

A New Struggle in Vietnam

John B. Chittick, Ed.M.'88, Ed.D.'94

Last summer I found myself in Ho Chi Minh City (formerly Saigon), conducting HIV/AIDS educational seminars with doctors, educators, and students.

Surprisingly, most Vietnamese people welcome Americans wholeheartedly. Our memories of the pain and suffering of the Vietnam War may linger, but the people I met in Ho Chi Minh City claim that the past is forgotten. Their concerns now focus on how the social and political reforms will affect their economic future.

Mine was a sensitive assignment. Although, technically, I was invited by the Vietnamese government, my work was financed by a Japanese foundation interested in improving health policies in developing countries.

To further complicate matters, the medical establishment in Vietnam, well aware of the dangerous explosion of AIDS, endorsed my visit but the political wing of the

government claimed that no major AIDS problem existed. (This despite the United Nations Development Program prediction of almost 600,000 cases of HIV in Vietnam by 1998, only two years away.)

When I arrived in Vietnam the Communist leadership was instituting a new and aggressive "social evils eradication campaign" nationwide. In an attempt to drive the AIDS problem underground, police were rounding up injecting drug users and commercial sex workers to spend six months in high security detention camps.

Few attempts have been made by the government to educate this vulnerable population. One camp director told me that 70 percent of his prisoners (mostly young men in their teens or twenties) tested HIV-positive, but they are not informed of this and return home to unsuspecting wives, girlfriends, or drug partners.



For 10 weeks I conducted surveys and interviews to better understand the situation. Sex is not discussed publicly in Vietnam, so information on HIV transmission is woefully inadequate, even in high schools and universities.

Knowing that it would be crucial to meet ordinary citizens, I took to the streets, approaching strangers in the parks, in the marketplace, and in the universities. I also met with brothel workers, injecting drug users, and others who have become HIV-positive.

I was warned by government doctors not to risk going out on the streets—one doctor called the approach "too revolutionary." In Vietnam's Communist society, public meetings without a permit are banned. Some AIDS workers doing aggressive outreach in Ho Chi Minh City had been arrested and imprisoned.

If the AIDS problem were less severe, I might not have insisted on braving the streets. However, I limited the size of my meetings to minimize police attention. Many times I used interpreters, but often

These former prostitutes are now trained outreach workers dedicated to disseminating information about AIDS to their peers.





John Chittick (standing left) meets with his Peer Corps in a Ho Chi Minh City park. He used techniques such as role-playing to teach AIDS prevention strategies.

I struggled on my own with a little Vietnamese, many hand motions, and plenty of smiles. Soon I became known as "Doctor John."

I found that most young people were very interested in hearing medically sound information about AIDS, including listening to arguments promoting abstinence (or sexual postponement) and the proper use of condoms.

.....

was warned by government doctors not to risk going out on the streets.

To better spread the message about AIDS prevention, I organized the "Peer Corps," a group of 17 young women and men who volunteered to be peer educators. Spending Saturday mornings in extensive training, the corps considered this outreach as a social responsibility of the highest order.

As well as talking to people in the streets and parks, I conducted numerous video interviews. I used this footage extensively to train doctors and educators on how to measure public knowledge and vulnerability to the AIDS epidemic,

thereby helping (I hope) to design effective prevention strategies.

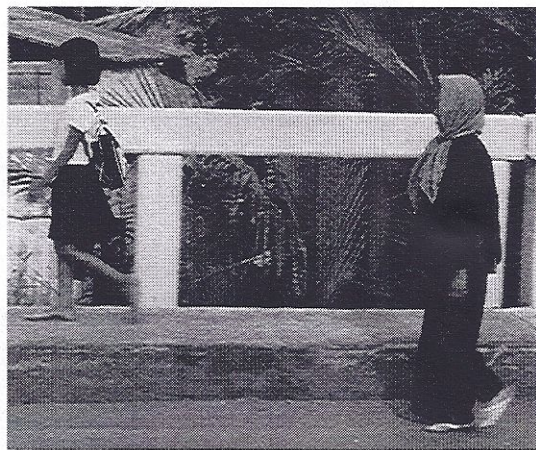
Before I left Ho Chi Minh City, I announced the implementation of the Peer Corps to the city's health authorities and the National AIDS Committee in Hanoi. I also explained to the authorities that my training and outreach programs would be described in my forthcoming book, geared to the international donor community. The Vietnamese government, reluctant to jeopardize international aid by appearing overly oppressive, has not caused problems for these young outreach workers.

Back in Boston, I finished my 400-page manuscript, which details my evaluation and lists 23 recommendations. Among my chief conclusions is the fact that AIDS prevention should no longer be considered a medical problem but an educational one. As no cure and no vaccines are available, prevention education is the only viable tool to stop the epidemic.

Vietnam is one of the world's poorest societies. The country's limited resources should be put into educating the general populace, including the well-known high-risk (by behavior) groups. Yet, even more important, Vietnam must do a better job of educating its vulnerable youth through peer involvement. Also, medical and public health professionals working in AIDS prevention must be trained in education

theory and practice to understand how to effect long-term behavioral interventions among the growing numbers of sexually active youth.

I am convinced that, in the United States, HGSE and other schools of education should begin courses of study in this area, as school administrators, teachers,



As new ways change traditional customs, Vietnamese women are increasingly vulnerable to HIV/AIDS.

and school health officials carry the major responsibility of educating our youth. I returned to my class on AIDS prevention strategies at the Harvard School of Public Health with valuable knowledge for the students I teach. ♥

John B. Chittick's book, The Coming Wave: HIV/AIDS in Vietnam is being translated into Vietnamese. An abridged version is available from the François-Xavier Bagnoud Center for Health and Human Rights at Harvard. Chittick will present his findings in a speech to the 11th International AIDS Conference in Vancouver in July.