROWTH OF CHINA'S SEX INDUSTRY IS NOT SIMPLY A MATTER OF THE MORAL FALL OF THOSE WOMEN WHO SELL THEMSELVES. THE CONTEXT OF THIS PROBLEM INCLUDES RAPID ECONOMIC DEVELOPMENT, A GROWING GAP BETWEEN RICH AND THE POOR IN BOTH CITIES AND THE COUNTRYSIDE, UNEMPLOYMENT, POVERTY AND RELATIVE POVERTY, AND A BIG BUYER'S MARKET. UNDER THESE CONDITIONS, THERE ARE NO SIMPLE SOLUTIONS THAT COULD MAKE THE SEX TRADE DISAPPEAR IN A SHORT TIME. ... THE ONLY SOLUTION IS FOR THE HEALTH AUTHORITIES AND PUBLIC SECURITY TO WORK TOGETHER TO SEE THAT PROSTITUTES USE CONDOMS ... AND GET REGULAR MEDICAL CARE. ONLY IN THIS WAY CAN WE ENSURE THAT THE CHANCES OF HIV BEING TRANSMITTED BY PROSTITUTES CAN BE REDUCED."

18. WANG USES SIMILAR ARGUMENTS CONCERNING TOLERANCE FOR DRUG ABUSERS AND HOMOSEXUALS, NOTING THAT CHINESE OFFICIALS ARE NOW MORE TOLERANT OF HOMOSEXUALS THAN EVER BEFORE, BUT THE CHINESE PUBLIC IS STILL VERY INTOLERANT. WANG WROTE THAT TREATMENT MUST BE OFFERED TO DRUG ADDICTS AND, WITHOUT CHANGING THE LAWS, MEASURES SHOULD BE TAKEN TO MINIMIZE THOSE ASPECTS OF LAW ENFORCEMENT THAT MAKE EPIDEMIC CONTROL MORE DIFFICULT. CHINESE AIDS RESEARCHERS HAVE ALSO SUGGESTED A TOLERANCE STRATEGY TO CHINA'S LEADERS, BUT THE LEGALIZATION OF PROSTITUTION IS VERY DIFFICULT FOR THEM TO ACCEPT.

BEHAVIORAL INTERVENTION TOO EXPENSIVE FOR GOVERNMENT?

19. INTERVENTION IS EXPENSIVE. CHINESE MINISTRY OF HEALTH AIDS PREVENTION AND CONTROL RESEARCHER WU ZUNYOU TOLD THE NOVEMBER 30 EDITION OF SOUTHERN WEEKEND THAT

THE LOWEST ESTIMATE OF THE COST OF HIV PREVENTION EDUCATION AND BEHAVIORAL INTERVENTION FOR CHINA'S FOUR MILLION PROSTITUTES AND SIX MILLION DRUG ADDICTS WOULD BE CLOSE TO USD 1 BILLION. IN THIS CONTEXT, THE CHINESE CENTRAL GOVERNMENT WILL CONTINUE TO LOOK TO OTHER GOVERNMENTS AND NGOS FOR HELP -- BOTH FINANCIAL AND TECHNICAL.

20. SOME YUNNAN HEALTH OFFICIALS HAVE SAID THAT SMALL-SCALE GRASS ROOTS PILOT PROJECTS COULD SUCCEED, AS LONG AS THE HIV PREVENTION GOALS WERE MADE CLEAR FROM THE OUTSET. WINNING THE TRUST AND SUPPORT OF THE LOCAL PUBLIC SECURITY OFFICE IS ESSENTIAL, HOWEVER. AT THE SAME TIME, CHINESE SPECIALISTS NOTE THAT BEHAVIORAL AND ATTITUDE INTERVENTION IS NOT JUST FOR HIGH-RISK GROUPS - IT SHOULD BE AIMED AT GOVERNMENT AND PARTY LEADERS AS WELL, BECAUSE CHANGES IN AWARENESS, IDEAS, AND ATTITUDES AMONG THE LEADERSHIP CAN HELP IMPROVE EXISTING POLICIES. EVEN IF OFFICIALS DO NOT COME TO SUPPORT HIV INTERVENTION, THEY MAY DESIST FROM BLOCKING IT.

21. CURRENT GOVERNMENT EFFORTS TO ERADICATE DRUG ABUSE INCLUDE MANDATORY DETOXIFICATION AND TREATMENT CENTERS, BUT CONCURRENT REHABILITATION PROGRAMS ARE RELATIVELY RARE. AS IN THE U.S., CHINESE HEROIN ADDICTS HAVE A VERY HIGH RELAPSE RATE -- IN YUNNAN IT IS ABOUT 90%. SOME YUNNAN EXPERTS ON DRUG ABUSE PLAN TO INCLUDE MORE PROGRAMS ON HIV PREVENTION THROUGH HARM REDUCTION, WHEN CONDUCTING EDUCATIONAL PROGRAMS FOR DRUG ABUSERS.

22. IN AUGUST 2000, AN EMBASSY OFFICER VISITED AN INTERVENTION PROJECT IN A YUNNAN RESORT TOWN WITH A FLOURISHING SEX INDUSTRY, WHICH TARGETS SEX WORKERS (ALTHOUGH PROVINCIAL OFFICIALS PREFER TO CALL THEM "ENTERTAINMENT WORKERS"). THE PROJECT BEGAN IN APRIL 1999 WITH TWO YEARS OF FUNDING FROM THE WORLD HEALTH ORGANIZATION (WHO). THE CLINIC IS HOUSED IN A HOSPITAL THAT OFFERS MEDICAL CARE AS WELL AS COUNSELING. ALL CLINIC STAFF ARE TRAINED AT THE NEARBY KUNMING CITY STD HOSPITAL, AND OUTREACH WORK INCLUDES VISITS TO LOCAL ENTERTAINMENT ESTABLISHMENTS, THE DISTRIBUTION OF FREE EDUCATION MATERIALS TO SEX WORKERS (BOTH WRITTEN AND VIDEO MATERIALS), AND TRAINING PEER EDUCATORS AMONG THE WOMEN. MID-COURSE EVALUATIONS INDICATED THAT THE PROJECT HAD BEEN QUITE SUCCESSFUL IN RAISING HIV AWARENESS AMONG FEMALE SEX WORKERS. POSITIVE BEHAVIOR CHANGES SUCH AS INCREASED HIV AWARENESS AND SOMEWHAT HIGHER CONDOM USE WERE ALSO REALIZED.

23. LOCAL OFFICIALS NOTED THAT THE PILOT PROJECT HAS BEEN SUCCESSFUL BECAUSE IT HAD EARNED LOCAL FINANCIAL AND POLICY SUPPORT. MANY FACTORS THAT MAKE THIS INTERVENTION SUCCESSFUL, HOWEVER, ARE DIFFICULT TO REPLICATE IN OTHER PARTS OF YUNNAN:

- THE PROJECT IS LOCATED CLOSE TO KUNMING CITY, A MAJOR SOURCE OF EXPERTISE, OPPORTUNITIES FOR TRAINING AND SKILLED PROFESSIONALS;

- THE TOWNSHIP INVOLVED IS FAIRLY PROSPEROUS;

- THE HOSPITAL IS THE ONLY HIGH-LEVEL HOSPITAL IN THE AREA, SO MANY WOMEN WOULD GO THERE ANYWAYS, MAKING THE TARGET POPULATION EASIER TO ACCESS.

24. MOST IMPORTANT, THE PROJECT HAS GOOD RELATIONS WITH THE LOCAL PUBLIC SECURITY OFFICE. PROJECT STAFF HAD EXPLAINED THE PROJECT TO PUBLIC SECURITY AND PERSUADED THE POLICE THAT PUBLIC HEALTH AND PUBLIC SECURITY GOALS COINCIDE. THE ATTITUDE OF LOCAL PUBLIC SECURITY OFFICIALS TOWARD HIV WORK WITH PROSTITUTES OR IV DRUG USERS CAN VARY WIDELY IN DIFFERENT PARTS OF YUNNAN, AS WELL AS IN DIFFERENT PARTS OF CHINA.

COMMENT

25. WHEN LOCAL GOVERNMENTS DENY THAT HIV EXISTS, IT GREATLY COMPLICATES INTERVENTION EFFORTS TO PREVENT THE SPREAD OF HIV. BUT EFFECTIVE INTERVENTION IS NOW AN URGENT BUSINESS, OR MANY MILLIONS OF CHINESE PEOPLE COULD DIE FROM HIV. MANY TYPES OF INTERVENTION FOCUS ON INDIVIDUALS, BUT IGNORE THE SOCIAL AND ECONOMIC CONTEXT -- ESPECIALLY IN THE CASE OF PROSTITUTION AND ITS INCREASINGLY IMPORTANT ROLE IN SPREADING HIV. FOR EXAMPLE, PROSTITUTES MAY WANT TO USE CONDOMS, BUT THEIR CUSTOMERS RESIST. IN THIS CONTEXT, MANY EXPERTS BELIEVE THAT THE BEST APPROACH IS TO ARGUE WITH LOCAL GOVERNMENTS THAT HIV AND OTHER STD'S "ARE BAD FOR BUSINESS." BAR MANAGERS DON'T WANT THEIR BAR TO GET A BAD REPUTATION -- AND IF ALL BARS OR ENTERTAINMENT ESTABLISHMENTS IMPLEMENT SIMILAR REQUIREMENTS FOR CONDOM USE AND HEALTH CHECK-UPS, THEN NO ONE WILL BE AT A COMPETITIVE DISADVANTAGE.

26. AN APPEAL TO THE ECONOMIC INTERESTS OF THOSE WHO CONTROL PROSTITUTION HAS BEEN A VIABLE STRATEGY IN SOME SOUTHEAST ASIAN COUNTRIES, NOTABLY THAILAND. A SIMILAR APPROACH COULD POSSIBLY WORK IN SOME AREAS OF CHINA, IF THE LEADERSHIP WOULD TAKE THE PLUNGE OF ADMITTING THAT PROSTITUTION IS COMMON, AND DIFFICULT TO COMBAT IN ABSOLUTE TERMS. LOCAL GOVERNMENTS, FOR EXAMPLE, MIGHT BE ABLE TO COMPEL BARS TO AGREE TO MANDATORY CONDOMS AND HEALTH CHECK-UPS BY USING HARASSMENT (FOR EXAMPLE INCESSANT HEALTH INSPECTIONS) AS A PENALTY. HOWEVER, SINCE MANY PROSTITUTES IN CHINA HAVE BEEN KIDNAPPED OR IMPRESSED INTO PROSTITUTION AND MANY ARE POOR MIGRANTS FROM THE COUNTRYSIDE, THE INTEREST OF THE BAR OPERATORS IN THE PROSTITUTES AS AN ECONOMIC ASSET MAY BE LESS THAN IN SOME OTHER COUNTRIES. MOREOVER, MANY PROSTITUTES ARE MIGRANTS WHO WORK OUTSIDE ENTERTAINMENT ESTABLISHMENTS

OR WHO WORK OCCASIONALLY AS PROSTITUTES TO SUPPLEMENT THEIR INCOME. THEREFORE AN APPROACH TO CHINA'S SEX INDUSTRY MANAGERS CANNOT BE COMPLETELY SUCCESSFUL BY ITSELF. SINCE CHINA IS A VERY DECENTRALIZED COUNTRY, THIS STRATEGY MAY WELL SUCCEED IN SOME AREAS AND FAIL IN OTHERS. ALL THAT SAID, HOWEVER, HARM REDUCTION INTERVENTION AMONG PROSTITUTES AND IV DRUG USERS MAY BE CHINA'S BEST CHANCE TO STEM ITS RAPIDLY GROWING AIDS EPIDEMIC.

REFERENCES: HIV/AIDS IN CHINA SERIES

27. PREVIOUS REPORTS ON HIV/AIDS IN CHINA AND

SUMMARY/TRANSLATIONS FROM THE CHINESE PRESS ON HIV/AIDS ARE AVAILABLE ON THE U.S. EMBASSY BEIJING WEBPAGE AT [HTTP://WWW.USEMBASSY-CHINA.ORG.CN/ENGLISH/SANDT/INDEX.HTML](http://www.usembassy-china.org.cn/english/sandt/index.html) SUMMARY TRANSLATIONS OF MANY ARTICLES ON HIV/AIDS AND HEALTH FROM THE CHINESE MEDIA CAN ALSO BE FOUND THERE.

28. AN ENGLISH SUMMARY OF "RED LIGHT DISTRICT" BY RENMIN UNIVERSITY SOCIOLOGY PROFESSOR PAN SUIMING IS AVAILABLE ON THE UNAIDS BEIJING WEBSITE AT [HTTP://WWW.UNCHINA.ORG/UNAIDS/ENEWS5.HTML](http://www.unchina.org/un aids/enews5.html) PAN IS DIRECTOR OF THE INSTITUTE FOR RESEARCH ON SEXUALITY AND GENDER AT RENMIN UNIVERSITY IN BEIJING.

APPENDIX: PROSTITUTION IN CHINA OVERVIEW FROM UNITED MORNING NEWS (SINGAPORE)

29. THE FOLLOWING SINGAPORE NEWSPAPER REPORT FITS WELL WITH WHAT EMBASSY BEIJING HAS HEARD FROM SOME CHINESE EPIDEMIOLOGISTS AND SEEN REPORTED IN THE CHINESE PRESS. IT IS A USEFUL OVERVIEW OF THE PROSTITUTION PROBLEM IN CHINA, WHICH WILL MAKE CONTROLLING THE SPREAD OF SEXUALLY TRANSMITTED DISEASES AND HIV DIFFICULT IN THE COMING YEARS.

