



KHAP

THE FIRST
VOLUME
2008

Korea HIV/AIDS Prevention & Support Center <http://www.khap.org>

● The First Volume 2008(Vol. 29) ● Publisher: Ok Ryun Moon ● Editor: Khan Woo Kwon ● Reporter: Hoon Soo Kim, Eun Jeong Jo ● Korea HIV/AIDS Prevention & Support Center(KHAP, 30-6, Donam 1-dong, Seongbuk-gu, Seoul, 136-890, Korea. Tel. 82-2-927-4322 Fax. 82-2-927-4324 Email: counsel@kaid.or.kr) ©2002 Korea Federation for HIV/AIDS Prevention All rights reserved - This publication is Funded by National Health Promotion Fund.

HOT NEWS

First Ruling Against an Extreme Invasion of Human Rights by the Human Rights Committee

An Observation on the Halt to Routine Official Discrimination

The court overruled a deportation order against an HIV infected foreigner, accepting the recommendation of the National Human Rights Committee. Despite the fact that HIV is not transmitted through ordinary social interactions, this is the first case that has put a break on the traditional routine practice of indiscriminately issuing compulsory deportation measures against foreigners infected with HIV.

According to the National Human Rights Committee, a Korean descendant Chinese, Mr. Heo (34), who has been in Korea since March 21 in 2007 following his Korean mother's invitation, had a health check-up on May 3rd and his HIV antibody test showed positive. The following day, the Seoul Immigration Service issued Mr.Heo with a deportation order. It followed the Korean Immigration law which states that foreigners who are carrying an epidemic disease, have drug addictions, and those that can be a public threat are subject to an immediate deportation either voluntarily or compelled by law. Mr.Heo filed a lawsuit to annul the deportation order measure, and on the 16th of April, the Seoul Administration Court ruled in Mr. Heo's favour.

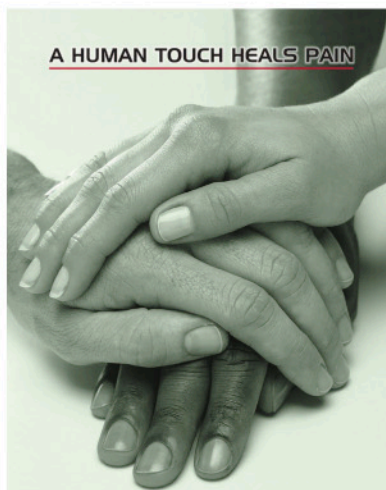


Prior to this, The Human Rights Committee submitted their opinion that the deportation order against Mr.Heo would contravene the equal rights of foreigners who must not be discriminated against on the grounds of residency rights or medical records.

Differing from the general conception, not only is HIV not transmitted through ordinary social interactions, but foreigners receiving a deportation order due to their infection with HIV, is an excessive invasion of human rights in the light of International Human Rights Standards.

The Human Rights Committee hopes that this ruling will rid the prejudice and stigma, deeply rooted in society, against people infected with HIV, and that it is also an important opportunity to rectify the prejudice against people with medical record.

According to the Disease Control Headquarters, from 1988 to last year, among 647 foreigners reported to the Immigration Service for having HIV, 521 departed Korea against their will, and 56 remain in Korea, including the cases currently under investigation.



AIDS, Foreigners, and Deportation?

Chung Jung-hun,

'Gong Gam (Non-Profit Public Interest Lawyers Group)' Lawyer,
Public Lawyers Foundation

Should foreigners infected with AIDS be deported?

