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A STRATEGY OF CLINICAL TOLERANCE FOR THE PREVENTION OF HIV AND AIDS IN CHINA

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ABSTRACT

HIV infection and AIDS creates many dilemmas in Chinese AIDS/HIV prevention policy. A strategy of clinical tolerance is proposed to address these dilemmas. The immediate purpose of strategic tolerance is to win the cooperation of members of stigmatized groups at high risk for contracting HIV infection and AIDS, which occurs as a result of acts done in private and thus beyond the reach of regulation. The strategic of clinical tolerance differs from tolerance as a liberalism tolerance and tolerance as a moral idea tolerance. A strategic of clinical tolerance does not ask the government, health worker, health official and the public to change either laws or the disapproval of the prostitution, homosexuality and drug use. A strategy of clinical tolerance asks, instead, that we weigh what we may regard as the wrong involved in prostitution, homosexuality, and drug use against the greater evil of an HIV/AIDS epidemic. A strategy of clinical tolerance offers the most effective and practical way to confront a growing and significant public health problem in China.

Key wards: clinical tolerance, health policy, HIV/AIDS prevention

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I. AIDS EPIDEMIC IN CHINA

The first case of HIV infection was reported in China in 1985. From that date to the end of the June 1998, China officially reported 11,170 cases of HIV infection cases, including 338 cases of AIDS. Some experts estimate the actual number of HIV and AIDS cases to be 300,000-400,000. (The State Planning Commission, the State Science an Technology Commission and Ministry of Health, 1998,p.4).

The ensuing 15 years can be divided into three phases. The first phase, which began in 1985 and ended in 1988, was marked by a small number of imported cases. The majority of infected persons during this time were foreigners or overseas Chinese, and the cases appeared only sporadically in coastal cities. Four haemophiliac patients infected with HIV through imported factor VIII were reported from Zhejing.

The second phase, from 1989 to 1993, might be termed a limited epidemic. It began in October 1989 with the identification of HIV infection in 146 drug users in southwest Yunnan, a southern region bordering the opium-producing areas of Burma

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and Thailand. During this phase, the majority of reported HIV infections in china were among drug users in Yunnan. At the same time, a small number of HIV infections were reported among laborers returning from abroad, STD patients and prostitutes.

The third phase began in late 1994 when HIV transmission spread beyond Yunnan Province. A considerable number of HIV infections were reported among drug users and commercial plasma donors from various regions and national figures for HIV infection quickly grew. Increasing numbers of drug-related HIV infections were reported in Sichuan in 1995, in Xinjiang in 1996 and in Guangxi in 1997. At the same time, HIV infection by sexual contact increased, but remained relatively infrequent, and has not yet reached epidemic proportions. The first cases of vertical (mother-to-child) transmission of HIV infection were confirmed in 1995. (2)

Over the last decade, a network of Anti-epidemic Stations has been charged with responsibilities for the control of AIDS. Monitoring centers were set up in all of provinces and in autonomous regions, including Shanghai and other large cities throughout the country. More than 7,000,000 individuals have been tested to date. HIV screening can be conducted in more than 400 laboratories, while confirmatory tests are available in 26 centers. 60 national HIV sentinel sites were set up. The laws and regulations have been

issued such as Law of Health Quarantine, People's Republic of China Law of Infectious Diseases Prevention and Control, Methods of Implementation, Decision on Drug-abuse Prohibition, Certain Regulations on AIDS Monitor Management and Methods of STD Prevention and Control Management.

In March 1990,a medium plan for the prevention and control of AIDS, in line with global policies modified to reflect Chinese characteristics was adopted by the Ministry of Health. In 1995, the China MOH issued a document called "Suggestions on strengthening AIDS Prevention and Control", which proposed several key measures for combating HIV/AIDS, in essence outlining the focal points for subsequent AIDS prevention activities. The evolution of China's AIDS policy led in 1997 to the elaboration of the Chinese multisectoral medium- long-term plan for AIDS prevention and control. Organized by the State Planning Commission, the State Science and Technology Commission and the Ministry of Health, this plan is intended to give guidance to national and international partners in matters of AIDS prevention strategies activities well into the next century.

II. INTOLERANCE AND THE PREVENTION OF HIV INFECTION IN CHINA

China's current HIV prevention policies are insufficient, given the enormous risk posed to its population. Among the chief flaws of current policy are the intolerance to AIDS patients or HIV positives, drug users, homosexuals and prostitutes.