BEGIN SUMMARY TRANSLATION

A CLOSE LOOK AT CHINA'S "SEX INDUSTRY"

BY ZHONG WEI

(LIANHE ZAOBAO -- SINGAPORE OCTOBER 2, 2000)

SUMMARY-TRANSLATION:

THERE ISN'T VERY MUCH RELIABLE DATA ABOUT CHINA'S SEX TRADE. FOR LACK OF GOOD DATA, LET'S TAKE A LOOK AT DATA RELEASED ON ANTI-VICE CAMPAIGNS SINCE 1999. TAKE BEIJING, FOR EXAMPLE. TWO ANTI-VICE CAMPAIGNS IN BEIJING DURING 1999 INVOLVED ENFORCEMENT ACTIONS AT 6000 HAIR SALONS, BATHS, AND OTHER ESTABLISHMENTS WHERE VICE IS EASILY CONCEALED. THIS JULY BEIJING POLICE ARRESTED 4101 GAMBLERS, AND 1866 ESTABLISHMENTS IN VIOLATION OF VICE LAWS. EACH LARGE SEX ESTABLISHMENT CAN HOUSE 100 PROSTITUTES WHILE A HAIR SALON MIGHT HAVE TEN PROSTITUTES. ONE CAN ESTIMATE FROM THIS THAT BEIJING HAS AT LEAST 200,000 - 300,000 PROSTITUTES.

ANOTHER EXAMPLE IS FUZHOU. DURING A FIVE DAYS IN JULY, 13,000 SEXUAL COMPANIONS WERE ARRESTED AND 5604 ESTABLISHMENTS WERE FOUND IN VIOLATION. FUZHOU SEEMS TO BE IN A WORSE SITUATION THAN BEIJING, SO PERHAPS THERE ARE 100,000 PROSTITUTES IN FUZHOU.

GUANGZHOU AND SHENZHEN, AS CHINA'S FIRST WINDOWS TO OPEN TO THE WESTERN WORLD, GOT AN EARLY START SO THE PROLIFERATION OF PROSTITUTION THERE IS EVEN MORE ASTONISHING. THERE, PROSTITUTION IS CLOSELY TIED TO ORGANIZED CRIME, CORRUPT LOCAL OFFICIALS, AND UNDERGROUND VICE MARKETING ORGANIZATIONS THAT USE HOTELS, PLACES OF ENTERTAINMENT AND OTHER SEMI-PUBLIC LOCAUX TO PROVIDE SEXUAL SERVICES.

JIANGSU PROVINCE: IN HANGZHOU CITY, AT JUST ONE ESTABLISHMENT, THE XUNMENG GEWUTING [SEARCHING FOR DREAMS DANCE HALL] THREE OR FOUR HUNDRED PROSTITUTES AND THEIR CLIENTS CONGREGATE. IN THAT REGION THERE IS A BIG DEMAND FOR PROSTITUTES SO THAT IN WUNING CITY A "PROSTITUTE WHOLESALING CENTER" APPEARED. IN YINING CITY ALONE, THERE ARE 25 OF THESE ESTABLISHMENTS AND 40 UNDERGROUND EXCHANGES. THERE PROSTITUTES WAIT FOR A BOSS FROM A SEXUAL SERVICES CENTER TO COME AND TAKE THEM AWAY. BUSINESS IS GOOD.

IN WUHAN, THE CALL GIRL SERVICE HAS EVEN DEVELOPED TO THE POINT OF NEEDING A WORK PERMIT. IN GUANGZHOU TO THE CITY OF DONGWAN, THERE ARE MANY APARTMENTS WHERE MERCHANTS FROM HONG KONG AND TAIWAN LIVE -- THE APARTMENTS RENT GIRLS TO THEM. IN TAIYUAN, SHANXI PROVINCE, THERE ARE NEARLY 5000 REGISTERED DANCE HALLS AND AFTER INVESTIGATION ANOTHER 3000 TURNED UP. TAIYUAN MAY WELL BE THE WORLD'S PROSTITUTION CAPITAL -- JUST COUNTING THE "GIRLS" WORKING AT THE OVER TWENTY LARGE "DANCE HALL CITIES" AND 60 SAUNA ESTABLISHMENTS, THERE ARE NEARLY 100,000 PROSTITUTES.

IN JIANGSU PROVINCE, DANYANG DISTRICT, PROSTITUTES ARE KNOWN FOR STOPPING DINERS AND TRUCKS ON THE ROADS TO OFFER THEIR SERVICES. IN KUNMING AND OTHER PLACES, PROSTITUTION "SERVICES" HAVE DEVELOPED TO THE POINT OF VEHICLES WITH BEDS.

THE SANBEINUU [PROSTITUTES IN DANCE HALLS, BARS ETC.] BREAK DOWN INTO THREE TYPES:

-- FROM THE COUNTRYSIDE, VERY YOUNG WITH LITTLE EDUCATION. THEY HAVE NO SKILLS AND HAVE A HARD TIME GETTING A DECENT JOB IN THE CITY SO IT IS VERY EASY FOR THEM TO FALL INTO THAT LINE OF WORK. THE CRUELEST FACT IS THAT AFTER SELLING ALL OF THEIR SELF-RESPECT THEY OFTEN KILL THEM SELVES IN THEIR LITTLE HOLE IN THE UNDERGROUND SPACES OF THE CITY.

-- THE SECOND TYPE IS THE URBAN GIRL WITH A MODICUM OF EDUCATION WHO FALLS INTO THIS LIFE BECAUSE SHE WANT FANCY THINGS.

-- THE THIRD TYPE IS THE HIGHLY EDUCATED, PRETTY URBAN GIRL WHO GOES INTO IT VOLUNTARILY TO HAVE A GOLDEN NEST. AS MORE AND MORE RURAL PEOPLE LEAVE THE LIMITED LANDS IN THE COUNTRYSIDE TO MOVE INTO THE CITY, LIKEWISE ARE MORE AND MORE INDUSTRIAL WORKERS FINDING THEMSELVES JOBLESS AS THE RESULT OF ADVANCING TECHNOLOGY. THERE MUST BE OVER A HUNDRED MILLION UNEMPLOYED WOMEN. WHERE CAN THEY GO?

OVER THE NEXT FIFTY YEARS, PROVIDING EDUCATION AND WORK FOR 1.3 BILLION PEOPLE WILL BE THE MOST IMPORTANT TASK OF THE CHINESE GOVERNMENT. IT IS A NEARLY IMPOSSIBLE TASK THAT MUST SOMEHOW BE ACCOMPLISHED.

END SUMMARY TRANSLATION

PRUEHER

Bernard, Kenneth W. (HEALTH)

From: WHSR
Sent: Wednesday, October 11, 2000 1:42 AM
To: Babbitt, James F. (VP); Banbury, Anthony "Tony" N. (MULTI); Bernard, Kenneth W. (HEALTH); Cables; Christy, Gene B. (ASIA); Jarrett, Kenneth H. (ASIA); Lieberthal, Kenneth G. (ASIA); Mclean, Matthew K. (MULTI); Naplan, Steven J. (MULTI); Osius, Theodore G. (VP); Patten, Wendy L. (MULTI); Pritchard, Charles (Jack) L. (ASIA); Schwartz, Eric P. (MULTI); Shea, Dorothy C. (MULTILAT); Smith, Holly M. (ASIA); Smith, Peter D. R. (MULTI); Wilcox, Richard M. (MULTI)
Subject: PRC AIDS LEAD: VICE PREMIER LI LANQING

ActionAddres: RUEHC/SECSTATE WASHDC 9503
Classification: UNCLASSIFIED
DateTime: 110448Z OCT 00
Distribution: SIT: BABBITT BANBURY Bernard NSC CHRISTY JARRETT LIEBERTHAL MCLEAN NAPLAN OSIUS PATTEN PRITCHARD SCHWARTZ SHEA SMITHH SMITHP WILCOX
Identifier: M4670579
InfoAddres: RUEHSH/AMCONSUL SHENYANG 0493
RUESLE/AMCONSUL SHANGHAI 5150
RUEHGZ/AMCONSUL GUANGZHOU 3185
RUEHCN/AMCONSUL CHENGDU 0510
RUEHPH/CDC ATLANTA GA
Line1: RAAUZYUW RUEHBJA0183 2850448-UUUU--RHEHAAX.
Line2: ZNR UUUUU ZZH
Line3: R 110448Z OCT 00
Line4: FM AMEMBASSY BEIJING
Originator: AMEMBASSY BEIJING
Precedence: ROUTINE
Profiles: BABBITTJ
BANBURYA
BERNARDK
CABLES
CHRISTYG
JARRETTK
LIEBERTK
MCLEANM
NAPLAN
OSIUST
PATTENW
PRITCHAC
SCHWARTE
SHEAD
SMITHH
SMITHP
WILCOXR

StationRoutingIndicator: RUEHBJ
StationSerialNumber: 0183
TimeOfReceipt: 10/11/2000 01:41:20 ET

UNCLAS BEIJING 010183

STATE PASS NIH/FOGARTY CENTER FOR ALAN HOLT
STATE FOR OES/EID

E.O. 12958: N/A
TAGS: KHIV, SENV, CH
SUBJECT: PRC AIDS LEAD: VICE PREMIER LI LANQING

REF: (A) STATE 185611 (B) BEIJING 9697 (C) BEIJING 7961

1. IN RESPONSE TO REFTTEL A, VICE PREMIER LI LANQING REPORTS TO PREMIER ZHU RONGJI ON HIV/AIDS (REFTELS B AND C). AIDS IS ONE OF MANY ISSUES THAT COME TO VICE PREMIER LI. THE VICE PREMIER LED A NATIONAL TELECONFERENCE ON AIDS FOR CHINESE OFFICIALS THIS SPRING. THE VICE PREMIER RECEIVES REPORTS AND ADVICE FROM ZENG YI, DIRECTOR OF THE MINISTRY OF HEALTH AIDS PREVENTION AND CONTROL CENTER WITHIN THE CHINESE ACADEMY OF PREVENTIVE MEDICINE.

CHINA HIV/AIDS CONTACT LIST ON UNAIDS-BEIJING WEBSITE

2. AN EIGHT PAGE LIST OF USEFUL CHINESE CENTRAL GOVERNMENT AND LOCAL OFFICIALS, SCIENTISTS, CIVIC ORGANIZATIONS AND MEDIA PEOPLE CONCERNED WITH HIV/AIDS IS POSTED ON THE WEBSITE OF UNAIDS BEIJING.

THE URL IS

[HTTP://WWW.UNCHINA.ORG.CN/UNAIDS/EUSERIGHT.HTML](http://www.unchina.org.cn/unaids/euseright.html)

PRUEHER

Bernard, Kenneth W. (HEALTH)

From: WHSR
Sent: Monday, September 25, 2000 6:07 AM
To: Bernard, Kenneth W. (HEALTH); Cables; Christy, Gene B. (ASIA); Jarrett, Kenneth H. (ASIA); Lieberthal, Kenneth G. (ASIA); Osius, Theodore G. (VP); Pritchard, Charles (Jack) L. (ASIA); Saunders, Richard M. (VP); Smith, Holly M. (ASIA)
Subject: SURGEON GENERAL SATCHER DISCUSSES HEALTH COOPERATION WITH CHINESE SUMMARY AND RECOMMENDATION -----

ActionAddres: RUEHC/SECSTATE WASHDC IMMEDIATE 9140
RHEHAAA/THE WHITE HOUSE WASHDC PRIORITY

Classification: UNCLASSIFIED
DateTime: 250752Z SEP 00
Distribution: SIT: Bernard NSC CHRISTY JARRETT LIEBERTHAL OSIUS PRITCHARD SAUNDERS SMITHH
PRT: FUERTH

Identifier: M4643673
InfoAddres: RUEHPH/CDC ATLANTA GA PRIORITY
RUEHKO/AMEMBASSY TOKYO 7231
RUESLE/AMCONSUL SHANGHAI 5014
RUEHSH/AMCONSUL SHENYANG 0370
RUEHGZ/AMCONSUL GUANGZHOU 3060
RUEHHK/AMCONSUL HONG KONG 0830
RUEHCN/AMCONSUL CHENGDU 0446

Line1: OAAUZYUW RUEHBJA9772 2690752-UUUU--RHEHAAX.
Line2: ZNR UUUUU ZZH
Line3: O 250752Z SEP 00
Line4: FM AMEMBASSY BEIJING
Originator: AMEMBASSY BEIJING
Precedence: IMMEDIATE
Profiles: BERNARDK
CABLES
CHRISTYG
JARRETTK
LIEBERTK
OSIUST
PRITCHAC
SAUNDERR
SMITHH

StationRoutingIndicator: RUEHBJ
StationSerialNumber: 9772
TimeOfReceipt: 09/25/2000 06:06:08 ET

UNCLAS BEIJING 009772

SENSITIVE

WHITE HOUSE FOR OVP AND OSTP
STATE FOR OES/BRILL, OES/EID, OES/PCI, AND EAP/CM
PASS HHS FOR SURGEON GENERAL SATCHER AND DAS TOM NOVOTNY
PASS USAID FOR G/PHN/DAA DUFF GILLESPIE AND G/PHN/BARTH

E.O. 12958: N/A
TAGS: TBIO, EAID, KHIV, SOCI, CH
SUBJECT: SURGEON GENERAL SATCHER DISCUSSES HEALTH COOPERATION WITH CHINESE

SUMMARY AND RECOMMENDATION

1. (SBU) IN THE COURSE OF HIS LABOR DAY WEEKEND VISIT

TO BEIJING, SURGEON GENERAL DAVID SATCHER MET WITH THE MINISTER OF HEALTH, REPRESENTATIVES OF MULTILATERAL PUBLIC HEALTH ORGANIZATIONS AND LENDING INSTITUTIONS, AND CENTERS FOR DISEASE CONTROL (CDC) BEIJING OFFICERS. HE ALSO SPOKE AT THE WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS (WFPHA) ANNUAL CONFERENCE, CONDUCTED A ROUNDTABLE MEETING WITH MINISTRY OF HEALTH (MOH) OFFICIALS ON TOBACCO AND PUBLIC HEALTH, AND MET WITH CHINESE REPORTERS -- RESULTING IN SOME USEFUL COVERAGE IN LOCAL PAPERS. CHINESE INTERLOCUTORS, INCLUDING THE HEALTH MINISTER, EXHIBITED STRONG INTEREST IN EXPANDING BILATERAL COOPERATION ON CONTROLLING HIV/AIDS, TB, AND TOBACCO, AS WELL AS CONDUCTING COMPREHENSIVE FIELD EPIDEMIOLOGY TRAINING. FOLLOWING UP ON THIS EAGER RECEPTION, POST RECOMMENDS THAT HHS AND STATE CONSULT WITH USAID, NIH, AND THE CDC TO DETERMINE WHAT CAN BE DONE IN PRACTICE. END SUMMARY AND RECOMMENDATION.

