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# ESSAY

## FREEDOM IN EASTERN EUROPE AND THE SPREAD OF HIV/AIDS: THE UNNOTICED STORY

Michael L. Closten\* and Mark E. Wojcik\*\*

The international headlines that predominated in the media in November and December of 1989 communicated astonishing developments in the Communist Bloc countries of Eastern Europe, as people of country after country struggled to open their governments to democratic processes and as border after border was opened. However, only a few words about HIV/AIDS were reported during and since that time in connection with those developments. Where are the representatives of the media? Where are the ministers of health of those countries? Where are the agents of international health organizations? Where are the AIDS activists and educators? They may as well be on another planet.

Understandably, matters of immediacy captured the headlines at the end of 1989. People and countries sought both radical change and national stability in quick succession. The focus remains on internal political power, economic responsibility and progress, international images and relations, and sovereign autonomy. Everyone seems to be so consumed by the remarkable, sudden, and sweeping changes of the political scene of Eastern Europe that the effects of the changes on the HIV/AIDS pandemic have been almost entirely overlooked. There must be room for some concern about HIV/AIDS, especially now that the initial excitement and the first series of headline stories have passed. The

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future consequences of this neglect may be tragic. The world community is acting irresponsibly if it permits this complacency to continue. This is not just alarmist rhetoric. This is genuine criticism and concern being expressed about what has happened, and about what we cannot allow to happen any more.

It is appropriate to consider the circumstances regarding HIV/AIDS in East Germany, Czechoslovakia, Hungary, Bulgaria, and the other Communist Bloc countries of Eastern Europe prior to November of 1989. Intravenous drug use and homosexual activity were officially disfavored and discouraged to a much greater extent than in the West. The incidence of such practices was relatively small in the populations of the Communist Bloc. The number of cases of HIV/AIDS was quite small, and few people had seen firsthand the suffering of a family member, friend, or even a remote acquaintance with HIV/AIDS. Therefore, the population was less aware of, and less able to appreciate, the real danger of the HIV/AIDS pandemic. AIDS education was far less extensive and effective than it should have been, especially in the context of the subsequent freedom of movement across national boundaries. Although East Germany and Yugoslavia appeared to be further along on the HIV/AIDS learning curve than the other Communist Bloc countries, neither nation was far enough along.

The opportunities and risks attendant to personal freedom have historically been absent from the suppressed communist societies. The opportunity for travel to the West was nonexistent for most of the people of the Communist Bloc, and the opportunity for travelers from other parts of the world to enter and mingle with the citizens of those countries was restricted to varying degrees. Consequently, the populations of the Communist Bloc remained largely isolated and insulated from the spread of HIV/AIDS, unlike other parts of the world through which HIV/AIDS has spread so rapidly (due in part to the ease of international travel).

The "patient zero" theory lends support to these ideas. It became well-documented that the flight attendant who was dubbed "patient number one" and who was infected with HIV traveled the world, slept with numerous sexual partners, and probably served as the source of transmission of HIV/AIDS to a large number of individuals.<sup>1</sup> Hence, while the theory is invalid to the extent that it purports to identify the very first person with HIV/AIDS who then caused the disease to spread, it nevertheless vividly supports the idea that international travel

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1. See R. SHILTS, *AND THE BAND PLAYED ON* (1987).

opportunities contribute to the spread of HIV/AIDS. As people travel, they can, and often do, engage in such entertainments as intravenous drug use and sexual intercourse.<sup>2</sup> Obviously, the less informed those travelers are about HIV/AIDS prevention, the greater the potential for them to unknowingly or unthinkingly engage in high-risk activity.

A comparison with events in Cuba is also appropriate. Cuba had little danger of experiencing an HIV/AIDS problem of real consequence in the early 1980's because it is an island isolated from much of the rest of the globe by water, distance, and an unfriendly Communist dictatorship. However, Cuba continued to send out its military personnel and diplomatic corps to such areas as Africa and Latin America only to discover some of those personnel and diplomats were becoming exposed to HIV/AIDS. As a result, Cuba now tests all individuals returning to Cuba and quarantines those with HIV/AIDS; hundreds of its citizens have been quarantined.<sup>3</sup>

The officially reported number of cases of HIV/AIDS in the Communist Bloc countries remained nominal prior to November, 1989. As of November of 1988, for example, East Germany had reported only 6 cases of AIDS while West Germany reported 2,589 cases.<sup>4</sup> Czechoslovakia had reported only 11 cases while France reported 4,211 cases.<sup>5</sup> Poland reported 3 cases, while Italy reported 2,556 cases.<sup>6</sup> Under-reporting certainly accounts for some of the disparity in these numbers, but it cannot be denied that the number of HIV/AIDS cases in the Communist Bloc today resembles the numbers reported several years ago in the West. The fact of the insignificant reporting and under-reporting suggests that the countries of the Communist Bloc are relatively ill-prepared to deal with the issues central to the control of the spread of HIV/AIDS, especially in the context of their newly found freedom of movement.<sup>7</sup> These countries have suppressed the gay community, the drug use problem, and the extent of the HIV/AIDS situa-

2. See, e.g., Feachem & Phillips-Howard, *Risk to UK Heterosexuals of Contracting AIDS Abroad*, II LANCET 394-95 (1988).

3. See, e.g., *Australian Magazine Provides Inside Look at Cuban Concentration Camp*, N.Y. Native, Jan. 1, 1990, at 10, col. 1; *Cuba's Quarantine for AIDS*, N.Y. Times, Feb. 6, 1989, at 14, col. 1; *Rights Group Reports Continued Abuses in Cuba*, N.Y. Times, Jan. 19, 1989, at 8, col. 1.