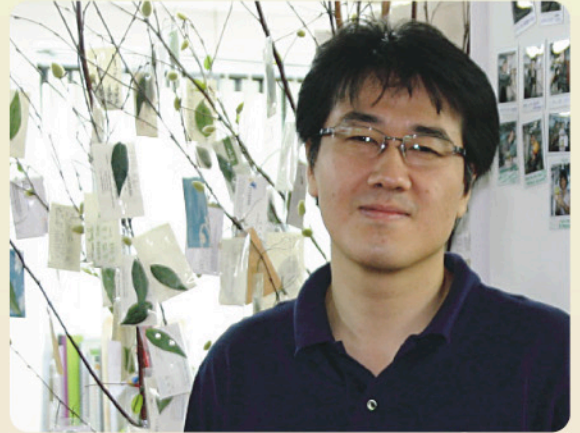
I would like to introduce one consultation case. A foreign English teacher working in Korea infected with the AIDS virus became known to the Immigration Service. Naturally, an order for his immediate departure was issued. As the foreigner was a national of a developed country, only the order for his immediate deportation was given, although normally foreigners would be placed in a detention center as soon as they received a compulsory deportation order. However, the foreigner had a long term Korean girlfriend. To prevent deportation from taking place, the couple registered their marriage immediately and appealed to the Immigration Service for leniency. But the immigration authority's response remained the same.

The sincere love I sensed between the two individuals during their legal consultation was profound. The Korean female's strong sense of solemn emotion due to her caring and concern for her new husband was tangible. There was no alternative but to proceed with the litigation.

Towards the end of the 17th session in the National Assembly, an Article of legislation was quietly revised without any media attention. This was 'the Prevention Law for the Acquired Immune Deficiency Syndrome' which was unanimously revised and announced on the 21st of March in 2008. The National Assembly in fact urgently compromised between government recommendations and the recommendations of the Human Rights Commission and introduced a revised version at the final stage of the session. During this process, nothing about infected foreigners was discussed.


The revised law of 2008 contained some systematic improvements concerning the anonymity and privacy of screening, and the results of screenings may not be notified to anyone except the patient alone. The problem lies in the words and regulations used in the law which has fundamentally derived from a viewpoint of 'supervision and control out of fear.'

At the time the 1987 law was enacted, the origins of HIV infection were not closely and sufficiently examined scientifically and medical treatments were not developed. In that light, the law merely spread 'fear' publicly that AIDS was 'a serious infectious disease leading to death' and required an immediate preventative approach. The misconception that AIDS was a disease of homosexuals and that it was spread by foreigners was reproduced out of fear, and this created a medical and eugenic foundation for prejudice as well as the exclusion of foreigners. The early Preventative Policy was implemented



from the viewpoint that the AIDS virus was brought in by foreigners, and a systematic and distinctive official routine was set up for the prompt and resolute exclusion of infected foreigners.

AIDS is, in fact, one of the types of diseases to have the lowest infectious impact. It has been established that AIDS cannot be transmitted in normal daily life. But the law still creates a discriminative gap between public perception and awareness. Even though the Article for the quarantine of Korean patients has been eliminated, the deportation of infected foreigners is still carried out. The article of this law justifies legal deportation, which is nothing more than a 'social death sentence' born out 'prejudice' and 'discrimination' of the disease reinforced by barriers of race, nationality, and sexual orientation.

But the deportation system based upon a positive medical finding can prevent foreigners from having a voluntary check up and consequently prevent the possibility of early diagnosis and treatment. Also, the fear of compulsory expulsion might trigger foreigners not to register their residence. Non-registration will mean that foreigners cannot be traced for any required treatment. The aforementioned legislative case in Korea illustrate that the Korean Immigration Service expels foreigners based on the fact that the infection is extremely rare in the country. Compulsory quarantine and deportation share the same discriminative basis. If 'compulsory quarantine' is unjust for the native, 'compulsory expulsion for foreigners' cannot be justified for the same reason. It is time for Korean society to approach this issue from a different viewpoint. 

Healthy Sex, Happy Life Early Diagnosis Program for Sexually Transmitted Diseases



스팀(STIM)은...

전국 성병전문 비뇨기과 및 산부인과 전문의 네트워크 기반으로, 아시아 요로감염 및 상병학회(AAUS)의 자문을 받아 운영되고 있으며, 약명으로 성병감진 예약과 검진결과 확인까지 가능한 사이트입니다.

