

Titmuss's Warning:

Symbiosis of the trade of human blood and HIV/AIDS

Abstract: This article analyzes the relationship of China's AIDS and human blood market shaped in the period from 1990 to 1995. The author begins with discussing Richard Titmuss's warning in 1970 about the commercialization of blood collection for medical use and his proposal to conceptualize free blood donations as a "gift of life". Then the author reviews the history of China's human blood market and states that for a long time the Chinese government has been doubtful of people's enthusiasm for commonweal. Otherwise, the human blood market would not have thrived and there would not be so many victims infected with HIV/AIDS as a result of blood transfusion. Simply put, early 1990's sales of human blood in China and the rapid spread of the AIDS constitute a symbolic relationship.

I. Initiation of the warning

British Sociologist Richard Titmuss devoted major efforts to bringing into public perspectives of the safety issue of blood donation through his last academic publication *The Gift Relationship: From Human Blood to Social Policy* in 1970. He stated that ,when the idea of bestowing "gift of life" onto others rather than financial gain is upheld as the motivation of blood giving ,potential donors, who presumes that their own blood complies with health standards, will turn up at collection outlets to contribute their bit. On the contrary, the emergence of blood market forced majority of the free donations out of the way. This combined with an occasional failure of supply from remunerated donations to meet demand, has created an unexpected deficit in overall supply compared with times before the human blood market. What's more alarming, is that some remunerated donors already ill with relevant diseases, in order to maintain their qualifications for money's sake, keep quiet about their conditions, thus giving a higher ratio of virus-contaminated blood in blood collected for medical purposes than that from unremunerated sources.

Thus urged by the above-mentioned arguments, Professor Titmuss warned that if the mode of blood supply in the U.S. were to be adopted worldwide, then a detrimental blow to human altruism will be the next worst thing, and an outbreak of epidemics thereby brought about.

II. Fulfillment of the warning

China's own blood market thrived for about five years. In 1995, the central government campaign to clamp down on blood collection and supply institutions saw 579 illegal ones been banned from business. These illegal blood collection and supply institutions had been involved in blood trading where the guarantee of safety was in serious doubt. In addition, more than 738 legitimate institutions were ordered to suspend operation for revamp because of noncompliance of various extents with safety standards.

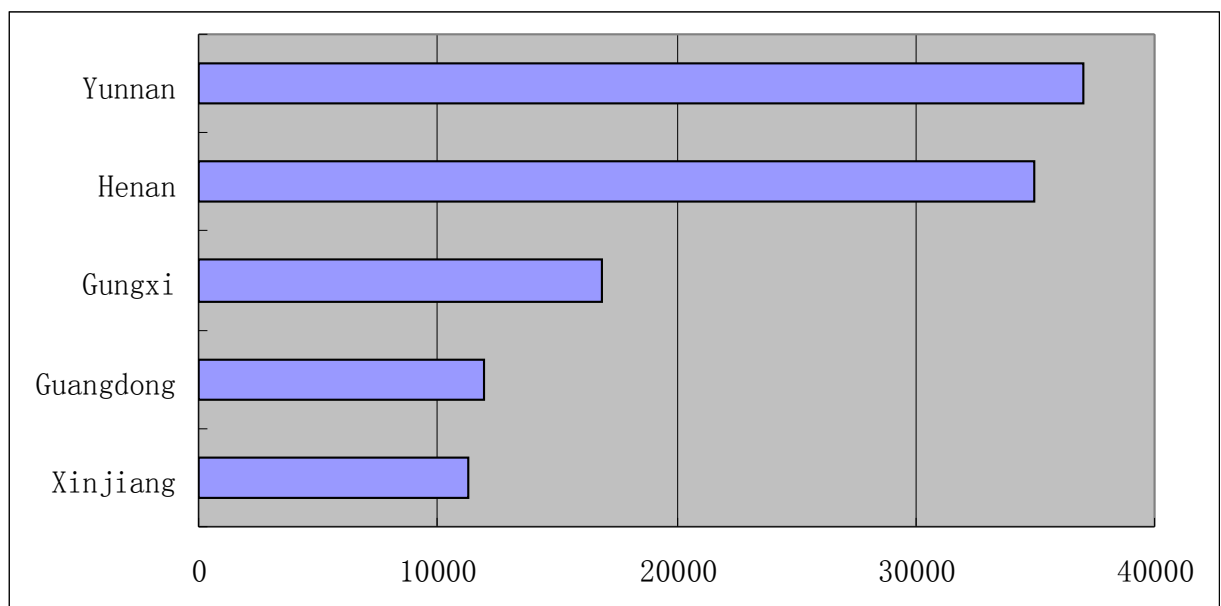
Take annual statistics for example, in 1995 alone, the number of blood stations and hospitals banned or rectified by the central government due to problematic safety in blood collecting and distributing amounted to 1317 (579+738). And the faulty safety is the very cause of the grave situation. For instance, an application to the Global Fund to Fight AIDS, Tuberculosis and Malaria by the Chinese government in 2003 noted that unregulated blood trading in remunerated collection and supply (especially those of plasmapheresis) was most rampant in seven provinces: Henan, Hebei, Anhui, Shandong, Hubei, Shanxi, Shaanxi, an estimated 250 thousand out of 1.5 million peasants in 56 counties who were exposed to the risk contracting HIV/AIDS virus. According to Doctor Zhang Ke, a veteran of HIV/AIDS in Henan Province, there were at least 600,000 people registered with hemapheresis in Henan province, in the period between 1992 and 1993, among which around 10% were estimated to have been HIV-contacted; and from 1994 to 1996, the province saw 240,000 signs of plasmapheresis, of which the infection rate was estimated at 30%.