4. World Health Organization, *Acquired Immunodeficiency Syndrome (AIDS) - Data as at 30 November 1988*, Weekly Epidemiological Record, Dec. 2, 1988, in M. CLOSEN, D. HERMANN, P. HORNE, S. ISSACMAN, R. JARVIS, A. LEONARD, R. RIVERA, M. SCHERZER, G. SCHULTZ & M. WOJCIK, AIDS: CASES AND MATERIALS 872-73 (1989).

5. *Id.*

6. *Id.*

7. See *More Zaire AIDS Cases Show Less Underreporting*, N.Y. Times, Dec. 22, 1989, at A9, col. 1, 4 (substantial underreporting of HIV has been attributed to the perceived shame associated with the disease).

tion. It is not surprising that these countries have also not developed thorough and compassionate drug education and therapy, sex education, or HIV/AIDS education and treatment.

Events then transpired quickly. The Berlin Wall and other barriers to travel to a number of those countries were removed. Millions of people who know little about HIV/AIDS and who have not really experienced HIV/AIDS in any direct or indirect way suddenly possessed the opportunity to leave their home countries and visit elsewhere — West Germany, France, Spain, Italy, Denmark, the Netherlands, Norway, Sweden, Switzerland, and other tempting places. Additionally, much of Europe is known for its openness about sex and drugs. Indeed, one news story on American television showed crowds of East Berliners flocking into “sex shops” in West Berlin and into “red light” and tavern districts of other areas shortly after the opening of the Wall.

Cynics in the world suspect that the experience for many of those accidental tourists probably compares to what most of us experienced when we first moved away from home and the supervision of our parents, whether it was summer camp, boarding school, or the first semester at college. Many of these new European tourists are youthful, energetic, curious, and rambunctious, often a deadly combination in the HIV/AIDS era.<sup>8</sup>

Can you imagine the surprise and joy of the chiefs of illicit drug and prostitution rings in other parts of Europe when they received news of unbridled travel opportunities for the oppressed people of the Communist Bloc? The market for their illegal goods and services, along with potential profit value, skyrocketed at the end of 1989.

Sadly, HIV transmission may also skyrocket. The Eastern Bloc stands at the cusp of a ravaging epidemic that it has thus far been able to control. In two to ten years, however, the Eastern Bloc and the rest of Europe may be confronting far more tremendous health problems than anticipated. Although we hope that such morbid predictions are overblown, the fear is that they may turn out to be quite accurate. The consequences of the increased incidence of HIV/AIDS in less compassionate locations indicate that there may be even greater repression and discrimination against homosexuals, drug users, and persons with HIV/AIDS, as well as any persons who are perceived to fall into any of these categories.

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8. See Worm & Lillelund, *Condoms and Sexual Behaviour of Young Tourists in Copenhagen*, 1 *AIDS CARE* 93 (1989).

It would have been ideal if the new European tourists had been met at the borders by leaflet-toting, condom distributing government workers or volunteers espousing words of caution, restraint, and education about HIV/AIDS. Sterile syringes and condoms should have been given away at the borders.<sup>9</sup> The media failed to devote space to the subject, to serve as warnings and education about HIV/AIDS, and most importantly to highlight the presence of the world's most serious disease amid the otherwise carnival-like jubilation of the moment.

Of course, none of what has been said here is to be taken as an argument against the reforms in Eastern Europe or against the elimination of restrictions on international travel. Instead, the point is that the situation has not been handled properly with respect to the HIV/AIDS pandemic.

Steps should now be taken to encourage all of the countries involved to expand their HIV/AIDS education and prevention efforts. Lives can still be saved. We need to fight the disease, not those who are living with it. Thus, refusals to allow democratic involvement, denial of international travel, mandatory HIV-antibody testing, and quarantine are not proper or adequate ways with which to confront and deal with HIV/AIDS. Those tactics result in people control, not disease control. Education, as it has been stated countless times in the battle against HIV/AIDS, is the only hope for curbing the spread of this disease. Additionally, the multi-cultural European experience emphasizes the need for written materials on HIV/AIDS to be adapted to the educational levels, reading skills, interests, and languages of diverse people.<sup>10</sup>

It is unfortunate that people and institutions have again been merely reactionary, at best. Instead of having international experts and professionals knowledgeable about HIV/AIDS observing the developments in Eastern Europe and taking immediate steps to cope with the HIV/AIDS epidemic at the borders as people began to exercise their freedom of travel, nothing much was being done as events were unfolding. Now we have lost ground and need to react and attempt to catch up to where we should already be.

This gloomy future can be avoided in part by immediately implementing adequate health education programs in the Eastern Bloc nations and furnishing health information to travelers to the West, al-

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9. *But see* Garrett, *Aids in the Soviet Bloc* Newsday, Mar. 6, 1990, at 13, col. 3. (Reporting that some gay activists distributed condoms to East German adults crossing into West Berlin the first weekend the Berlin Wall came down.)

10. Albrecht, Levy, Sugrue, Prohaska & Ostrow, *Who Hasn't Heard About AIDS?*, 1 AIDS EDUC. & PREVENTION 261, 266 (1989).

though it will be too late for some. If the West acts quickly enough to supply health and educational resources to the East, much future suffering can be prevented. Through a long and painful political and social process, the West learned the tragic consequences of denial and inaction in combating HIV infection. This mistake must not be repeated.

*Ed. Note:*

*This essay was written before authorities in the West were aware of the extent and breadth of the underreporting and warehousing of HIV/AIDS infected persons in Eastern Europe which has subsequently been reported worldwide. Additionally, there were reports of at least one group dispensing HIV/AIDS information at the Brandenburg Gate after this article was written.*