MINISTER OF HEALTH ZHANG WENKANG

2. (U) THE MINISTER STARTED BY COMPLIMENTING DR. SATCHER ON THE SURGEON GENERAL'S REPORT ON HEALTH DISPARITIES, AND HIS PRESCRIPTIONS FOR ACTION, NOTING THAT CHINA ALSO HAS TO CONTEND WITH LARGE REGIONAL AND INCOME DISPARITIES IN PROVIDING HEALTH SERVICES. SATCHER SAID THAT IMPROVING PUBLIC ACCESS TO AFFORDABLE CARE IS THE NO. 1 HEALTH SYSTEM PRIORITY FOR THE U.S. AT THIS POINT. ZHANG OPINED THAT THIS PROBLEM IS EVEN MORE SEVERE IN CHINA, WHERE PER CAPITA HEALTH EXPENDITURE IS ABOUT \$40 (\$30 IN RURAL AREAS), MUCH LESS THAN THE \$3000 PER CAPITA SPENT IN THE UNITED STATES.
3. (U) DR. SATCHER AND MINISTER ZHANG AGREED THAT THE 1979 HEALTH PROTOCOL, RENEWED BY SECRETARY SHALALA AND MINISTER ZHANG IN 1998, IS PRODUCING GOOD RESULTS. ZHANG SAID HE HOPES FOR A FURTHER EXPANSION TO ACHIEVE DEEPER, MORE COMPREHENSIVE COOPERATION. IN PARTICULAR, ZHANG EXPRESSED INTEREST IN: ENHANCED COOPERATION IN THE MEDICAL AND BIOMEDICAL FIELDS; A STRENGTHENING OF PUBLIC HEALTH-RELATED COOPERATION; AND COOPERATION ON HEALTH CARE REFORM IN CHINA.
4. (U) MEDICAL RESEARCH COOPERATION: THERE ARE MANY PROJECTS PRODUCING GOOD RESULTS, THE TWO AGREED. ZHANG SAID THAT SINCE CHINA HAS THE LARGEST POPULATION, AND ADVANCED MEDICAL CAPABILITY IN A FEW FIELDS, WHILE THE U.S. IS THE MOST ADVANCED COUNTRY IN TERMS OF MEDICAL TECHNOLOGY, THERE IS FERTILE GROUND FOR EXPANDED WORK TOGETHER. CHINA ATTACHES GREAT IMPORTANCE TO THE UPCOMING EAST-WEST MEDICINE CONFERENCE CO-SPONSORED BY HARVARD AND THE CHINESE MEDICAL ASSOCIATION (CMA), ZHANG SAID, ADDING THAT AS PRESIDENT OF THE CMA ZHANG INTENDS TO SEND A LARGE DELEGATION.
5. (U) PUBLIC HEALTH/FIELD EPIDEMIOLOGY: DR. SATCHER VOLUNTEERED THAT THE CDC'S FIELD EPIDEMIOLOGY TRAINING PROGRAM (FETP) HAS BEEN PROVIDING TRAINING IN PUBLIC HEALTH SYSTEM IMPROVEMENT SINCE THE 1950'S. IT HAS STARTED INTERNATIONAL TRAINING, INCLUDING WITH EU COUNTRIES. ZHANG REPLIED THAT HE WOULD FULLY SUPPORT CHINESE PARTICIPATION IN THE FETP PROGRAM, SINCE THIS ADDRESSES A KEY PROBLEM IN CHINA, WHICH IS HOW TO MAINTAIN CAPACITY IN EPIDEMIOLOGICAL CONTROL (ESPECIALLY IN RURAL AREAS) AS CHINA GOES ABOUT OVERHAULING ITS

ENTIRE HEALTH CARE SYSTEM. SATCHER AGREED, SAYING THAT THIS PROGRAM COULD HELP WITH DISTRIBUTION OF HEALTH CARE ACCESS TO AREAS OF CONCERN SUCH AS CERTAIN RURAL AREAS.

MOH MINISTER ON HIV/AIDS AND

6. (U) PUBLIC HEALTH/HIV/AIDS: CONCERNING HIV/AIDS, THE UNITED STATES HAS CONSIDERABLE EXPERIENCE SINCE THE EPIDEMIC SPREAD TO THE U.S. AS EARLY AS 1981, SATCHER SAID. THIS IS A CRITICAL TIME FOR CONTAINING THE DISEASE IN CHINA, SINCE AS SEEN IN OTHER COUNTRIES THINGS CAN RAPIDLY GET OUT OF CONTROL. ZHANG REPLIED THAT AS MINISTER OF HEALTH, HE IS FEELING THE THREAT OF HIV MORE AND MORE STRONGLY. "I FEAR THAT HIV INFECTIONS IN CHINA ALREADY EXCEED 500,000," ZHANG SAID, ADDING THAT ALTHOUGH THIS NUMBER DOES NOT REPRESENT A LARGE PROPORTION OF THE CHINESE POPULATION, HE IS CONCERNED THAT THE NUMBER OF INFECTED PERSONS WILL INCREASE RAPIDLY. ZHANG EXPLAINED THAT CHINA IS CURRENTLY COOPERATING WITH UNAIDS AND THE WHO ON: AIDS PREVENTION AND CONTROL; EPIDEMIOLOGICAL RESEARCH; VACCINE DEVELOPMENT AND TESTING; HIV/AIDS-RELATED EDUCATION; AND AIDS POLICY-MAKING. CONCERNING VACCINE DEVELOPMENT, ZHANG SAID THAT HE DISCUSSED THE POSSIBILITY FOR EXPANDED COOPERATION WHEN HE VISITED NIH IN MARCH; THE U.S. HAS KEY DEVELOPMENT CAPABILITIES, BUT ALSO NEEDS COOPERATIVE PARTNERS SUCH AS CHINA. ZHANG SAID THE MOH HIGHLY VALUES THE ONGOING COOPERATION BETWEEN THE CDC AND CHINA'S NATIONAL CENTER FOR AIDS PREVENTION AND CONTROL. TO CONCLUDE, ZHANG NOTED THAT HE FREQUENTLY SAYS, "IF CHINA DOES NOT ACT FAST ON AIDS, INDIA'S TODAY IS CHINA'S TOMORROW."

7. (SBU) DR. SATCHER NOTED THAT THE U.S. EXPERIENCE SHOWS HOW RAPIDLY THE HIV/AIDS EPIDEMIC CAN BALLOON OUT OF CONTROL. WHEN ZHANG ASKED FOR ADDITIONAL SUGGESTIONS FOR COOPERATION, SATCHER VOLUNTEERED THAT THE CDC COULD BE HELPFUL IN ASSISTING ON HIV/AIDS SURVEILLANCE, BUT ALSO EDUCATION, PREVENTION AND COUNSELING, ADDING THAT THE CDC'S WORK IN UGANDA HAS STARTED TO SHOW SOME GOOD RESULTS. ZHANG AND SATCHER AGREED THAT, RIGHT NOW, AIDS EDUCATION IS PROBABLY A MORE URGENT IMPERATIVE FOR CHINA THAN VACCINE DEVELOPMENT, ALTHOUGH SATCHER EXPLAINED THAT THE U.S. ALSO BELIEVES VACCINE DEVELOPMENT TO BE CRITICAL, WITH ONLY SEVEN YEARS LEFT TO MEET THE PRESIDENT'S GOAL OF A USABLE VACCINE WITHIN TEN YEARS.

8. (SBU) CONCERNING AIDS TREATMENT, DR. SATCHER NOTED THAT AZT IS PROBABLY THE MOST SUCCESSFUL PROGRAM TO DATE, PRIMARILY IN PREVENTING MOTHER-TO-CHILD TRANSMISSION. ZHANG REPLIED THAT THE EXPENSIVE PRICE OF AIDS TREATMENT DRUGS MAKES IT ALL THE MORE URGENT FOR CHINA TO WORK ON PREVENTION. VERY FEW CHINESE COULD AFFORD THE \$10,000 PRICE TAG FOR AZT, FOR EXAMPLE, ZHANG SAID. SATCHER MENTIONED THAT PRESIDENT CLINTON HAS CALLED ON PHARMACEUTICAL COMPANIES TO REDUCE THE PRICE OF AIDS DRUGS AS MUCH AS POSSIBLE, WITHIN WTO RULES. SOME FIRMS HAVE AGREED TO A 90% PRICE REDUCTION FOR SUB-SAHARAN AFRICAN COUNTRIES, SATCHER SAID, BUT PATIENTS THERE STILL FIND THE DRUGS TOO EXPENSIVE. (SATCHER ALSO EXPLAINED ASSISTANCE EFFORTS BY U.S. FIRMS BOEHRINGER-INGELHEIM AND MERCK.) ZHANG SAID THAT DEVELOPING COUNTRIES APPRECIATE THESE EFFORTS, AND SAID THAT CHINA ALSO HOPES TO BE ABLE TO BENEFIT FROM ACCESS TO

DISCOUNTED OR FREE AIDS DRUGS IN THE FUTURE. CLOSING THE DISCUSSION ON HIV/AIDS, ZHANG SAID THAT CHINA'S LEADERS HAVE CALLED FOR CONTROL OF THE EPIDEMIC BEFORE IT REACHES CRISIS PROPORTIONS. TO THAT END, CHINA HOPES TO INCREASE ITS COOPERATION WITH THE UNITED STATES (AS WELL AS WITH AUSTRALIA), PARTICULARLY IN THE AREAS OF AIDS EDUCATION AND PREVENTION.

9. (U) PUBLIC HEALTH/OTHER DISEASES: ZHANG NOTED THAT SOME DISEASES ARE NO LONGER A THREAT TO THE U.S., BUT ARE STILL IMPORTANT IN CHINA, SUCH AS HEPATITIS, SYSTOSOMASIS, IODINE DEFICIENCY, FLUORIDE POISONING, AND BUBONIC PLAGUE. OTHER KEY PROBLEMS ARE RELATED TO LIFESTYLES, INCLUDING HEAVY SMOKING (OFTEN OF LOW-QUALITY TOBACCO), ALCOHOLISM (PARTICULARLY IN WESTERN CHINA), AND LACK OF CLEAN WATER SUPPLIES AND GOOD HYGIENIC PRACTICES. HEALTH EDUCATION IS THE KEY TO SOLVING THESE PROBLEMS.

MOH MINISTER ON TOBACCO AND TB

10. (SBU) PUBLIC HEALTH/TOBACCO: DR. SATCHER REVIEWED THE DISCUSSION AT THE MORNING'S ROUNDTABLE ON TOBACCO ISSUES (SEE PARAS X-X BELOW), EXPLAINED THE U.S. GOAL OF CUTTING THE PROPORTION OF SMOKERS IN THE UNITED STATES IN HALF, AND SAID THAT THIS IS ANOTHER AREA WHERE THE U.S. IS WILLING TO WORK WITH CHINA. BY 2010, SATCHER NOTED, ANNUAL DEATHS DUE TO TOBACCO WILL REACH 10 MILLION, WITH 70% OF THOSE IN DEVELOPING COUNTRIES. SATCHER ALSO NOTED THAT IT IS INDICATIVE OF ATTITUDE CHANGES THAT SMOKING AMONG U.S. PHYSICIANS IS DOWN SHARPLY, WHILE IT APPEARS THAT MANY CHINESE PHYSICIANS STILL CONTINUE TO SMOKE. ZHANG CONGRATULATED SATCHER ON THE U.S.'S SUCCESS IN RAISING CONSCIOUSNESS CONCERNING THE DANGERS OF SMOKING, NOTED THAT THERE ARE NOW 300 MILLION SMOKERS IN CHINA. I WANT TO MAKE THREE POINTS, ZHANG SAID: 1) THE U.S. AND CHINESE HEALTH ORGANIZATIONS SHOULD COLLABORATE ON INCREASING AWARENESS, ESPECIALLY TARGETING YOUTH, PHYSICIANS, AND GOVERNMENT OFFICIALS; 2) CHINA WILL PARTICIPATE IN THE FRAMEWORK CONVENTION ON TOBACCO DISCUSSIONS, BUT SINCE THESE ISSUES ALSO HAVE A LARGE ECONOMIC IMPACT, CHINA THINKS THAT SOME TOBACCO-RELATED PROTOCOLS SHOULD NOT BE TOO SPECIFIC; AND 3) THE INTERNATIONAL COMMUNITY SHOULD BE COGNIZANT OF THE OVERSEAS MARKETING ACTIVITIES OF LARGE TOBACCO COMPANIES, ADDING THAT "THE PRESENCE OF FOREIGN COMPANIES CAN ALREADY BE FELT IN CHINA."

11. (SBU) SATCHER REPLIED THAT HE THOUGHT IT WOULD BE A GOOD IDEA FOR THE CHINESE AND AMERICAN MEDICAL ASSOCIATIONS TO WORK TOGETHER TO BE BETTER ROLE MODELS ON SMOKING. HE NOTED THAT ONLY 5% OF U.S. SCHOOLS HAVE IMPLEMENTED THE CDC'S GUIDELINES ON SMOKING, AND EXPRESSED INTEREST IN LEARNING MORE ABOUT CHINA'S 10,000-STRONG "SMOKE-FREE SCHOOLS" PROGRAM. ZHANG SAID THAT ANTI-SMOKING EDUCATION HAS HAD SOME RESULTS IN CHINA; IN MANY URBAN HOUSEHOLDS PARENTS NOW URGE THEIR CHILDREN NOT TO SMOKE, EVEN IF THEY CONTINUE TO SMOKE THEMSELVES.