A. *Intolerance toward the HIV/AIDS Population*

In China, The Chinese Program of education is not yet sufficient and lacks continuity. The public thinks that the AIDS and HIV population is hateful and terrifies. AIDS is regarded as a normal causal consequence of unnatural behaviour. The attitude of many health officials and health workers toward HIV-positive individuals and AIDS sufferers, and to those most at risk for these conditions, is marked by intolerance. These attitudes are shared by much of the general population as well.

An investigation altogether 811 individuals including administration officers, health care workers, hotel staff, workers and students in Shandong province in 1993 shows that 75.5% persons consider that AIDS is a punishment by God. 60% persons propose that the AIDS/HIV patients should be isolated. An investigation in Beijing inhabitants in 1997 shows that the most of inhabitants regard the AIDS/HIV population as "an evil member of the herd". Investigations in the university students in Herbai and Jiangxi provinces in 1997 show that 70% and 40% students propose that the AIDS/HIV patients should be isolated. In addition, showing by an investigation in 1996 in Chengdu, more than half of health care workers do not like to treat AIDS/HIV persons.

This intolerance is a serious impediment to the development of an effective HIV prevention policy in China. Because most of health care workers do not know how to keep secret for AIDS/HIV persons, most AIDS/HIV cases opened to the public and caused the picnic. Most AIDS/HIV persons are meeting by indiscrimination. They lost the work or salary. Some of them lost the health coverage. Moreover, their wives or children lost work or school. After an HIV positive person came back his hometown, everyone who is living the village knows the news and does not dare to talk with him. Villages don't allow the HIV positive to drink the water sharing by them. In the end, they paid the travel cost for the HIV positive and let him go out of his hometown.

The indiscrimination has led to incidents, which have been widely discussed and debated. Other instances of unfair treatment of AIDS patients and HIV positives have caused additional controversy, and moreover caused some serious problems for the controlling of HIV transmission. Some of HIV/AIDS persons strike back by the more danger behaviour against the public. For example, one person who was infected by the blood transfusion in hospital lost his job. Because he was not treated fairly, he disregarded the advice of health workers and failed to maintain contact with health authorities.

B. *Intolerance toward drug users*

Of the 11,170 HIV- positives in China, 66.9% are drug users. There are some 520,000 known drug users recorded by public security in China. The real number, however, is estimated by the relevant authorities to be several times higher. In Yunnan, Xinjing, Guangxi and coastal cities there is a high proportion of heroin users. In Neimenggu, Ningxia, Qinghai and Hebei there is a greater proportion of non-injection opium users. In 1996, HIV positive cases were reported at the Yining and Urumqi Cities surveillance sites in Xinjing: the HIV infection rates among drug users were 76% in Yining and 38% in Urumqi. In 1997, HIV infection was also reported from Pingxiang and Baise in Guangxi. One report from Baise showed that 61 of the 79 drug users' blood samples were HIV positive.

With respect to the rapid spread of HIV among drug users, Some experts recommend a clean needle and a using methadone instead of heroin programs for the addicted drug users following the experience of USA, Australia, Hongkong and other countries. Some polices objects this suggests appealing to the prohibiting law. The public also regards the drug users as a crime, who should be punishing by law instead of help by clean needle or methadone.

The Chinese government's stance with regard to opium/heroin trafficking and drug use is to punish severely. Even though there are many rehabilitation centers and clinics for opium/ heroin users all over China, Some run by public security departments, some run by medical staffs or local communities, However, at the present time, only detoxification programs are available, no maintenance programs have yet been tried out. However, the relapse rate is very high, as much as 70-90%, some addicted drug users will infected others by the affect of heroin. So, the intolerance existing in public or the police is a serious impediment to the development of an effective HIV prevention policy for drug user in China.

C. Intolerance about homosexuals and prostitutes

Sexual transmission has shown signs of increase in recent years. From the analysis of transmission risk factors, we can see number infected through sexual contact is second only to transmission through intravenous drug use. The Chinese prostitute and homosexual population are another major AIDS/HIV high-risk populations in the spread of HIV in China.

There is no clear picture of how many homosexuals are currently infected with either STDs or HIV. In Beijing one general hospital treated 38 HIV positive or AIDS patients, of whom 12 were infected though homosexual activities. It is that perhaps up to 10% of the HIV infection in some cities at present are caused by unsafe homosexual activities. Varying rates of condom use in male homosexual intercourse have been reported: two-thirds of persons inviewed in Beijing, just over a third in Nanjing and a quarter in Tianjin.