But exactly how many peasants in the 1990s underwent plasmapheresis and hemapheresis tantamount to a malignant blood trade? A seemingly easy question, answer of which proved very hard to verify. Back then the records of blood collection were highly disordered since there were many private-run blood stations without government authorization at that time. After the

government's 1995 elimination of unqualified blood stations, the unscrupulous force staged a comeback marked by the reentry of an army of underground stations. The year-long relapse allowed many chronic peasant donors and dealers to continue their trade through imposture. Therefore, the calculation of the trade's actual recruitment of rural individuals is still very much fraught with puzzles.

Nevertheless, we're well aware that so far reported cases of HIV/AIDS on a national scale have exceeded 130,000. Grouped by provincial administrative regions, as geographical distinction of HIV prevalence was called to attention, five of them reported 10,000+ cases (Figure 1). Standing on top of that list, Yunnan Province had 3,7040 notified cases (as of the end of September, 2005); Henan Province ranked 2nd at 35,000 cases (as in the end of December, 2004); Guangxi came in 3rd with an accumulative record of 16,876 cases (as in the end of October, 2005); Guangdong sat at the 4th berth with 11,925 (as of the end of October, 2005); the 5th place was Xinjiang Uighur Autonomous Region, with 11,303 notified cases (as in the end of September, 2005). A considerable amount of HIV/AIDS patients infected via blood donation or transfusion were included in the above-listed statistics, which had been collected by the government through reliable sources.

Figure 1. Reported Cases of HIV/AIDS by Province (with 10,000+ cases)



As nearly all reported cases of HIV/AIDS in Henan Province come from risky blood collecting and distributing, we can draw a conclusion, to say the least, that in the Chinese context, trade-promoted HIV/AIDS accounted for a minimum of 27% of all recorded incidences in the country (Henan's 35 thousand infected population divided by a national gross 130 thousand). This specific figure is almost in complete agreement with those published by the Chinese government, the WHO and other international organizations in 2004, concerning the rate of blood transfusion and blood products-related HIV infections in the overall counting of recorded incidents during the year 2003.

Table 1. Transmission Routes of HIV/AIDS in China, 2003 ©

Injecting drug use	43.9%
Remunerated donation and paid supply	24.1%
Heterosexual transmission	19.8%
Male homosexual transmission	11.1%
Blood transfusion and use of blood products	0.6%
Mother-to-child transmission	0.5%

It is reasonable to reckon that since China has a large base of HIV positive blood donors, there should be a proportionate amount of blood receivers with HIV infection. As for the latter, the corresponding figure presented in Table 1 indicated a 0.6% in 2003. With the addition of 24.1% from Remunerated donation and paid supply of blood, a combined ratio of HIV infection induced by blood collection, transfusion and blood products settles at 24.7%. As heretofore demonstrated, calculations based on reported cases and official estimates lead to similar results-commercialization of medical-purposed blood collection is responsible for the victimization of about a quarter ,and highest in the world, of the Chinese HIV positive population.

III. Blood selling vs. blood donation

In the wake of the devastation of HIV/AIDS pandemic revealed by research findings, the Chinese government arrived at full recognition of the severity of the problem in 2004. But even then, the profit-making blood business was still up and running. The Chinese government had to come forth to admit that while volunteerism in blood donation had already achieved its legal base, remunerated still played a role, providing 15% of blood for clinical use. In fact, various

complications helped keep the business in tact, including set targets of voluntary blood donation for staff at government organs and their subsidiaries, as well as biopharmaceutical companies' demand for plasma.

Until mid 1980s, China's demand for blood products was largely dependent upon foreign supply, which meant then a 1.2 million USD annual bill for the government. In 1984, Chinese Academy of Sciences Academician Zeng yi discovered HIV presence in imported F VIII preparations(a human blood extract needed for transfusion treatment for leukemia patients), which prompted a timely joint promulgation (official date of issue is September 17th , 1984)by the Ministry of Public Health, Ministry of Commerce and the General Administration of Customs of *The Joint Declaration of Import Restriction on Blood Products and the Prevention of HIV/AIDS Penetration into The People's Republic of China* aimed at slapping stringent quarantine on blood product imports. On August 6th

Open Times, 2006, Issue 6



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