

AIDS, Bloodheads and Cover-ups: The “ABC” of Henan’s AIDS Epidemic.¹

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With a population over 92 million, Henan is the most populous province in the People’s Republic of China (PRC). It is also a province that is on the brink of experiencing one of the world’s most devastating health crises if the HIV/AIDS epidemic there continues to grow. Although the director of the Henan Provincial Health Department vigorously stated in 1995-1996, ‘There is no HIV/AIDS in Henan Province’, by 2000 it had become evident that around 500,000 to 700,000 people living in the province had contracted HIV/AIDS.² At present, in many villages in Henan Province, approximately thirty youths and middle aged people are dying from AIDS each year. The common theme among these victims is that they all sold their blood.³ While the PRC is currently experiencing serious localized HIV/AIDS epidemics throughout all its provinces, Henan Province has emerged as an area of particular interest, largely because of the role that blood selling has played in the spread of HIV/AIDS transmission there. This paper explores the major transmission modes of HIV/AIDS in the PRC, particularly in Henan, how the ‘bloodheads’ have caused possibly millions of rural poor to contract the virus, as well as the controversial role that the government has played in the epidemic and the resultant cover-up. While initially very little was known about Henan’s AIDS epidemic, official ‘leaks’, testimonies by AIDS activists and doctors in the region, and growing pressure from international groups has drawn much attention to the province’s AIDS crisis. While the increased attention by the Chinese Ministry of Health into health crises after

the SARS outbreak in 2003 offered the promise of a more transparent handling of epidemics in the PRC, it remains to be seen whether the lessons learned from SARS will truly be implemented.

The spread of HIV/AIDS through blood selling is relatively unique to China, and is the method by which HIV/AIDS has reportedly been most transmitted among the majority Han population. While the situation in Henan has now been exposed, local authorities continue to prevent journalists from visiting HIV/AIDS areas there, and open discussion of HIV-tainted blood remains taboo. Furthermore, research on HIV transmission and the blood situation is discouraged, and activists who exposed the blood scandal, such as Wan Yanhai, have been jailed.

FIRST CASES

HIV/AIDS was first diagnosed in the PRC in 1985, and infection rates have been increasing continually since then. Like other countries, the pattern of infection can be divided into phases. The first phase of infection in China occurred between 1985 and 1988. Infection numbers during this period were small and were generally imported. Infected persons mainly comprised of foreigners or Chinese who had lived overseas, and those infected typically lived in the coastal cities.⁴

The period 1989 to 1993, marks the second phase of HIV/AIDS infection in the PRC and is generally recognised as a limited epidemic. Throughout this period, HIV/AIDS infection was largely found among intravenous drug users (IDUs) of Yunnan Province, in addition to continuing infections among those living in the coastal cities. Small numbers of cases were

also detected among prostitutes, patients being treated for sexually transmitted infections (STIs) and workers returning from overseas employment.⁵

The third phase of infection is marked by the spread of HIV/AIDS transmission beyond Yunnan and the coastal provinces in 1994. This phase is ongoing and continues to the present day. Characteristic of this phase is the rapidly increasing number of infections in all regions and provinces throughout China. Transmission modes have also become more diverse, and include not only IDU and prostitution, but also commercial plasma donation/transfusion, non-commercial sexual contact and mother-to-child transmission.⁶

PRESENT CLIMATE OF HIV/AIDS

The worst-hit region for HIV/AIDS in the PRC is Yunnan Province in China's southwest, followed by the northwestern autonomous region of Xinjiang and then Guangxi Zhuang Autonomous Region in the south.⁷ Yunnan has experienced an explosion of HIV/AIDS, largely due to widespread needle sharing and more recently prostitution. Sixty percent of HIV cases in Yunnan are in three small districts all along the China-Burma border. The Mekong River (known as Lancang River in China) carries an estimated 40% of the world's heroin from Burma and Laos into Yunnan, and links Vietnam, Cambodia, Laos, Burma, Tibet, Thailand and Yunnan. It is along this route that 80% of the PRC's HIV infections have been found and 60% of the PRC's AIDS cases have been reported. The majority of those infected are young rural men and heroin addicts belonging to the Dai, Wa and Caching ethnic minorities.⁸