Even though the HIV risk does not stem primarily from homosexuality in China, but moral and medical misunderstandings and intolerance of homosexuality make it more difficult to identify, address, and overcome any HIV infection that occurs though homosexual relations. As in many aspects of China's culture, intolerance pervades both official and unofficial intolerance attitude and policies. Homosexuals are disturbed by the police in some cities for the maintenance of "social security". Some psychiatrists still regard homosexuality as a disease neglecting the standard of W.H.O. Not all-medical doctors have established a good relationship with homosexual patients. Much of the public thinks that homosexuality is immoral, abnormal, impermissible and disgusting. Some homosexuals were punished by the discharge from job for "immoral behavior." Even though the attitude of Chinese government is more tolerance to the homosexuals, present plans to call a meeting and for homosexuals to attend the governments discuss HIV transmission are impeded by the official and unofficial attitudes and policies. There are still have no effective measures to educate such population.

The number of prostitutes and their clients arrested in 1996 was 420,000. In the estimation of public security, however, the actual number of male and female prostitutes is about three to four million, roughly ten times the number reported. One study in Hainan showed that about 30% of prostitutes had used a condom in their last sexual intercourse. It has been estimated that the HIV infection rate ranges from 0.01% to 1% among prostitutes.

The mobile population following the reforms in China's economic structure, which is estimated to reach 100 million, lives far away from their homes without traditional cultural and moral constraints. It is easier for these people to engage in high-risk behaviour. The mobile population together with the prostitutes fosters the spread of HIV infection. Legal prohibitions made those prostitutes and their customers go underground and thus beyond the reach of education for AIDS prevention. The illegality makes the prostitutes vulnerable to the demands of their clients for condom use. Also possession of condoms has been used as evidence of prostitute in some places in China, As a result, prostitutes are less likely to carry condoms. Thus intolerance increases the their chance to becoming infected and to infect others.

III. A STRATEGY OF CLINICAL TOLERANCE FOR THE PREVENTION OF AIDS IN CHINA

The intolerance both explicit and implicit in Chinese HIV/AIDS prevention has forced some Chinese policy makers to recognize that an intolerant policy is self-defeating and unnecessarily costs lives. They have therefore attempted to develop more tolerant policy in recent years. Rigid, intolerant public policy risks failure in the war on AIDS. AIDS and HIV prevention policies must be tailored to the features of this disease.

A. *Tolerance and the liberalism*

When we ask that people living in diverse communities practice "tolerance," we are calling on them not to attempt to prohibit those with whom they disagree to live according to their beliefs and values, and that those with whom they disagree be treated with respect. That we tolerate an act substantially means that we don't use force to stop others from doing it, although we can try to persuade them from doing it, and that we don't use state force to make it illegal, although we believe it wrong and never want to engage in it.

The requirement of tolerance stems from the political philosophy of liberalism. Liberals take for granted the likelihood that within a single nation there may be many moral communities, which do not share the same belief system and values. According to liberalism, members of a moral community should permit members of other communities to decide for themselves what they think is wrong, what they do not want to do, and which life styles they dislike. Each moral community, in this view, should give freedom to the others. (3)

Tolerance, as a liberalism moral ideal, requires that all individuals and groups belonging to different cultures and traditions should tolerate and respect one another. It suggests more flexible identities, more open to the acceptance of difference, of plurality and of alternative life styles. It wants to overcome all conflicts by reconciling the particular and the universal within the context of an open and egalitarian community.

In the liberal view, disagreements between the different moral communities exist all time and the members of different moral communities have to live together as neighbors or coworkers by seeking common ground while reserving differences. Some populations, such as homosexuals, have in common a style of life. Others, such as prostitutes and drug users, may have some distinctive moral views. This tolerant ideal gives these members of different moral communities more freedom, builds a more equal relationship among them and helps to make society more supportive of diverse outlooks and goals. John Stuart Mill called upon society to view "man as a progressive being" and made an appeal to an individuality, which should be allowed to develop itself in all its "manifold diversity". (4)

Critics of liberalism have noted that ideal seems to require that we should be allowed to sell heroin in open market places and that people should be allowed to sell their sexual services. Legal prohibitions on prostitution and on drug use, in this view, should be abolished. These suggestions are deeply shocking to many people even in the most liberal countries of the world, and with rare exceptions the prohibitions remain in place of China. Not to say, in contrast with Western individuals-oriented social and political philosophy, the Chinese collective-oriented social and political philosophy always focuses on the community, society, country or nation. The tolerance of liberalism is real a far cry from current Chinese culture. It can be proved by the fact that the efforts of some Chinese experts for changes in the laws that prohibit the prostitution have been objected severely.