12. (SBU) PUBLIC HEALTH/TUBERCULOSIS: DR. SATCHER NOTED THAT TB IS THE LEADING CAUSE OF DEATH BY INFECTIOUS DISEASE. MOREOVER, IT IS CLOSELY LINKED TO HIV/AIDS, WITH TB ACCOUNTING FOR ONE-THIRD OF AIDS-

RELATED DEATHS. THIS LINKAGE HAS BEEN A BIG PROBLEM IN THE U.S., NOTABLY IN NEW YORK IN THE 1980'S, AND THE U.S. WOULD BE WILLING TO COOPERATE IN THIS AREA IF APPROPRIATE. ZHANG AGREED WHOLEHEARTEDLY ABOUT THE SERIOUSNESS OF THIS PROBLEM, NOTING THAT CHINA NOW HAS 6 MILLION TB PATIENTS, WITH AN ADDITIONAL 1 TO 1.5 MILLION PEOPLE CONTRACTING THE DISEASE EACH YEAR. CHINA HAS RECEIVED SUPPORT FROM THE WORLD BANK ON TB, BUT THAT PROGRAM IS DUE TO EXPIRE SOON, SO CHINA IS LOOKING FOR NEW FINANCIAL RESOURCES. RIGHT NOW, IT LOOKS LIKE THE U.K. GOVERNMENT MAY BE INTERESTED IN WORKING WITH CHINA ON TB, PERHAPS IN CONJUNCTION WITH WORLD BANK LOANS. (NOTE: ON SEPTEMBER 22, ESTCOUNS AND ESTOFF CONFIRMED WITH U.K. OFFICIALS THAT THE U.K.'S DFID IS WELL ALONG IN DISCUSSIONS WITH THE WORLD BANK ON THIS EFFORT.)

COMMENT ON DR. SATCHER'S DISCUSSIONS WITH MINISTER ZHANG

13. (SBU) POST BELIEVES THAT CHINA'S HEALTH AUTHORITIES, UP TO THE HIGHEST LEVEL, ARE SINCERELY EAGER TO EXPAND BILATERAL COOPERATION ON CONTROLLING HIV/AIDS, TB, AND TOBACCO, AS WELL AS CONDUCTING COMPREHENSIVE FIELD EPIDEMIOLOGY TRAINING. FOLLOWING UP ON THIS ENTHUSIASTIC RECEPTION, POST RECOMMENDS THAT HHS AND STATE QUICKLY CONSULT WITH USAID, NIH, AND THE CDC TO DETERMINE WHAT CAN BE DONE IN PRACTICE. FUNDING WILL OF COURSE BE A PROBLEM. BUT WE HOPE THAT BY MAKING USE OF THE "NOTWITHSTANDING" LANGUAGE ON HIV/AIDS WORK IN THE FY2000 FOREIGN ASSISTANCE ACT, BY LEVERAGING THE RESOURCES OF THE WORLD BANK AND OTHER NATIONS' INTERNATIONAL DEVELOPMENT AGENCIES, AND BY DRAWING ON THE HUMAN AND FINANCIAL RESOURCES OF MULTIPLE USG AGENCIES, ENOUGH CAN BE DONE TO MAKE A DIFFERENCE.

14. (SBU) FINALLY, ALTHOUGH COOPERATION ON HEALTH CARE REFORM ISSUES WAS NOT DISCUSSED EXTENSIVELY DURING DR. SATCHER'S VISIT, POST NOTES FROM MINISTER ZHANG'S REMARKS THAT THE DOOR APPEARS TO BE OPEN FOR COOPERATION AND ADVICE IN THAT AREA AS WELL, IF HHS OR OTHER AGENCIES ARE INTERESTED IN PURSUING AN INITIATIVE THERE.

TOBACCO ROUNDTABLE

15. (U) IN THE MORNING OF SEPTEMBER 4, DR. SATCHER MET FOR TWO HOURS WITH DIRECTOR-GENERAL LU CHANGMING AND EIGHT OTHER OFFICIALS FROM THE MINISTRY OF HEALTH AND CHINA TOBACCO HEALTH ASSOCIATION. SATCHER BEGAN DISCUSSION WITH A REVIEW OF HIS AUGUST 2000 REPORT ON TOBACCO USE, AND STRATEGY FOR POLICY ACTION IN THE UNITED STATES. THERE HAS BEEN A DRAMATIC DECREASE IN SMOKING SINCE THE SURGEON GENERAL'S FIRST WARNING IN 1964, FROM 43% OF THE POPULATION TO 25%, AND WITH THE PREVALENCE OF SMOKING AMONG PHYSICIANS DROPPING FROM 60% TO 5%. MOVING FORWARD, THE U.S. WILL USE CLINICAL, EDUCATIONAL, ECONOMIC, AND REGULATORY POLICIES TO TRY TO LOWER THESE RATES EVEN FURTHER. EVERY YEAR, 70% OF SMOKERS SAY THEY WOULD LIKE TO QUIT, BUT ONLY 3% SUCCEED, UNDERLINING THE NEED FOR IMPROVED CLINICAL HELP. IN TERMS OF EDUCATION, THE PRIMARY FOCUS WILL BE ON YOUTH. ECONOMIC MEASURES, IN PARTICULAR TAXES, ALSO HAVE THE MOST IMPACT ON YOUTH, AND IT IS BEST WHEN THE REVENUES FROM SUCH TAXES ARE USED TO FUND A COMPREHENSIVE ANTI-SMOKING PROGRAM.

16. (SBU) THE MOH OFFICIALS BEGAN BY NOTING THE DIFFERENCES IN CONTEXT BETWEEN CHINA AND THE UNITED STATES: THE CHINESE PUBLIC -- THE LARGEST BODY OF SMOKERS IN THE WORLD -- IS GENERALLY LESS WELL-EDUCATED AND MORE RURAL. IN SOME PARTS OF CHINA, TOBACCO GROWING IS AN IMPORTANT INDUSTRY, AND AN ESPECIALLY IMPORTANT SOURCE OF REVENUE FOR LOCAL GOVERNMENTS. TOBACCO-RELATED INCOME ACCOUNTS FOR AN ASTOUNDING 10% OF TOTAL GOVERNMENT REVENUES IN CHINA (AND THE PROPORTION OF REVENUE COMING FROM TOBACCO IS MUCH HIGHER IN CERTAIN REGIONS SUCH AS YUNNAN). THIS MEANS THAT TOBACCO CONTROL EFFORTS MUST INVOLVE A NUMBER OF MINISTRIES; IN THE COURSE OF NEGOTIATIONS FOR A FRAMEWORK CONVENTION ON TOBACCO CONTROL, FOR EXAMPLE, MOH HOPES THAT THE STATE DEVELOPMENT PLANNING COMMISSION (SDPC) WILL TAKE THE LEAD IN COORDINATING CHINA'S POSITION AND PARTICIPATION.

17. (U) REGARDING THE "STATE OF SMOKING IN CHINA," THE CHINESE OFFICIALS SHARED THE FOLLOWING HIGHLIGHTS:

- THE PREVALENCE OF SMOKING IN CHINA IN 1996 WAS 37.6%, UP 3.7 PERCENTAGE POINTS FROM A PRIOR SURVEY IN 1984;

- DURING THAT TWELVE-YEAR PERIOD, THE AVERAGE INITIAL AGE OF STARTING SMOKING DECREASED BY THREE YEARS;

- CHINA'S ANTI-SMOKING EFFORTS FIRST BEGAN IN 1979, AND THE MOH HAS BEEN RUNNING EDUCATIONAL CAMPAIGNS FOR THE PAST 13 YEARS, FOR INSTANCE IN CONJUNCTION WITH THE WHO'S "NON-TOBACCO DAY;"

- CHINA HAS FOUR LAWS REGULATING SMOKING ACTIVITY, INCLUDING THE NATIONWIDE BAN ON SMOKING ON PUBLIC TRANSPORT. EIGHTY-EIGHT CHINESE CITIES HAVE BANNED SMOKING IN PUBLIC PLACES;

- TOBACCO ADVERTISING IS NOT ALLOWED ON TV OR RADIO, AND 10 CITIES DO NOT PERMIT ANY TOBACCO ADVERTISING;

- ALL CHINESE REGIONS NOW HAVE DEDICATED ANTI-SMOKING PERSONNEL, WHO PROMOTE SMOKE-FREE WORKPLACES, AND PRESENT AWARDS FOR SMOKING CONTROL, ETC.; AND

- THE MINISTRY OF EDUCATION HAS BEEN ACTIVE IN TEACHING ABOUT THE ILLS OF SMOKING. IN 1990, 12,000 CHINESE SCHOOLS SIGNED UP FOR A "SMOKE-FREE SCHOOL" PROGRAM. (NOTE: CHINA HAS 200 MILLION SCHOOL CHILDREN IN 740,000 SCHOOLS -- ONE-SIXTH OF THE NATION'S POPULATION -- MAKING THIS A MAJOR TARGET FOR ANTI-SMOKING EFFORTS.)

18. (SBU) EMPHASIZING THAT LACK OF PUBLIC AWARENESS IS A KEY PROBLEM IN CHINA, THE MOH OFFICIALS OUTLINED THEIR STRATEGY FOR SMOKING IN CHINA: 1) CONTINUING EDUCATIONAL EFFORTS; 2) WORKING TO CONTROL SMOKING IN PUBLIC; AND 3) STRESSING CONTROL OF SMOKING AMONG YOUTH. THEY ALSO EXPRESSED HOPE THAT THE FRAMEWORK CONVENTION ON TOBACCO CONTROL WILL HELP FOCUS THE ATTENTION OF NON-MOH GOVERNMENT MINISTRIES ON THE PROBLEM. IN THE NEGOTIATIONS, THE SDPC WILL HAVE TO RECONCILE CHINA'S ECONOMIC AND PUBLIC HEALTH INTERESTS IN CONTROLLING THE GROWTH OF THE TOBACCO INDUSTRY. THE SURGEON GENERAL NOTED THAT EDUCATIONAL EFFORTS, PARTICULARLY IN SCHOOLS,

ARE VERY IMPORTANT; IT IS ALSO IMPORTANT FOR EDUCATIONAL PROGRAMS TO BE MONITORED AND EVALUATED FOR THEIR EFFECTIVENESS.

19. (U) PROF. GONG HUANGYANG OF THE CHINESE ACADEMY FOR PREVENTIVE MEDICINE (CAPM) NOTED THAT A MAY 2000 REVIEW OF SMOKING CONTROL PROGRAMS INVOLVING CAPM, THE MOH, WHO, AND JOHNS HOPKINS UNIVERSITY WILL RELEASE ITS FINAL REPORT SOON.

HHS DAS NOVOTNY SIDE MEETINGS: HIV/AIDS AND TB

20. (SBU) IN A DISCUSSION WITH HHS DAS NOVOTNY, WORLD BANK BEIJING OFFICE REPRESENTATIVE YUKON HUANG SUGGESTED THAT IF A POSSIBLE U.S. HIV INITIATIVE IN CHINA WERE TO REACH THE USD 5 MILLION LEVEL, IT COULD, FOR EXAMPLE, BE PAIRED WITH A WORLD BANK LOAN TO BRING THE TOTAL OF THE PACKAGE TO USD 15 MILLION. HUANG SAID THAT ALTHOUGH CHINA NO LONGER HAS ACCESS TO CONCESSIONARY WORLD BANK LOANS, A GRANT/LOAN COMBINATION COULD LOWER THE COST OF HIV/AIDS WORK TO THE LEVEL CHINESE ARE ACCUSTOMED TO PAYING FOR WORLD BANK CONCESSIONARY LOANS. HUANG NOTED THAT SEVERAL BILATERAL DONORS ALREADY HAVE HIV/AIDS PROJECTS IN CHINA, INCLUDING THE U.K., JAPAN AND AUSTRALIA. THE WORLD BANK HAS ONE LOAN SUBCOMPONENT THAT ADDRESSES BLOOD SAFETY AND HIV/AIDS IN TWO RURAL PROVINCES.

21. (SBU) COMMENT: CHINESE AUTHORITIES HAVE BEEN RELUCTANT TO BORROW MONEY AT NON-CONCESSIONAL RATES FOR ACTIVITIES SUCH AS HEALTH SECTOR WORK OR POVERTY ALLEVIATION, WHICH THE CHINESE CLASSIFY AS "NON-PRODUCTIVE" WORK (MEANING INVESTMENTS THAT DO NOT GENERATE AN EASILY MEASURABLE INTERNAL RATE OF RETURN). THE WORLD BANK -- WHICH IS NOW EMPHASIZING POVERTY ALLEVIATION, EVEN AS CHINA IS NO LONGER ELIGIBLE FOR IDA CONCESSIONAL LENDING -- IS EAGER TO GET PROJECTS DESIGNED AND IMPLEMENTED, AND THEREFORE LOOKING FOR GRANT FUNDING PARTNERS. ON TB, IT APPEARS SET TO MATCH UP WITH THE U.K. (SEE PARA 12 ABOVE). POST BELIEVES THAT IT WOULD BE USEFUL FOR THE USG TO LEVERAGE WORLD BANK RESOURCES ON HIV/AIDS AND/OR TB. BUT WE ALSO THINK THE MAIN EMPHASIS SHOULD BE ON THE TECHNICAL CONTENT OF ANY PROJECT (AND IN PARTICULAR THE AMOUNT OF USG AND U.S. NGO/MEDICAL COMMUNITY EXPERTISE THAT GETS DELIVERED), NOT ON MAKING THINGS LESS EXPENSIVE FOR THE CHINESE.