By the end of 2001 China had only 30,736 registered HIV cases. Most of these people were either incarcerated or hospitalized.⁹ Over the past two years China has revised its official

number upward to one million in September 2002. However, other sources, such as the United Nations Theme Group on HIV/AIDS in China (UNTGC) and the U.S. intelligence community, suggest the figure could be as high as 1.5 million to two million HIV carriers respectively. It has also been claimed that Henan province alone has 1.2 million HIV carriers and in June 2002, *The New York Times* reported that an unnamed UN official claimed that China could already have at least 6 million HIV carriers. If this figure is correct, then China has the largest HIV population in the world.¹⁰ Experts also project that the numbers of people living with HIV/AIDS (PLWHA) in China could reach 10 million by 2010 if adequate prevention measures are not taken.¹¹

Working from the UN figures, which put the PRC's HIV/AIDS rate at between 800,000 and 1.5 million in 2001,¹² the national prevalence rate is much lower than southern Africa. Due to the sheer size of China's population, these figures still are relatively low in terms of prevalence. However totals are rising swiftly. Chinese authorities and UNAIDS both suggest that HIV prevalence rates have been increasing by about 20-30 percent per year.¹³ High local prevalence levels mean that HIV could spread rapidly across the population as sexual transmission of HIV, both heterosexual and homosexual, becomes more widespread.¹⁴

A TITANIC PERIL

In June 2002, the UNTGC released a report that claimed the PRC was 'on the brink of explosive HIV/AIDS epidemics'.¹⁵ The report also predicted that education and treatment campaigns would be made difficult not only by the sheer size of the PRC and its population, but also due to poverty, lack of knowledge and poor access to condoms, as well as the regional variations in transmission modes.¹⁶ While the report recognized that the Chinese government had made 'significant progress' in recent years in the development of HIV/AIDS

laws, policies and regulations, it also criticized the government for what it saw as an ‘insufficient’ response to the rapid growth of HIV/AIDS infected persons in the PRC.¹⁷ Although the Chinese government was a signatory to the Paris Declaration at the 1994 International AIDS Summit,¹⁸ the report emphasized that the continued denial of the problem by the Chinese government had hindered an effective AIDS response in China.¹⁹

The report was a timely warning that the PRC needed to make drastic improvements to its HIV/AIDS prevention policies. By providing insights into the complex nature of the PRC’s HIV/AIDS crisis, and the idiosyncratic role that blood selling has played, it also took an important step in opening the discourse of HIV/AIDS in the PRC.

Another important step taken by Beijing was the appointment of Vice-Premier Wu Yi. Wu Yi was the health minister who was appointed to tackle SARS, after the previous health minister was stood down for his failure to adequately respond to the SARS crisis and the attempted cover-up. Wu Yi’s appointment has seen greater openness in discussion of health crises such as SARS and AIDS, and there have been positive steps taken to open discourse on HIV/AIDS in the PRC.²⁰

However, Beijing’s initial response to the HIV/AIDS epidemic was largely peripheral and its political leaders long appeared to be in denial.²¹ It was not until September 2002 that the central government began to speak openly about the PRC’s growing AIDS crisis, after a health report was leaked from the Henan Provincial Health Department.²² The report claimed that as many as 35 to 45% of blood donors in some areas of Henan Province had contracted HIV/AIDS as a result of inadequate safety precautions, and that the Henan authorities had attempted to cover up their province’s epidemic. Some critics say the cover-up occurred

largely because the provincial health department had been involved in the blood trade. During the mid-1990s, even the local army and air force were investors in the drug companies who sought to profit from the commercial demand for blood products.²³ Local authorities were also implicated in the scandal because rather than investigating officials implicated in the illegal blood collection stations and punishing them, many were simply moved to other posts and some officials were even promoted.²⁴