Given this climate of opinion, the liberalism tolerance for AIDS policy in China which require public tolerance for the populations at high risk for AIDS and HIV infection will be ineffective in the short term, however laudable their goals. Homosexuals, drug users, and prostitutes will not attain equal social and moral status in the next few years.

Greater tolerance of the values and choices of these populations, and an easing of the stigmatization to which these populations are subjected, might be desirable, because these changes might reduce the risk of AIDS transmission. While efforts to promote greater public tolerance of stigmatized groups, and indeed to promote philosophical liberalism as a governing principle, may be useful and desirable, but these do not and cannot constitute a reliable policy for the prevention of AIDS in China. Yet the stigmatization and alienation of these populations constitutes a danger to public health.

B. *The moral ideal of tolerance*

Apart from the liberalism tolerance, someone advocate moral acceptance of prostitution homosexuality in dispute with the indiscrimination. We can call it a moral idea way. Some Chinese experts discuss the moral views of natural and unnatural forms of human sexual behavior, the definitions of promiscuity and homosexuality, morality of monogamy, and the sexual worker and the behavior are not the sins. Chinese policy makers and bioethicists have undertaken a large scan effort for the moral idea that seems a general tolerance to the stigmatized populations.

In order to develop policies involving prostitutes and homosexuals who enhance rather than damage public health, many national or international conferences on the topics of HIV/AIDS and prostitution, HIV/AIDS and homosexuality have been held in recent years. Some experts argue that AIDS policies should concentrate, not on recommendations about safer sex education and safer sex

methods for the prostitute and homosexual, but on direct moral advocacy. Even though they do not agree state use force to make it illegal, they try to persuade public from doing intolerance on stigmatized populations. This persuade or discuss continue for many years, and still not been settled down. But sometimes the intolerance existing in public or the police is a serious impediment to the effort to development of an effective policy for HIV prevention policy in China.

Because the attitudes which support prohibitions of such behaviour are so deeply rooted, AIDS prevention policies which require tolerance of this behaviour and of those who act in these ways is bound to face strong resistance. These attitudes have been dominant for a long time and are unlikely to change now. AIDS policy cannot require that we settle all differences in these beliefs, since we probably cannot.

C. *Clinical tolerance and the professional role*

AIDS is a disease that has great potential for generating social disruption, and because it is spreading very rapidly in China and in the world. We need a more suitable tolerance strategy. This tolerance strategy would not require that China follows the tolerance of liberalism, or that the public in general ceases its disapproval of homosexuality, prostitution, and drug use.

While I remain in favor of efforts to change public attitudes toward these stigmatized groups, I turn my immediate focus on professional roles and the particular settings where nurses, physicians, and their health officials carry out their medical duties. There is something from a health care code of ethics that could be appealed to. The code promulgated by China's Minister of Health instructs the medical personal to "heal the wounds, rescue the dying, practice socialist humanitarianism", to "respect the patient's responsibility and his or her rights, treat all equally without discrimination". The professional role morality seems to define a strategic tolerance for the AIDS prevention. We can regard HIV positives, drug users, and homosexuals and prostitutes same as AIDS patients, for these populations are at high risk of AIDS and HIV infection. Surely, when the lives of so many are at stake, the higher value should be placed on prevention of an AIDS epidemic. Those in these professional roles must create a tolerant social atmosphere for fighting the common enemy-- AIDS/HIV.

The transmission of AIDS occurs in the course of sexual intercourse, of childbearing, and of intravenous drug use. The central epidemiological and clinical feature of AIDS is that the transmission of HIV occurs in the context of the most intimate social relationships. This feature makes direct government coercive efforts to abate the disease particularly inappropriate and possibly ineffective. For example, regulation of sexual activity is difficult and usually fails. To prohibit all high risk behavior, much of which happens in the most intimate social relationships, is not as easy for the authorities as stopping speeding car. Private acts can lead to critical social consequences. For this reason, threats have limited usefulness in stopping the spread of AIDS. Since the behavior, which can spread AIDS, is often invisible to the health system and to the authorities, the cooperation of those at risk is essential. To the extent that intolerance of HIV-positive populations and those at high risk alienates these populations and drives them underground, it may cause the spread of AIDS and HIV infection.