22. (SBU) IN DISCUSSIONS WITH MOH INTERNATIONAL COOPERATION OFFICIAL LIU PEILONG, NOVOTNY DISCUSSED IN GENERAL TERMS THE PROSPECTS FOR EXPANDED U.S.-CHINA COOPERATION ON HEALTH. LIU WAS INTERESTED IN HELPING TO IMPLEMENT ANY USG HIV/AIDS INITIATIVE IN CHINA, PARTICULARLY IF IT INCLUDED ELEMENTS STRESSING SAFE INJECTIONS AND CONCURRENTLY FIGHTING TUBERCULOSIS. LIU FELT THAT FIELD EPIDEMIOLOGY TRAINING THAT EMPHASIZED THESE AREAS WOULD ALSO BE USEFUL.

SIDE MEETINGS OF HHS DAS NOVOTNY: TOBACCO

23. (SBU) HHS DAS TOM NOVOTNY ATTENDED A LUNCH DISCUSSION ON TOBACCO POLICY LED BY UNIVERSITY OF CALIFORNIA (BERKELEY) HEALTH ECONOMICS PROFESSOR THE-WEI HU. PARTICIPATING IN THE DISCUSSION WERE OFFICIALS OF

THE MINISTRY OF HEALTH, THE STATE DEVELOPMENT PLANNING COMMISSION AND THE STATE TOBACCO MONOPOLY. HU'S PROPOSED THAT CHINA RAISE PRC TOBACCO TAXES IN ORDER TO REDUCE SMOKING, WHILE AT THE SAME TIME MAINTAINING CENTRAL GOVERNMENT REVENUES. WAS STRONGLY OPPOSED BY THE TOBACCO MONOPOLY OFFICIALS. THE TOBACCO MONOPOLY OFFICIALS OFFERED A WIDE RANGE OF ARGUMENTS AGAINST HU'S PROPOSAL:

E

-- RAISING TAXES WOULD MERELY PUSH PEOPLE AT THE HIGHER END OF THE PRICE RANGE TOWARDS CHEAPER CIGARETTES THAT HAVE HIGHER LEVELS OF TAR AND NICOTINE. CHINESE CIGARETTES SOLD IN BEIJING RANGE IN PRICE FROM 3 TO 45 RMB (USD 0.30 TO USD 5) PER PACK. THE POOREST PEOPLE ROLL THEIR OWN. THE TOBACCO OFFICIALS SAID THAT AT LEAST 10% TO 20% PERCENT OF THE CIGARETTES SOLD IN CHINA ARE COUNTERFEIT OR SMUGGLED.

-- TOBACCO REPRESENTS A VERY IMPORTANT SOURCE OF EMPLOYMENT AND TAX REVENUE FOR LOCAL GOVERNMENTS, THUS THERE WOULD BE CONSIDERABLE LOCAL GOVERNMENT OPPOSITION TO A TOBACCO CONTROL PROGRAM.

24. (SBU) REPRESENTATIVES FROM THE STATE DEVELOPMENT PLANNING COMMISSION, THE CHINESE LEAD IN NEGOTIATING AN INTERNATIONAL TOBACCO ARRANGEMENT, WERE NOT AS RETICENT ABOUT TOBACCO CONTROL AS THE TOBACCO MONOPOLY OFFICIALS. ALL AGREED THAT THE CHINESE GOVERNMENT WOULD WELCOME ANTI-SMUGGLING PROVISIONS IN ANY MULTILATERAL TOBACCO FRAMEWORK.

PRESS COVERAGE OF SATCHER VISIT

25. (U) DR. SATCHER'S SEPTEMBER 4 PRESS ROUNDTABLE WITH CHINESE JOURNALISTS RECEIVED PROMINENT COVERAGE IN THE SEPTEMBER 5 CHINA YOUTH DAILY, SEPTEMBER 7 HEALTH NEWS, AND SEPTEMBER 11 ECONOMIC DAILY. AN INFORMAL EMBASSY EST SECTION TRANSLATION OF THE TEXT OF THE CHINA YOUTH DAILY ARTICLE FOLLOWS BELOW. THE CHINA YOUTH DAILY IS ONE OF CHINA'S LARGEST GENERAL CIRCULATION NEWSPAPERS:

"A PRESCRIPTION FROM THE NATION'S PHYSICIAN
-- U.S. SURGEON GENERAL DR. DAVID SATCHER ANSWERS JOURNALISTS' QUESTIONS"

BY LAN YAN
CHINA YOUTH DAILY
SEPTEMBER 5, 2000

ON THE EVENING OF SEPTEMBER 4, U.S. HHS ASSISTANT SECRETARY FOR HEALTH AND U.S. SURGEON GENERAL DAVID SATCHER, WHO HAD COME TO BEIJING TO ATTEND THE NINTH CONFERENCE OF THE WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, GAVE AN INTERVIEW TO SOME BEIJING JOURNALISTS AT THE GREAT WALL SHERATON HOTEL. DR. SATCHER WAS ASKED ABOUT U.S.-CHINA MEDICAL COOPERATION, AIDS RESEARCH, AND HOW THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES INTERVENES TO ENCOURAGE MORE HEALTHY LIFESTYLES.

Q. THE UNITED STATES WAS THE FIRST COUNTRY TO REPORT AIDS. WHAT SUGGESTIONS DO YOU HAVE FOR CHINA NOW THAT

AIDS IS SPREADING FAIRLY RAPIDLY IN THIS COUNTRY AS WELL?

A. THE UNITED STATES REPORTED THE FIRST CASE OF AIDS IN 1981. THEREAFTER, EVER SINCE THE EARLY 1980S, THE U.S. REPORTED 100,000 NEW HIV INFECTIONS AND AFTER 1987 ABOUT 150,000 HIV INFECTIONS EACH YEAR. THEREAFTER THE NUMBER OF NEW INFECTIONS GRADUALLY DECLINED SO NOW ABOUT 40,000 NEW HIV INFECTIONS ARE REPORTED IN THE UNITED STATES EACH YEAR. IN ORDER TO PREVENT AIDS, WE STRESS EDUCATION ON HOW HIV IS SPREAD AND MONITOR HOW WELL THIS INFORMATION IS GETTING OUT TO THE PEOPLE. WE HAVE A STRICT SYSTEM FOR REPORTING CONTAGIOUS DISEASES. EVERY STATE MUST REPORT ITS HIV INFECTIONS TO THE CDC.

OF COURSE, THE MOST SUCCESSFUL STRATEGY HAS BEEN THE COCKTAIL METHOD (WHICH COMBINES A NUMBER OF ANTIVIRAL MEDICINES). THIS METHOD HAS ALREADY PREVENTED MOTHER-TO-CHILD HIV TRANSMISSION IN 80 PERCENT OF ALL SUCH CASES. THIS U.S. EXPERIENCE IS USEFUL FOR CHINA. IN 1997 PRESIDENT CLINTON CALLED ON SCIENTISTS TO CREATE AN AIDS VACCINE WITHIN TEN YEARS. WE HAVE ALREADY INVESTED SEVERAL HUNDREDS OF MILLIONS OF DOLLARS IN THIS EFFORT AND HAVE MADE SOME PROGRESS. WE ARE NOW MOVING INTO THE THIRD STAGE IN WHICH CLINICAL TRIALS WILL BE CONDUCTED.

Q. DOES THE UNITED STATES IN AIDS RESEARCH AND ESPECIALLY IN AIDS VACCINE RESEARCH COOPERATE WITH CHINA? WILL THE UNITED STATES SHARE THE RESULTS OF ITS AIDS RESEARCH WITH OTHER COUNTRIES AS IT HAS IN HUMAN GENOME RESEARCH?

A. SOME OF THE U.S. AIDS RESEARCH IS DONE BY PRIVATE PHARMACEUTICAL COMPANIES. THESE COMPANIES TAKE OUT PATENTS AND SO THE RESULTS OF THEIR WORK CANNOT BE FREELY SHARED. PRESIDENT CLINTON HAS CALLED ON PHARMACEUTICAL COMPANIES TO LOWER THEIR PRICES SO THAT DEVELOPING COUNTRIES CAN AFFORD THEIR PRODUCTS. U.S. GOVERNMENT RESEARCH INSTITUTE AIDS RESEARCH CAN BE SHARED WITH OTHER COUNTRIES, HOWEVER. THE U.S. NATIONAL INSTITUTES OF HEALTH SENT PEOPLE TO CHINA TO DISCUSS COOPERATION IN AND U.S. SUPPORT OF OR ASSISTANCE TO AIDS VACCINE RESEARCH IN CHINA. WE HOPE THE COOPERATION CAN GO FURTHER THAN JUST SHARING RESEARCH RESULTS BUT CAN EXTEND TO JOINT RESEARCH AS WELL.

Q. DID YOU BRING WITH YOU NEW PROPOSALS FOR U.S.-CHINA COOPERATION?

A. WE ARE NOW DISCUSSING SEVERAL POSSIBLE COOPERATIVE PROJECTS WITH THE CHINESE MINISTRY OF HEALTH. THESE PROJECTS MIGHT INCLUDE FIELD EPIDEMIOLOGY TRAINING, TUBERCULOSIS PREVENTION, AIDS VACCINE RESEARCH, AND STUDYING HOW TO PREVENT THE SPREAD OF HIV.

Q. HOW DOES THE UNITED STATES GOVERNMENT INTERVENE IN THE DIETS AND HEALTH BEHAVIORS OF ITS PEOPLE?

A. OUR STRATEGY IS TO RELY ON EDUCATION TO CHANGE PEOPLE'S DIETS. RECENTLY, WE RELEASED A DIETARY RECOMMENDATION THAT TELLS PEOPLE THAT THEY SHOULD EAT MORE FRUIT, EAT LESS SALT, EAT FEWER HIGH CALORIE FOODS, KEEP SUGAR INTAKE DOWN TO A SUITABLE LEVEL AND SO ON. WE DON'T USE PUNITIVE MEASURES SUCH AS PUTTING A HIGH

TAX ON MACDONALD'S. THE U.S. DEPARTMENT OF AGRICULTURE
MONITORS THE NUTRITIONAL VALUE OF STUDENT LUNCHES. EACH
TIME I GIVE A PUBLIC TALK, WE GIVE OUT A HEALTH
PRESCRIPTION TO THE AUDIENCE. AMERICANS CALL ME THE
"NATION'S DOCTOR". THEREFORE MY HEALTH RECOMMENDATIONS
ARE MY PRESCRIPTION FOR THE AMERICAN PEOPLE.

PRUEHER

~~CONFIDENTIAL~~

DECLASSIFIED
PER E.O. 13526

2017-0739-M (2.98)

KBH 10/2/2023

September 20, 2000

MEETING WITH CHINESE AMBASSADOR LI ZHAOXING

DATE: September 22, 2000
LOCATION: OEOB Room 298
TIME: TBD

FROM: TED OSIUS

I. PURPOSE

You asked to see Ambassador Li to discuss expanding bilateral cooperation on **HIV/AIDS and narcotics** and to preview the Vice President's letter to Premier Zhu Rongji. You may wish to raise the issue of **pandas** for the Memphis Zoo.

II. BACKGROUND

HIV/AIDS and narcotics. In a memo to you following his June trip to Asia, Barry McCaffrey noted that China had as many as 12 million drug addicts, and that they were the source of rapidly increasing HIV/AIDS infection rates there. Approximately 70 percent of China's 600,000 - 1 million cases of HIV infection are transmitted via intravenous drug use. As you know from Embassy Beijing's cable, a confidential "expert report" on AIDS was sent to Vice-Premier Li Lanqing, warning that heterosexually transmitted AIDS will soon be the major means of spread in China, as indicated by a marked rise in other sexually transmitted disease. Unfortunately, local health officials have been concealing the problem out of embarrassment.

The link is well documented between drug users in China and South East Asia (Thailand, Burma, Cambodia and Vietnam), countries where HIV infection rates in drug users range from 20-80 percent. The Afghanistan connection feeds the most serious IDU problem in the Western Provinces. The major risk to the Chinese population as a whole will be transmission of HIV from intravenous drug user to sexual partner, and thereby into the general population. This is accelerated, as in the U.S., by infected women working as prostitutes to earn income for drugs. Clearly, in the absence of a coordinated national AIDS prevention program, it is only a matter of time until we see a major heterosexual epidemic in China.

What the international community is doing. The UNAIDS program has three people in Beijing to deal with coordination of international UN efforts on AIDS in China. Some

~~CONFIDENTIAL~~

resources for AIDS planning and broad prevention activities have been made by the seven UN co-sponsors of UNAIDS, especially the World Bank, UNICEF and UNDP. Although the UN Drug Control Program (UNDCP) does not have an office there, China is part of a new project, a sub-regional group on demand reduction among high risk groups, run by the UNDCP office in Bangkok.

What the U.S. is already doing on AIDS in China. USAID and CDC have no assistance programs now, and the new AIDS "Life" initiative does not include China as a priority country. However, CDC is very anxious to start working there and, if it gets its big plus-up in AIDS money in this year's budget, may be able to devote significant resources to bilateral work with China.

Staff from the National Institute of Drug Abuse (NIDA) participated in the McCaffrey trip. They recently funded a study outlining the regional drug problem and the Asian heroin flows referred to in his memo. It concluded that for individual HIV/AIDS country programs to succeed, the regional narcotic-based economy must be addressed.

The National Institutes of Health has many ongoing AIDS research activities (in the range of \$4 million/year) in partnership with China, including evaluating AIDS prevention techniques and testing of AIDS vaccines. They are doing a study now at Yunnan University on how to slow HIV transmission from IV drug users to the general population by changing behavior.

Next steps. We should take advantage of the elevation of the issue to Vice-Premier Li's level, and send a letter from the Vice President to Premier Zhu (interagency-cleared draft attached). Previously, the Chinese were not enthusiastic about working with us on AIDS issues, but that appears to be changing. Frank Loy recently met in China with State Planning Vice Minister Zhang Guobao who said help from the U.S. with drug control and AIDS prevention would be welcome, referring him to Vice-Premier Li. Our USAID assistance projects, as well as successful national control programs in Thailand and perhaps in Africa, would serve as a useful models.