BLOOD SELLING

As stated earlier, the spread of HIV/AIDS through blood selling is relatively unique to China. It is also representative of the ongoing economic transformation China has been under since the 'reform and opening' policies of the late 1970s. The problem can be traced to the abandonment of the rural commune system and the resultant disintegration of the public health system in the countryside. It was in this environment that both patients and doctors needed a new way to generate finances for rural health care. The selling of blood and plasma by impoverished farmers to pharmaceutical concerns, clinics and unregulated agents called 'blood heads' became a method of raising revenue.²⁵ Throughout the early 1990s, donors were paid for their blood as a means of enticing them to donate regularly as well as to offer the rural poor a monetary supplement to offset their low incomes. In fact, one former donor described the government's blood selling program as a 'poverty-relief program'.²⁶

Since the 1950s, blood donation has been regarded as a means to supplement low incomes in parts of southern Henan. However, after its medicines containing blood plasma became popular among Chinese consumers, the blood trade became more profitable and 'companies blindly expanded their scope of production and raced to compete for supplies...completely ignoring the quality of the [collected] blood group'.²⁷ In fact, according to a report issued by

the Henan Provincial Health Department on blood selling, some farmers in Wenlou, a village ravaged by HIV/AIDS in southern Henan, admitted donating plasma eleven times in two days. When compared to Red Cross standards on plasma donation, which is once every two weeks,²⁸ even the usual donation rate in some parts of Henan, which was on average once or twice a day, is still dangerously high.²⁹

In some collection stations in Henan, farmers donated their blood in groups, and were reinjected with the pooled blood of the group after the plasma had been extracted, increasing their chances of being infected.³⁰ It is through these unsafe practices that broad segments of the Chinese population have been exposed to the disease. However, the situation is not restricted to these provinces. When one considers the new-found mobility of the rural poor, combined with HIV-tainted blood transfusions to the mix, the situation in China appears serious.³¹

The HIV/AIDS crisis and its links to blood selling were first realized after grassroots medical workers detected cases of HIV/AIDS in Henan Province in 1995 and 1996. The blood samples they took were sent to Beijing, Shanghai, Nanjing and Wuhan and the results confirmed that Henan Province had a serious HIV/AIDS epidemic.³² By 2000, the numbers of PLWHA were estimated to have reached 500,000 to 700,000, and in 2001, HIV/AIDS cases in Shangcai County were reported to double from 7,000 to 14,000. However, an official report issued by the Henan Provincial Health Department, suggests that such figures are 'unreliable'. Similarly, the results of a survey conducted in seven villages in Henan Province that found infection rates to be between 32 to 48 percent, was disregarded as being representative of a 'small minority'.³³

While the extent of the crisis remains unclear, a raid on illegal blood stations in Nanyang in 1998 highlights the gravity of the situation. Out of the 6,280 bags of blood that were confiscated during the raid, 99 bags out of a random sample of 101 were found to contain HIV positive blood.³⁴

Furthermore, in many blood-selling villages, HIV/AIDS has caused many children to become orphans.³⁵ It has also been estimated that approximately 200,000 children in Henan are either parentless or are being cared for by their grandparents.³⁶ The farmers of Henan Province believed they would never contract HIV/AIDS because it was a disease that rich people contract as a result of their 'risky' behaviour,³⁷ highlighting the poor levels of HIV/AIDS knowledge that still exist in China.