A strategy of clinical tolerance focused on the professional roles might result in increased cooperation by HIV positive people and those at high risk. Liberalism tolerance and tolerance as a moral idea, however, is not easily achieved. Whatever the consequences for public health, the fact remains that in China AIDS patients, HIV positives, drug users, prostitutes and homosexuals are marginal groups. They are stigmatized and discriminated against in Chinese society. Many, perhaps most, health officials, health workers and members of the public believe that those who have contracted AIDS should be punished rather than helped, and they do not believe that those who suffer from the infection and disease have rights which must be respected.

The prospect of an AIDS epidemic requires that those acting in medical professional roles such as physicians, nurses, and health officials set aside their personal feelings of disapproval and act in a tolerant manner toward the populations at high risk of AIDS and HIV infection. China must insist that its health professionals and health workers and officials place higher priority on the needs of those infected by the HIV virus and suffering from AIDS, and on winning their cooperation (and that of those at risk of HIV infection) in making personal, private choices which can help to avoid the spread of the disease. Personal antipathy toward these populations, and personal disapproval of their behavior, must be regarded as unprofessional conduct.

To adopt a policy of strategic tolerance does not logically imply any change in one's standards of sexual behavior. A health official or heath worker may morally disapprove of promiscuity or homosexuality, while still accepting the obligation to work for prostitutes and homosexual with compassion. Morality enters only in the sense that health officials and health workers have a moral obligation to help those who are vulnerable to AIDS/HIV and to refrain from any behavior which might alienate these patients and discourage them from cooperating in the effort to prevent the transmission of the HIV virus, even in their private acts, when the risk of detection and

punishment might be low. (5)

D. ***A strategy of clinical tolerance for the prevention of AIDS in China***

I therefore propose a strategy of clinical tolerance for the prevention of AIDS in China. The immediate purpose of strategy of tolerance is to win the cooperation of members of stigmatized groups at high risk for contracting AIDS. The selling point for a strategy of tolerance is we weigh what we may regard as the wrong involved in prostitution, homosexuality, and drug use against the greater evil of an AIDS epidemic.

I have used the phrase "strategy of clinical tolerance," because I wish to distinguish it from the more general tolerance of liberalism and tolerance of moral idea. Strategic tolerance should be regarded not as a political philosophy but as a public health strategy based on professional roles.

A *strategy of clinical tolerance* differs from *tolerance as liberalism* in that it does give freedom to any stigmatized individual. However, The strategic tolerance asks that health workers and health officials do not reject thus people and accept the obligation to relieve their suffering, simply on the basis of the fact that they are fellow human beings.

The strategic of clinical tolerance differs from a moral ideal in that it seems to tolerate the stigmatized behavior and does ask that the public or health workers change their disapproval of the stigmatized behavior. But the AIDS epidemic is an immediate and growing threat, and social changes in attitudes such as these may take decades to bring about. Instead, our immediate focus on professional roles. The prospect of an AIDS epidemic requires that those acting in medical professional roles such as physicians, nurses, and health officials set aside their personal feelings of disapproval and act in a tolerant manner toward the populations at high risk of AIDS and HIV infection.

In order to win the voluntary cooperation of the population at risk for HIV infection, health officials and health workers should be non-judgmental. They should not think about whether homosexuality, prostitution or drug user is right or wrong, but whether these people are sick or well. Their attitudes toward these kinds of behavior should play no role in their treatment of those at risk or those afflicted, nor should these attitudes be reflected in health in policies. In effect, my principle of strategic tolerance requires those health workers and health officials act as if they were liberals, even if they are not. They can behave no matter they believed that those of their patients who are stigmatized---by the public and perhaps also by the health workers, in their personal views---are good or bad people. They are acting in according with his/her professional duty simply. They should help them according to their professional obligation.

The strategic of clinical tolerance does not require that anyone cease to believe, in their personal capacities, that homosexuals, prostitutes and drug users are bad people, and that their behavior is wrong. It might be best if they did give up these beliefs and attitudes, but that is not the immediate goal of the principle of strategic tolerance. This behavior should be made part of the expectations which patients, the public and other health professionals have of anyone acting in a professional medical role. For its part, the public should acknowledge that prostitution; homosexuality and drug use are realities and that the health department must be supported in this work. The public must not try to block any work that is useful in controlling AIDS and HIV.