We also may wish to take advantage of the improved atmosphere for counternarcotics cooperation created by McCaffrey's visit by asking NIDA to help develop a plan, in cooperation with other USG and UN agencies, including UNDCP, to counter the health impact of the heroin and methamphetamine spread in Asia through demand reduction. Also, we could consider asking CDC and NIDA to develop a program to work on surveillance of the epidemic, and programs to stop the spread of HIV/AIDS and other sexually transmitted diseases in both heterosexual and drug injecting populations. Finally, we could discuss joint AIDS prevention programs in China with the World Bank and other UNAIDS co-sponsors such as WHO and UNICEF, which would help with burdensharing and avoid potential political problems with bilateral assistance.

Pandas and the Memphis zoo. The Memphis Zoo asked the Vice President to contact Premier Zhu Rongji to support its request for a loan of two giant pandas. The zoo's

architects have designed a China exhibit, with pandas central to the display, to be named after Ambassador Jim Sasser.

However, the U.S. and China are currently at odds over provisions of our giant panda policy. Under the Convention on International Trade in Endangered Species (CITES), the U.S. must determine that pandas will not be used for commercial purposes, and that loan monies (\$1 million per pair per year) will fund activities that benefit giant panda conservation projects in the wild. China objects to the U.S. approving and monitoring its use of the loan monies, and has not signed an MoU with Memphis as required by U.S. policy. The Memphis Zoo is caught in a Catch-22: it cannot obtain the MoU from China, and cannot apply to the Fish and Wildlife Service for the necessary permit to bring the pandas to Tennessee without the MoU. (Incidentally, the National Zoo is also caught in a bind; U.S. Fish and Wildlife cannot approve its pandas until China agrees to U.S. monitoring of loan monies.) The American Zoological Association and World Wildlife Fund are extremely concerned about China's attitude and thus are reluctant to endorse panda loans until these issues are resolved.

The Vice President ruled out a written intervention at this time. However, you may wish to raise with Ambassador Li our interest in resolving the issue of monitoring loan monies so that the Memphis Zoo can proceed with its application to the Fish and Wildlife Service.

III. PARTICIPANTS

Leon Fuerth	Ambassador Li Zhaoxing
NSC – Ken Lieberthal or Ken Jarrett	Others TBD
NSC – Ken Bernard	
UNDCP – TBD	
Sandy Thurman	
Prof. Donald Burke	
State – Jim Keith	
Ted Osius	

IV. ATTACHMENTS

- Draft VP letter to Zhu Rongji

DRAFT

SEPTEMBER XX, 2000

HIS EXCELLENCY
ZHU RONGJI
PREMIER
PEOPLE'S REPUBLIC OF CHINA
BEIJING

DEAR MR. PREMIER:

OUR RECENT CORRESPONDENCE HAS HIGHLIGHTED OUR MUTUAL INTEREST IN TACKLING GLOBAL PROBLEMS THAT AFFECT OUR FUTURE AND THAT OF THE INTERNATIONAL COMMUNITY. I NOW WANT TO RAISE TWO MORE TRANSNATIONAL CONCERNS THAT THREATEN THE SECURITY OF BOTH OUR NATIONS: THE WIDESPREAD USE OF ILLEGAL DRUGS AND THE CONTINUED GLOBAL SPREAD OF HIV/AIDS.

THE U.S. HAS NOT ONLY COMMITTED SIGNIFICANT DOMESTIC RESOURCES TO ERADICATE THESE SCOURGES, BUT HAS ALSO WORKED TO FORGE PARTNERSHIPS WITH OTHER NATIONS, INCLUDING CHINA, TO DEAL WITH THEM INTERNATIONALLY. LAST NOVEMBER AND AGAIN IN JUNE OF THIS YEAR, MEMBERS OF THE U.S. NATIONAL INSTITUTES OF HEALTH MET WITH THEIR CHINESE COUNTERPARTS TO DISCUSS BILATERAL COOPERATION IN THE PRIORITY SEARCH FOR AN AIDS VACCINE. ALSO IN JUNE, OUR DIRECTOR OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY VISITED CHINA TO DISCUSS COMMON INTERESTS IN COUNTERING DRUG ABUSE. THIS MONTH, U.S. SURGEON GENERAL MET WITH YOUR MINISTER OF HEALTH TO DISCUSS HIV/AIDS, AMONG OTHER ISSUES.

TO ADVANCE OUR MUTUAL AIMS IN THESE AREAS AND TO DEEPEN OUR PRESENT COOPERATION, I SUGGEST A BROAD EXCHANGE OF EXPERTS IN BOTH AREAS, PERHAPS UNDER THE AUSPICES OF OUR FORUM'S SCIENCE FOR SUSTAINABLE DEVELOPMENT WORKING GROUP. WE MIGHT, FOR EXAMPLE, INITIALLY CONSIDER EXCHANGES BETWEEN HEALTH AND OTHER APPROPRIATE GOVERNMENT OFFICIALS AT THE NATIONAL, REGIONAL, AND LOCAL LEVELS, WHO DAILY CONFRONT THE DAUNTING CHALLENGES OF DRUG ABUSE AND HIV/AIDS. LATER EXCHANGES MIGHT INCLUDE REPRESENTATIVES OF OTHER SECTORS OF SOCIETY, INCLUDING THE MEDIA AND NON-GOVERNMENT ORGANIZATIONS, WHOSE CONTRIBUTIONS ARE SO VITAL TO EVENTUAL SUCCESS IN BOTH THESE CAMPAIGNS.

I WOULD ALSO LIKE TO ADDRESS AN ISSUE AT THE FOREFRONT OF THE FORUM'S ENERGY POLICY AND COMMERCIAL COOPERATION WORKING GROUPS: CLEAN ENERGY. [A DELEGATION FROM THE DEPARTMENTS OF

COMMERCE AND ENERGY – AND A MEMBER OF MY STAFF – WILL TRAVEL TO BEIJING, SHANGHAI AND CHENGDU NEXT MONTH TO DISCUSS THE DEVELOPMENT OF WESTERN CHINA AND OTHER IMPORTANT ISSUES ON OUR AGENDA IN THE FORUM.] NO GOAL ON THAT AGENDA IS MORE IMPORTANT THAN EXPANDING THE USE OF CLEAN ENERGY IN OUR TWO COUNTRIES, AN EFFORT WHICH WILL BENEFIT FROM CHINA'S AMBITIOUS PROGRAM TO INCREASE SIGNIFICANTLY THE USE OF NATURAL GAS. U.S. ENERGY FIRMS HAVE THE MOST EXPERIENCE WITH NATURAL GAS WORLDWIDE AND CAN MAKE VALUABLE CONTRIBUTIONS TO THE DEVELOPMENT OF CHINA'S NATURAL GAS INFRASTRUCTURE. IN PARTICULAR, I HOPE THAT THEIR PARTICIPATION IN THE GUANGDONG LNG TERMINAL CAN DEMONSTRATE OUR SUCCESSFUL COOPERATION. FINALLY, A SUCCESSFUL OUTCOME TO THE CLIMATE CHANGE NEGOTIATIONS IN THE HAGUE IN NOVEMBER WOULD GREATLY BENEFIT YOUR CLEAN ENERGY EFFORTS THROUGH, FOR EXAMPLE, BROAD USE OF THE CLEAN DEVELOPMENT MECHANISM.

I LOOK FORWARD TO WORKING WITH YOU ON THESE AND OTHER ISSUES OF MUTUAL CONCERN.

SINCERELY,

AL GORE



EElvander@osophs.dhhs.gov (Erika Elvander)

09/08/2000 11:20:51 AM

Record Type: Record

To: Kenneth W. Bernard/NSC/EOP, Josefine Keenan/NSC/EOP
cc: MValdez@osophs.dhhs.gov (Mary Lou Valdez) , MMoore@osophs.dhhs.gov (Melinda Moore) ,
TChung@osophs.dhhs.gov (Tina Chung) , dcowhig@public.2.bta.net.cn
Subject: HIV/AIDS and China

Dear all -- please find below notes from Dr. Novotny about meetings regarding HIV/AIDS and China.

Please feel free to contact me at 301 443 7305 if you have any questions. A cable will be available shortly about all of Dr. Satcher's visit to China.

Thanks.

Erika Elvander

AIDS in China

SG Satcher and DASH Novotny met with Minister of Health Zheng to discuss several potential areas of collaboration. These included tobacco control, HIV AIDs, and TB. In addition, DASH Novotny met with World Bank Country Director Yukon Huang to discuss possible collaborations on a planned WB loan, which currently focuses on TB. The MOH agreed with SG that AIDS poses a particular threat to the health situation in China and that the opportunities for prevention should not be missed. In particular, he voiced support for collaboration on biotechnology, including development of an HIV vaccine. In fact, Peggy Johnson and Anthony Fauci of NIH recently visited to propose joint research with CAPM. In addition the MOH voiced support for health education activities and attention to IV drug user populations. Although CSWs were not directly addressed, others in the MOH recognized the risks posed by the increase in commercial sexual activity.

Currently, there are ongoing NIH research linkages, but no prevention, treatment, or other substantive work on HIV with other USG agencies. CDC has a staff member (Craig Shapiro) working on Hepatitis B, with some attention being paid to safe injections. UNAIDS is particularly active in coordinating donors and assessing the situation (UNAIDS report attached). The World Bank, in the Health IX Loan, has a small subcomponent addressing blood safety and AIDS in two rural provinces. CDC was involved in the planning of this project, which became active in January 2000. No data are available yet on efficacy.

The MOH suggests a more open and receptive attitude about addressing AIDS and the need for prevention before the epidemic explodes. This would be an excellent opportunity to expand LIFE initiative activities to East Asia, either through CDC or through USAID funds. Apparently, USAID can use an exception to the current policy of no foreign aid to China linked to human rights issues to address AIDS. The DOS supports this possible activity, although the Mission does not feel that a full USAID office needs to be established.

The WB is willing to discuss a blended financing approach to an AIDS subcomponent in China. This means that if USG can secure \$5 million, the Bank may be able to blend this with possibly as much as \$10 million in a collaborative effort. (Note: this permits the Chinese to accept an IBRD Loan with reduced interest rates, a precondition of them accepting the loan; the USG part would be a grant and it would offset higher interest payments).

It might also be possible to provide a CDC assignee to the Bank to work on AIDS in East Asia...focusing on China and Vietnam. CDC and the Bank have established productive partnerships in several other regions (Africa, LAC, and Eastern Europe), and this would be a logical extension to concentrate on a priority of mutual interest.

It is extremely important to emphasize the need for prevention, leveraging other donors, and working with existing programs in other parts of SE Asia. There are problems common to this area and not similar to those in Africa. This should not be another missed opportunity for prevention. USAID will need to be supported in approaching this through LIFE, as will CDC.

I will plan to meet with key USAID staff and CDC NCHSTP on my return.



- Chinaaunads.DOC



- Chinaaunads.DOC



- Chinaaunads.DOC

Bernard, Kenneth W. (HEALTH)

To: @APNSA
Cc: @HEALTH - International Health Affairs; @ASIA - Asian Affairs; @LEGAL - Legal Advisor
Subject: FW: AIDS and China [UNCLASSIFIED]

Please pass to Sandy, Don, and Mara.

Subject: AIDS and China

From: Ken Bernard (concurrence: Ken Jarrett)

Sandy,

Issue: Barry McCaffrey, in a memo to the President following his June trip to Asia, noted that China had as many as 12 million drug addicts, and that they were the source of rapidly increasing HIV/AIDS infection rates there. John Podesta asked, "Shouldn't we follow-up?"

Background: China has between 600,000 and 1 million HIV-infected persons - less than 0.1 percent of its population. Approximately 70 percent of the cases are in intravenous drug users (IDU), with the remaining cases in persons that sell their blood to make money and increasingly in the heterosexual population. The true extent of the problem is unknown because surveillance in China is poor for a variety of reasons, not the least of which has been lack of high level leadership from Beijing.

This may be changing. Earlier this year, a confidential "expert report" on AIDS was sent to Vice-Premier Li Lanqing, warning that heterosexually transmitted AIDS will soon be the major means of spread in China, as indicated by a marked rise in other sexually transmitted disease. Unfortunately, local health officials have been concealing the problem out of embarrassment. Li was quoted as saying, "Local governments that hide the true situation are committing a crime against the Chinese nation. Those who think that we who live within the red walls are out of touch, are mistaken. We get out and talk to many people."

The link is well documented between drug users in China and South East Asia (Thailand, Burma, Cambodia and Vietnam), countries where HIV infection rates in drug users range from 20-80 percent. The Afghanistan connection feeds the most serious IDU problem in the Western Provinces. The major risk to the Chinese population as a whole will be transmission of HIV from intravenous drug user to sexual partner, and thereby into the general population. This is accelerated, as in the U.S., by infected women working as prostitutes to earn income for drugs. Clearly, in the absence of a coordinated national AIDS prevention program, it is only a matter of time until we see a major heterosexual epidemic in China.

What the international community is doing: The UNAIDS program has three people in Beijing to deal with coordination of international UN efforts on AIDS in China. Some resources for AIDS planning and broad prevention activities have been made by the seven UN co-sponsors of UNAIDS, especially the World Bank, UNICEF and UNDP. Although the UN Drug Control Program (UNDCP) does not have an office there, China is part of a new project, a subregional group on demand reduction among high risk groups, run by the UNDCP office in Bangkok.

What the USG is doing on AIDS in China:

- USAID and CDC have no assistance programs now, and the new AIDS "Life" initiative does not include China as a priority country. CDC is very anxious to start working there, but lacks funding (and an invitation

from China...) CDC, however, has engaged in cooperative public health activities and technical assistance in China.