The practice of blood selling was also widely heralded as a means of financing rural health care and this too was encouraged by officials.³⁸ Campaigns in schools and villages encouraged blood donation and donors were paid 40 Yuan (\$5) for their plasma.³⁹ Therefore, it could reasonably be argued that it is because of their involvement in promoting the blood trade, and the financial benefits that they reaped from the trade, that the Chinese government, and in particular the Henan health authorities have attempted to silence and censor discussion of the issue of blood selling. The fear of litigation is another reason for the silence on HIV/AIDS by authorities. Some PLWHA have successfully sued the government because they contracted HIV from unsafe blood transfusions.⁴⁰ Hence, if blood donors were able to successfully launch a class action suit against Henan authorities, the financial impact of that suit on the provincial government would be devastating, due to the sheer numbers of victims. Another reason for the cover-up was the desire for economic investment and business

opportunities to continue in Henan Province. Many officials feared that knowledge of HIV/AIDS in Henan would scare away investors interested in the province.

An additional source of HIV transmission is through HIV-tainted blood is the practice whereby people are collecting used syringes and other medical equipment for resale as 'new' products. Shanghai medical authorities reported such an incident in August 2001, and since then have tightened controls over the disposal of medical equipment. At the time of the incident it was reported that other similar cases of used-needle deals had also been detected.⁴¹ Furthermore, as early as 1992, HIV and hepatitis contaminated blood was sold in large quantities to biological product companies in Shanghai and Wuhan. The blood was used to make products such as globulin, albumin, interferon and platelets, all of which were sold throughout China, and have infected people with HIV and hepatitis.⁴²

Although unhygienic and dangerous practices such as reusing syringes and other blood collection equipment were outlawed by the authorities in 1998, evidence suggests that these practices still continue.⁴³ It has also been claimed that unsafe blood collection stations were still operating in 2000.⁴⁴ Furthermore, the government has so far not pursued an effective public health measure to prevent the spread of HIV through blood donation. However, the Chinese government is now cooperating with the U.S. National Institutes of Health to monitor the epidemic, and the CCP Central Committee has ordered a study of the nation's HIV situation.⁴⁵

Also troubling is the fact that most PLWHA in China are not receiving adequate health care. In Wenlou, a village in Henan with high HIV/AIDS prevalence, only two doctors care for the more than 1,000 PLWHA there. Furthermore, these doctors were not educated by the Chinese

health system on caring for PLWHA, but by overseas doctors who worked in AIDS research in China.⁴⁶ This lack of training not only causes inadequate health care for PLWHA, it also contributes to stigma and discrimination against them. There have been numerous cases where medical authorities have refused to treat patients known to be infected with HIV/AIDS. It has also been reported that upon giving patients the results of a positive HIV/AIDS test, the doctor's advice has been to 'go home and die'.⁴⁷

Another breach in the duty of care of hospital and medical authorities that is quite prolific is that many medical staff do not treat a patient's HIV status confidentially. Frequently, they inform the person's work unit and family of their positive status. As a result, many PLWHA have lost their jobs and families in addition to finding out their HIV status.⁴⁸

With estimates of around 500,000 to 700,000 PLWHA, Henan Province is facing an arduous task. Like the national government, Henan authorities must acknowledge that cover-ups and denials, especially in times of major health crises, only serve to worsen the situation. The spread of HIV/AIDS in Henan Province, and the role the government played in that spread must become transparent so that all levels of government and the health authorities can adequately respond to this looming crisis. Rather than trying to cover-up their failings, the Henan Provincial authorities must take on board the lessons learned from the 2003 SARS outbreak and hastily implement effective and transparent HIV/AIDS responses. If there are no adequate responses to this epidemic soon, experts predict that HIV/AIDS in Henan will spread quickly throughout the general population and it will become increasingly difficult to contain. Hence, Henan authorities are standing at the precipice and it is up to them whether they turn back or whether they fall.

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- ¹ An earlier version of this paper was presented at the Chinese Studies Association of Australia Ninth Biennial Conference 30 June- 3 July 2005, La Trobe University, Bendigo. The author also wishes to acknowledge the Australia-China Council for a grant awarded to help in the research of this issue.
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