The moral basis for the strategic tolerance is the overriding need to prevent the calamity of an AIDS epidemic, it is supported by the medical ethics principle of non-maleficent, not doing harm, or harm minimization. Health professionals are bound by traditional Chinese medical ethics to do no harm to patients who are prostitutes, homosexuals, and drug users, just as they are bound not to harm any patients and all stigmatized population who are in danger by AIDS. Their personal antipathies are irrelevant to this requirement. Nor can the health professionals avoid this obligation by refusing to accept these stigmatized individuals as patients, since physicians share a general obligation to heal the sick. The security of all members of society requires that health officials, health workers and public respect basic rights. Beyond a right to health care, these include the rights of life, work, education, and freedom to marry. No health professional should make AIDS patients the exception in regard to any of these rights. We can appeal to the Chinese medical ethics to be the grounds of the rights. The Chinese medical ethics concern about moral sympathy to patients. Moral sympathy has the origins in Chinese traditional philosophy-Confucian. To sympathy patients and to give the chance to some people who have some sin is a virtue of Confucian' "ren"[humanity].

The strategic of clinical tolerance that relies on professional roles might not only be more humane, but might also be more effective to win the cooperation of these individuals in checking transmission of HIV, which occurs as a result of acts done in private and thus beyond the reach of regulation. To fashion a strategy tolerance can deduct the unfair and the harm to HIV-positive people. Therefore

we do not agree with the necessity of isolation. HIV-positive people may resent and oppose such an isolation policy. If HIV positives are isolate, as a result, we could expect that many that tested positive if subjected to testing would do all they could to avoid quarantine. This might include going underground, out of touch with health authorities who might be able to help them and who might try to educate them to avoid posing a risk to others.

Fighting drug abuse is a long-term process. With regard to drug users it is to rehabilitate actively, getting drug users to stop using drugs and to stay clean are also not easy. When the drug users be addicted to the drug, they can be regard as a patient. Knowing about the effective of methadone instead of heroin, promote clean needles and the rapid spread of HIV among drug users and no-drug users, Chinese government should do the best to change the intolerance, try to build the methadone clinics or the methadone and clean needle programs based on the tolerance strategy. We appreciate that Hong Kong has given 9000 HIV positive methadone treatment in 1997.

A strategy of clinical tolerance for prostitute and homosexual population can avoid the current absurdity of some Chinese experts' effort for changing the legal prohibitions and the moralistic approach to the problems of prostitute and homosexual population. We need not to think the morality about their sexual behavior and only to help them know how to prevent themselves from AIDS, to find the ways to get them out off the vulnerable situation.

The strategic of clinical tolerance directs health professionals, and also educators responsible for health education, to concentrate on the health of the population rather than on the population's personal morality. By concentrating on the population s' health, and on the health effects of sexual behavior, health workers and educators can act in their professional roles according to a strategic tolerance, promoting the use of condoms and regardless of their personal feelings about sexual behavior.

In this way, we can get the trust of these peoples and easy to work with them and win the cooperation of them for the controlling AIDS/ HIV. We can get the chance to work with some private or community organizations formed by prostitutes or homosexual and to encouraging them to use condoms and developing peer education programs targeting prostitutes, migrant populations. As a useful help, the policy based on the strategy of tolerance will truly prevent and reduce the spread of HIV.

IV. CONCLUSION

HIV infection and AIDS creates many issues for bioethicists and policy makers. Many dilemmas in Chinese AIDS/HIV prevention policy need to be solved. My strategy of tolerance needs time to refinement and application. However, I will offer policy suggestions based on it to the Chinese government, hoping that we can buy time for the control of AIDS.

I do not deny the importance of morality rules for the people and society. I endorse a strategy of tolerance, as opposed to a liberalism tolerance and a moral ideal of tolerance, only because I believe that it offers the most effective and practical way to confront the risk of a terrible epidemic in China. I greatly appreciate the approach based on moral principles and ideals that many Chinese experts have proposed for the prevention of AIDS/HIV. However, I think that the value of their proposals will be realized only over the long term. Changing our thinking about basic social philosophies and sexual values is certainly desirable, and we can and must improve our foundation theories of morality, but these studies do not constitute a strategy for containing a deadly disease.

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