- Staff from the National Institute of Drug Abuse (NIDA) participated in the McCaffrey trip. They recently funded a study outlining the regional drug problem and the Asian heroin flows referred to in his memo. It concluded that for individual HIV/AIDS country programs to succeed, the regional narcotic-based economy must be addressed.
- The National Institutes of Health has a many ongoing AIDS research activities (in the range of \$4 million/year) in partnership with China, including evaluating AIDS prevention techniques and testing of AIDS vaccines. They are doing a study now on how to slow HIV transmission from IV drug users to the general population by changing behavior.

Should we do more to follow-up? Yes. (note: all would require careful legal review for consistency with provisions of the Foreign Assistance Act and other legal constraints)

1. We should take advantage of the elevation of the issue to Vice-Premier Li's level, and consider a high level demarche to discuss possible joint AIDS control efforts. Embassy Beijing has sent a series of excellent cables on AIDS in China, and we should be guided by them as to what we might do to help the Chinese government with AIDS prevention. China and the U.S. share many of the same problems with AIDS control, especially in marginalized populations. Our joint programs in Thailand can help serve as a model. Hitherto, the Chinese have turned down our offers to work with them on AIDS issues.
2. Take advantage of the improved atmosphere for counternarcotics cooperation created by McCaffrey's visit. Ask NIDA to help develop a plan, in cooperation with other USG and UN agencies, including UNDCP, to counter the health impact of the heroin and methamphetamine spread in Asia through demand reduction.
3. We should consider asking CDC and NIDA to develop a program to work on surveillance of the epidemic, and programs to stop the spread of HIV/AIDS and other sexually transmitted diseases in both heterosexual and drug injecting populations. CDC is interested but lacks resources.
4. Discuss joint AIDS prevention programs in China with the World Bank and other UNAIDS co-sponsors such as WHO and UNICEF, which would help with burdensharing and avoid potential political problems with bilateral assistance .

Keenan, Josefine (Chris) (HEALTH)

From: WHSR
Sent: Wednesday, October 11, 2000 1:42 AM
To: Rabbitt, James F. (VP); Banbury, Anthony "Tony" N. (MULTI); Bernard, Kenneth W. (HEALTH); Cables; Christy, Gene B. (ASIA); Jarrett, Kenneth H. (ASIA); Lieberthal, Kenneth G. (ASIA); Mclean, Matthew K. (MULTI); Naplan, Steven J. (MULTI); Osius, Theodore G. (VP); Patten, Wendy L. (MULTI); Pritchard, Charles (Jack) L. (ASIA); Schwartz, Eric P. (MULTI); Shea, Dorothy C. (MULTILAT); Smith, Holly M. (ASIA); Smith, Peter D. R. (MULTI); Wilcox, Richard M. (MULTI)
Subject: PRC AIDS LEAD: VICE PREMIER LI LANQING

ActionAddres: RUEHC/SECSTATE WASHDC 9503
Classification: UNCLASSIFIED
DateTime: 110448Z OCT 00
Distribution: SIT: BABBITT BANBURY Bernard NSC CHRISTY JARRETT LIEBERTHAL MCLEAN NAPLAN OSIUS PATTEN PRITCHARD SCHWARTZ SHEA SMITHH SMITHP WILCOX
Identifier: M4670579
InfoAddres: RUEHSH/AMCONSUL SHENYANG 0493
RUESLE/AMCONSUL SHANGHAI 5150
RUEHGZ/AMCONSUL GUANGZHOU 3185
RUEHCN/AMCONSUL CHENGDU 0510
RUEHPH/CDC ATLANTA GA
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Line2: ZNR UUUUU ZZH
Line3: R 110448Z OCT 00
Line4: FM AMEMBASSY BEIJING
Originator: AMEMBASSY BEIJING
Precedence: ROUTINE
Profiles: BABBITTJ
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TimeOfReceipt: 10/11/2000 01:41:20 ET

UNCLAS BEIJING 010183

STATE PASS NIH/FOGARTY CENTER FOR ALAN HOLT
STATE FOR OES/EID

E.O. 12958: N/A
TAGS: KHIV, SENV, CH
SUBJECT: PRC AIDS LEAD: VICE PREMIER LI LANQING

REF: (A) STATE 185611 (B) BEIJING 9697 (C) BEIJING 7961

1. IN RESPONSE TO REFTTEL A, VICE PREMIER LI LANQING REPORTS TO PREMIER ZHU RONGJI ON HIV/AIDS (REFTELS B AND C). AIDS IS ONE OF MANY ISSUES THAT COME TO VICE PREMIER LI. THE VICE PREMIER LED A NATIONAL TELECONFERENCE ON AIDS FOR CHINESE OFFICIALS THIS SPRING. THE VICE PREMIER RECEIVES REPORTS AND ADVICE FROM ZENG YI, DIRECTOR OF THE MINISTRY OF HEALTH AIDS PREVENTION AND CONTROL CENTER WITHIN THE CHINESE ACADEMY OF PREVENTIVE MEDICINE.

CHINA HIV/AIDS CONTACT LIST ON UNAIDS-BEIJING WEBSITE

2. AN EIGHT PAGE LIST OF USEFUL CHINESE CENTRAL GOVERNMENT AND LOCAL OFFICIALS, SCIENTISTS, CIVIC ORGANIZATIONS AND MEDIA PEOPLE CONCERNED WITH HIV/AIDS IS POSTED ON THE WEBSITE OF UNAIDS BEIJING.

THE URL IS

[HTTP://WWW.UNCHINA.ORG.CN/UNAIDS/EUSERIGHT.HTML](http://www.unchina.org.cn/unaids/euseright.html)

PRUEHER

Keenan, Josefine (Chris) (HEALTH)

From: WHSR
Sent: Thursday, September 21, 2000 7:00 AM
To: Bernard, Kenneth W. (HEALTH); Cables; Christy, Gene B. (ASIA); Jarrett, Kenneth H. (ASIA); Lieberthal, Kenneth G. (ASIA); Osius, Theodore G. (VP); Pritchard, Charles (Jack) L. (ASIA); Saunders, Richard M. (VP); Smith, Holly M. (ASIA)
Subject: AIDS IN CHINA: A QUESTION OF LEADERSHIP

ActionAddrees: RUEHC/SECSTATE WASHDC PRIORITY 9055
Classification: ~~CONFIDENTIAL~~
DateTime: 211025Z SEP 00
Distribution: SIT: Bernard NSC CHRISTY JARRETT LIEBERTHAL OSIUS PRITCHARD SAUNDERS SMITHH
PRT: FUERTH thurman
Identifier: M4638447
InfoAddrees: RUEHPH/CDC ATLANTA GA PRIORITY
RHEHAAA/WHITE HOUSE WASHDC PRIORITY
RUCPDO/USDOC WASHDC
RUEABND/DEA HQS WASHDC
RUEHSH/AMCONSUL SHENYANG 0335
RUESLE/AMCONSUL SHANGHAI 4977
RUEHGZ/AMCONSUL GUANGZHOU 3026
RUEHBJ/ZEN/AMCONSUL CHENGDU
RUEHZN/ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE
RUEHUR/AMEMBASSY ULAANBAATAR 1699
RUEHGO/AMEMBASSY RANGOON 3309
RUEHVN/AMEMBASSY VIENTIANE 2943
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Line2: P 211025Z SEP 00
Line3: FM AMEMBASSY BEIJING
Line4: AMEMBASSY BEIJING
Originator: PRIORITY
Precedence: **BERNARDK**
Profiles: CABLES
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LIEBERTK
OSIUST
PRITCHAC
SAUNDERR
SMITHH
StationRoutingIndicator: RUEHBJ
StationSerialNumber: 9697
TimeOfReceipt: 09/21/2000 06:59:14 ET

**DECLASSIFIED
PER E.O. 13526**

2017-0739-M (3.01)
KBH 10/2/2023

~~CONFIDENTIAL~~ SECTION 01 OF 04 BEIJING 009697

WHITE HOUSE FOR OSTP AND OVP
WHITE HOUSE FOR NSC/BERNARD
WHITE HOUSE FOR AIDS POLICY OFFICE/THURMAN
STATE PASS NIH/FOGARTY CENTER/HOLT AND NIAIDS/JOHNSON
STATE PASS HHS FOR HOHMAN AND NOVOTNY
STATE FOR G, OES, AND OES/EID

E.O. 12958: DECL: 09/15/2020
TAGS: KHIV, SOCI, TBIO, PGOV, CH
SUBJECT: AIDS IN CHINA: A QUESTION OF LEADERSHIP

REF: BEIJING 7961

SUMMARY

1. (C) OFFICIAL INDIFFERENCE AND THE LOW PRIORITY ACCORDED TO HIV/AIDS PREVENTION AND CONTROL, ESPECIALLY AT THE LOCAL LEVEL, CONTINUE TO FRUSTRATE CHINESE HIV WORKERS. VICE PREMIER LI LANQING, WHO HAS ASSUMED THE CENTRAL GOVERNMENT LEAD ON HIV, PROMISES TO DO BETTER. LARGELY AS A RESULT OF LOCAL GOVERNMENT OBSTRUCTIONISM AND MISREPORTING, NOBODY IN CHINA CAN BE CONFIDENT THAT THEY KNOW EXACTLY HOW MANY PEOPLE IN CHINA HAVE HIV. HOWEVER, WARNINGS BY CHINA'S SENIOR AIDS RESEARCHER ZENG YI -- THAT CHINA'S ESTIMATED TOTAL OF ONE MILLION HIV CASES IS INCREASING BY AS MUCH AS 30 PERCENT ANNUALLY -- ARE NOW WIDELY CIRCULATED IN THE CHINESE PRESS. OTHER RESPONSIBLE ESTIMATES RUN AS HIGH AS THREE MILLION INFECTIONS. GROWING RECOGNITION OF THE SEVERITY OF THE "PREVENTABLE" HIV/AIDS PROBLEM -- WHICH THE MINISTRY OF HEALTH HOPES TO CONTAIN WITHIN 10 TO 15 MILLION CASES BY 2010 -- MAY PROVE TO BE A CRITICAL TEST FOR THE COMMUNIST PARTY. END SUMMARY.

HIV/AIDS RESEARCHERS FRUSTRATED BY OFFICIAL INDIFFERENCE

2. (C) MANY CHINESE RESEARCHERS ARE VERY FRUSTRATED BY THE INACTION OF THE PARTY AND GOVERNMENT CONCERNING THE HIV/AIDS EPIDEMIC. SOME BELIEVE THAT THE SPREAD OF HIV IN CHINA OVER THE PAST SEVERAL YEARS WAS LARGELY PREVENTABLE, AND DESPAIR THAT THEIR DIRE PREDICTIONS OF FIVE YEARS AGO ARE NOW COMING TRUE. OTHERS SAY IN PRIVATE THAT GOVERNMENT INACTION, AND ESPECIALLY LOCAL OFFICIALS WHO MAKE FALSE REPORTS TO HIGHER LEVELS, AND PREVENT AIDS RESEARCH AND EDUCATION IN THEIR LOCALITIES, ARE THE MAIN CULPRITS IN CHINA'S HIV/AIDS EPIDEMIC. SOME EVEN SEE GOVERNMENT INCOMPETENCE ON THE ISSUE AS A "CRIME" THAT WILL BE PUNISHED SOMEDAY. CONTACTS TELL US THAT SOME LOCAL OFFICIALS GO SO FAR AS TO ACTIVELY PREVENT RESEARCH ON THE HIV/AIDS EPIDEMIC IN THEIR REGIONS. FOR EXAMPLE, ESTOFF HAS CONFIRMED REPORTS OF PROMINENT CHINESE AIDS RESEARCHERS BEING KICKED OUT OF HENAN PROVINCE AND ANHUI PROVINCE BY LOCAL GOVERNMENT HEALTH DEPARTMENTS.

3. (C) UNTIL RECENTLY AT LEAST, "HEAD IN THE SAND" ATTITUDES WERE ALSO COMMON AMONG SENIOR GOVERNMENT OFFICIALS. A COLLEAGUE OF ZENG YI (PLEASE PROTECT) RELATES THE FOLLOWING STORY FROM LATE 1998: REPORTING TO LI PENG SIDEKICK PENG PEIYUN ON THE HIV/AIDS SITUATION IN CHINA, ZENG TOLD PENG THAT THE SITUATION WAS FAR MORE SERIOUS THAN REPORTED, SINCE MANY LOCAL OFFICIALS SUPPRESS REPORTS ABOUT THE SITUATION. PENG REPLIED, "HIGH-LEVEL CHINESE OFFICIALS COULDN'T BE THAT BAD. THE REAL PROBLEM IS WITH SCIENTISTS WHO MAKE UP FALSE REPORTS!" ACCORDING TO A COLLEAGUE, ZENG RETURNED TO HIS INSTITUTE IN A DARK MOOD, TELLING COLLEAGUES, "I THOUGHT THAT OUR LEADERS WERE GOOD PEOPLE SURROUNDED BY BAD PEOPLE. NOW I AM NOT SURE ABOUT OUR LEADERS ANYMORE."

4. (C) ONE AIDS RESEARCHER, A MEMBER OF THE COMMUNIST PARTY, TOLD ESTOFF THAT THE CHINESE GOVERNMENT'S FAILURE TO STOP THE "LARGELY PREVENTABLE" SPREAD OF HIV "ISN'T JUST A MATTER OF BAD POLICIES OR UNETHICAL OFFICIALS. THESE PROBLEMS ARE SYSTEMIC -- INHERENT IN THE COMMUNIST SYSTEM ITSELF." HE CAUTIONED ESTOFF THAT WHAT CHINESE OFFICIALS OR AIDS RESEARCHERS SAY TO FOREIGN OFFICIALS, WHEN SPEAKING ON BEHALF OF THE CHINESE GOVERNMENT, IS OFTEN VASTLY DIFFERENT FROM WHAT THEY REALLY BELIEVE. MANY LAYERS OF DECEIT MAKE FOR A LOT OF BAD FAITH UP AND
~~CONFIDENTIAL~~ SECTION 02 OF 04 BEIJING 009697

WHITE HOUSE FOR OSTP AND OVP
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13. (U) RECENT EMBASSY BEIJING REPORTS ON HIV ARE COLLECTED AT [HTTP://WWW.USEMBASSY-CHINA.ORG.CN/ENGLISH/SANDT/INDEX.HTML](http://www.usembassy-china.org.cn/english/sandt/index.html). IN ADDITION, REPORTS ON HIV IN THE CHINESE PRESS ARE SOMETIMES DISCUSSED IN THE BEIJING ENVIRONMENT, SCIENCE AND TECHNOLOGY UPDATE, A WEEKLY NEWSLETTER ARCHIVED AT [HTTP://WWW.USEMBASSY-CHINA.ORG.CN/ENGLISH/SANDT/ESTNEWS-CONTENTS.HTML](http://www.usembassy-china.org.cn/english/sandt/estnews-contents.html).

PRUEHER

Keenan, Josefine (Chris) (HEALTH)

From: WHSR
Sent: Thursday, September 21, 2000 7:00 AM
To: Bernard, Kenneth W. (HEALTH); Cables; Christy, Gene B. (ASIA); Jarrett, Kenneth H. (ASIA); Lieberthal, Kenneth G. (ASIA); Osius, Theodore G. (VP); Pritchard, Charles (Jack) L. (ASIA); Saunders, Richard M. (VP); Smith, Holly M. (ASIA)
Subject: AIDS IN CHINA: A QUESTION OF LEADERSHIP

ActionAddrees: RUEHC/SECSTATE WASHDC PRIORITY 9055
Classification: ~~CONFIDENTIAL~~
DateTime: 211025Z SEP 00
Distribution: SIT: Bernard NSC CHRISTY JARRETT LIEBERTHAL OSIUS PRITCHARD SAUNDERS SMITHH
PRT: FUERTH thurman

Identifier: M4638447
InfoAddrees: RUEHPH/CDC ATLANTA GA PRIORITY
RHEHAAA/WHITE HOUSE WASHDC PRIORITY
RUCPDO/USDOC WASHDC
RUEABND/DEA HQS WASHDC
RUEHSH/AMCONSUL SHENYANG 0335
RUESLE/AMCONSUL SHANGHAI 4977
RUEHGZ/AMCONSUL GUANGZHOU 3026
RUEHBJ/ZEN/AMCONSUL CHENGDU
RUEHZN/ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE
RUEHUR/AMEMBASSY ULAANBAATAR 1699
RUEHGO/AMEMBASSY RANGOON 3309
RUEHVN/AMEMBASSY VIENTIANE 2943
PAACZYUW RUEHBJA9697 2651025-CCCC--RHEHAAA.
Line1: ZNY CCCCC ZZH
Line2: P 211025Z SEP 00
Line3: FM AMEMBASSY BEIJING
Line4: AMEMBASSY BEIJING
Originator: PRIORITY
Precedence: **BERNARDK**
Profiles: CABLES
CHRISTYG
JARRETTK
LIEBERTK
OSIUST
PRITCHAC
SAUNDERR
SMITHH

StationRoutingIndicator: RUEHBJ
StationSerialNumber: 9697
TimeOfReceipt: 09/21/2000 06:59:14 ET

**DECLASSIFIED
PER E.O. 13526**
2017-0739-m (3.03)
KBH 10/2/2023

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SUMMARY

1. ~~(C)~~ OFFICIAL INDIFFERENCE AND THE LOW PRIORITY ACCORDED TO HIV/AIDS PREVENTION AND CONTROL, ESPECIALLY AT THE LOCAL LEVEL, CONTINUE TO FRUSTRATE CHINESE HIV WORKERS. VICE PREMIER LI LANQING, WHO HAS ASSUMED THE CENTRAL GOVERNMENT LEAD ON HIV, PROMISES TO DO BETTER. LARGELY AS A RESULT OF LOCAL GOVERNMENT OBSTRUCTIONISM AND MISREPORTING, NOBODY IN CHINA CAN BE CONFIDENT THAT THEY KNOW EXACTLY HOW MANY PEOPLE IN CHINA HAVE HIV. HOWEVER, WARNINGS BY CHINA'S SENIOR AIDS RESEARCHER ZENG YI -- THAT CHINA'S ESTIMATED TOTAL OF ONE MILLION HIV CASES IS INCREASING BY AS MUCH AS 30 PERCENT ANNUALLY -- ARE NOW WIDELY CIRCULATED IN THE CHINESE PRESS. OTHER RESPONSIBLE ESTIMATES RUN AS HIGH AS THREE MILLION INFECTIONS. GROWING RECOGNITION OF THE SEVERITY OF THE "PREVENTABLE" HIV/AIDS PROBLEM -- WHICH THE MINISTRY OF HEALTH HOPES TO CONTAIN WITHIN 10 TO 15 MILLION CASES BY 2010 -- MAY PROVE TO BE A CRITICAL TEST FOR THE COMMUNIST PARTY. END SUMMARY.

HIV/AIDS RESEARCHERS FRUSTRATED BY OFFICIAL INDIFFERENCE

2. ~~(C)~~ MANY CHINESE RESEARCHERS ARE VERY FRUSTRATED BY THE INACTION OF THE PARTY AND GOVERNMENT CONCERNING THE HIV/AIDS EPIDEMIC. SOME BELIEVE THAT THE SPREAD OF HIV IN CHINA OVER THE PAST SEVERAL YEARS WAS LARGELY PREVENTABLE, AND DESPAIR THAT THEIR DIRE PREDICTIONS OF FIVE YEARS AGO ARE NOW COMING TRUE. OTHERS SAY IN PRIVATE THAT GOVERNMENT INACTION, AND ESPECIALLY LOCAL OFFICIALS WHO MAKE FALSE REPORTS TO HIGHER LEVELS, AND PREVENT AIDS RESEARCH AND EDUCATION IN THEIR LOCALITIES, ARE THE MAIN CULPRITS IN CHINA'S HIV/AIDS EPIDEMIC. SOME EVEN SEE GOVERNMENT INCOMPETENCE ON THE ISSUE AS A "CRIME" THAT WILL BE PUNISHED SOMEDAY. CONTACTS TELL US THAT SOME LOCAL OFFICIALS GO SO FAR AS TO ACTIVELY PREVENT RESEARCH ON THE HIV/AIDS EPIDEMIC IN THEIR REGIONS. FOR EXAMPLE, ESTOFF HAS CONFIRMED REPORTS OF PROMINENT CHINESE AIDS RESEARCHERS BEING KICKED OUT OF HENAN PROVINCE AND ANHUI PROVINCE BY LOCAL GOVERNMENT HEALTH DEPARTMENTS.

3. ~~(C)~~ UNTIL RECENTLY AT LEAST, "HEAD IN THE SAND" ATTITUDES WERE ALSO COMMON AMONG SENIOR GOVERNMENT OFFICIALS. A COLLEAGUE OF ZENG YI (PLEASE PROTECT) RELATES THE FOLLOWING STORY FROM LATE 1998: REPORTING TO LI PENG SIDEKICK PENG PEIYUN ON THE HIV/AIDS SITUATION IN CHINA, ZENG TOLD PENG THAT THE SITUATION WAS FAR MORE SERIOUS THAN REPORTED, SINCE MANY LOCAL OFFICIALS SUPPRESS REPORTS ABOUT THE SITUATION. PENG REPLIED, "HIGH-LEVEL CHINESE OFFICIALS COULDN'T BE THAT BAD. THE REAL PROBLEM IS WITH SCIENTISTS WHO MAKE UP FALSE REPORTS!" ACCORDING TO A COLLEAGUE, ZENG RETURNED TO HIS INSTITUTE IN A DARK MOOD, TELLING COLLEAGUES, "I THOUGHT THAT OUR LEADERS WERE GOOD PEOPLE SURROUNDED BY BAD PEOPLE. NOW I AM NOT SURE ABOUT OUR LEADERS ANYMORE."

4. (X) ONE AIDS RESEARCHER, A MEMBER OF THE COMMUNIST PARTY, TOLD ESTOFF THAT THE CHINESE GOVERNMENT'S FAILURE TO STOP THE "LARGELY PREVENTABLE" SPREAD OF HIV "ISN'T JUST A MATTER OF BAD POLICIES OR UNETHICAL OFFICIALS. THESE PROBLEMS ARE SYSTEMIC -- INHERENT IN THE COMMUNIST SYSTEM ITSELF." HE CAUTIONED ESTOFF THAT WHAT CHINESE OFFICIALS OR AIDS RESEARCHERS SAY TO FOREIGN OFFICIALS, WHEN SPEAKING ON BEHALF OF THE CHINESE GOVERNMENT, IS OFTEN VASTLY DIFFERENT FROM WHAT THEY REALLY BELIEVE. MANY LAYERS OF DECEIT MAKE FOR A LOT OF BAD FAITH UP AND

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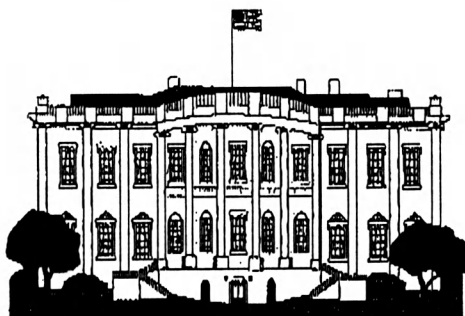
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SUBJECT: AIDS IN CHINA: A QUESTION OF LEADERSHIP

FOR ADDITIONAL INFORMATION

13. (U) RECENT EMBASSY BEIJING REPORTS ON HIV ARE COLLECTED AT [HTTP://WWW.USEMBASSY-CHINA.ORG.CN/ENGLISH/SANDT/INDEX.HTML](http://www.usembassy-china.org.cn/english/sandt/index.html). IN ADDITION, REPORTS ON HIV IN THE CHINESE PRESS ARE SOMETIMES DISCUSSED IN THE BEIJING ENVIRONMENT, SCIENCE AND TECHNOLOGY UPDATE, A WEEKLY NEWSLETTER ARCHIVED AT [HTTP://WWW.USEMBASSY-CHINA.ORG.CN/ENGLISH/SANDT/ESTNEWS-CONTENTS.HTML](http://www.usembassy-china.org.cn/english/sandt/estnews-contents.html).

PRUEHER

**EXECUTIVE OFFICE OF THE PRESIDENT
Office of National Drug Control Policy
Washington, D. C. 20503**



OFFICE OF INTELLIGENCE

FACSIMILE MESSAGE

August 24, 2000

TO: DR. KENNETH BERNARD

69590

FROM: HANK MARSDEN

Attached is a first cut at modifying the proposed letter to Premier Zhu. I have not run this around our building, it is just my own first thoughts.

3 pages

DRAFT

Proposed/draft letter from VP to Premier Zhu re: aids. VP office seeking ONDCP input/comment.

BOLDDED AND UNDERLINED WORDS ARE POSSIBLE ADDITIONS/DELETIONS

I KNOW FROM RECENT COMMENTS BY LEADERS IN CHINA THAT MEETING THE CHALLENGE OF THE WORLDWIDE HIV/AIDS EPIDEMIC **AND THE ABUSE OF ILLEGAL DRUG** IS FRONT AND CENTER ON YOUR NATIONAL HEALTH AGENDA. IT IS ON OURS AS WELL, AND WE HAVE COMMITTED INCREASED RESOURCES TO DEAL **WITH BOTH ISSUES, WHICH ARE OFTEN RELATED.**~~NO WITH THE SOCIAL AND MEDICAL COSTS OF THIS EPIDEMIC.~~ IN ADDITION, THE UNITED STATES HAS BEEN WORKING CLOSELY WITH A NUMBER OF COUNTRIES, INCLUDING CHINA, ON THE TREATMENT **AND PREVENTION OF DRUG ABUSE AND** ~~OF~~ HIV/AIDS-RELATED ILLNESSES. LAST NOVEMBER AND AGAIN IN JUNE, SCIENTISTS FROM OUR NATIONAL INSTITUTES OF HEALTH MET WITH CHINESE HEALTH WORKERS IN BEIJING TO DISCUSS U.S.-CHINA COOPERATION ON AIDS VACCINE RESEARCH. **ALSO IN JUNE, OUR DIRECTOR OF DRUG POLICY (GENERAL BARRY MCCAFFREY), WAS IN CHINA TO DISCUSS COMMON DRUG RELATED ISSUES, INCLUDING THE FOSTERING OF** ~~AN~~ **INCREASED SCIENTIFIC AND TECHNICAL EXCHANGES CONCERNING DRUG ABUSE PREVENTION AND TREATMENT.**

I PROPOSE THAT WE STRENGTHEN AND DEEPEN OUR COOPERATION **ON BOTH HIV/AIDS AND DRUG ABUSE** THROUGH AN EXCHANGE OF EXPERTS, **PERHAPS UNDER THE AUSPICES OF OUR FORUM'S SCIENCE FOR SUSTAINABLE DEVELOPMENT WORKING GROUP** ~~TO DISCUSS THESE CRITICAL ISSUES.~~ ~~PROGRAMS FOR PREVENTING THE SPREAD OF HIV/AIDS.~~ WE MIGHT, FOR EXAMPLE, CONSIDER EXCHANGES TO SHARE EXPERIENCES BETWEEN OUR

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HEALTH DEPARTMENTS AT THE NATIONAL, REGIONAL, AND LOCAL LEVELS. WE COULD ALSO LOOK AT WAYS FOR EFFECTIVELY USING THE MEDIA TO EDUCATE THOSE MOST AT RISK, PARTICULARLY OUR YOUNG PEOPLE, ABOUT THE DANGERS OF **DRUG ABUSE AND HIV/AIDS**. IN ADDITION, WE SHOULD CONSIDER THE ROLE OF NGOS IN THE EDUCATION AND COUNSELING PROCESS.

COUNTERNARCOTICS (INPUT FROM ONDCP)