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생애의 1/3은 증상이 없는 무증상 감염입니다.

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stim 성병조기진단프로그램 Advance 여성 주요성병 검사	stim 성병조기진단프로그램 Advance 남성 주요성병 검사

미국 질병관리본부 성병 검사 가이드라인 (CDC)



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STIM - PROGRAM



STIM 공지사항

· 핸드폰 결제가 추가 되었습니다.	2009-03-12
· 스캔이 KB82TV 일로뉴스터...	2007-12-06
· 입문자를 찾습니다.	2007-12-06
· 카드결제기가 가능합니다.	2007-11-11
	2007-10-27

Now, there is a way to ensure prompt and speedy diagnosis for sexually transmitted diseases online, which was not an easy feat to accomplish due to widespread social stigma. Insol Co., Ltd is an operation of the STIM-program (Sexually (Programs in the Sexually Transmitted Diseases Early Diagnosis Center, www.stim.co.kr). The STIM-Center (Sexually Transmitted Infection Management Center) is a place where STI (Sexually Transmitted Infection) is managed on the internet. Through networks of urologists, obstetricians and gynecologists in the Korea, the STIM-Center is able to provide support from organizing appointments to the sending the confirmation of screening results via the internet.

The users anonymous will be ensured and by contacting the STIM homepage, users can access the nearest hospital to obtain an authentication number which enables them to reserve and purchase a medical examination in the hospital. On the appointed date, without having their blood sample taken, their saliva and urine samples are obtained by the hospital. Upon returning home, they can check the result on the STIM site. The concerned patients can obtain accurate medical information on the internet to raise their understanding of sexually transmitted diseases. Furthermore, receiving their reservation and results online on the same day enables them to minimize the psychological burden of waiting

and to quickly ease their anxiety. Additionally, all of the online procedures, which are processed with an authentication number without enrolling users as members, guarantee the patient's personal information will not be exposed to any third parties. The STIM-program also is available for and guarantees the anonymity of foreigners, and in the future the service will be provided in English as well as Korean. Most sexually transmitted diseases are infections with no symptoms. In the most common diseases, such as gonorrhea and Chlamydia, 75% of infected

females and 50% of infected males do not realize they are infected. Consequently, they transmit the diseases to others and receive no treatment, resulting in complications for those with whom the infection has progressed. It is very important for women in particular to be aware of their infected status, as the infection could not only cause pelvic inflammatory disease, permanent sterilization, and Ectopic pregnancy (Extra-uterine pregnancy) but could also infect an unborn child in the embryonic or fetal stages of development.

PROCEDURE for Sexually Transmitted Diseases Examination in STIM

1. Online reservation: On the STIM website, the nearest clinic can be searched for and a medical examination can be reserved at the time of your choice.
2. Receipt of a reservation number or setting up your password: Upon making your reservation for an appointment, a personal reservation number is issued to you. You must also set up your secret number which will be necessary for retrieving the result of your examination.
3. Visiting a hospital for specimen collection: When you visit the clinic to provide the necessary specimen, you will be asked to produce your reservation number without having to provide any further information.
4. Confirmation of results: The results of your examination can be acquired on the internet after you enter the password selected at the beginning of the reservation process.

- **Negative:** If the first result of your examination is negative, it is better to have an additional investigation for confirmation.
- **Positive:** If your result is positive or you are told to have a further check-up, you can re-visit the clinic for consultation or treatment. You may also print out your results and visit a clinic of your choice for further treatment.



Michael Solis (msolis)

Source: OhmyNews International

Foreigners in Korea who want to determine their HIV/AIDS status understand the risks that come with testing. Unfortunately, Korea still lacks provisions that protect foreigners with HIV/AIDS from the leaking of private health information, invasive medical requirements for employment, and forcible eviction. As of 2007, Korean immigration deported over 521 foreigners who were discovered to be infected with HIV or AIDS, regardless of their legal status.

According to the European AIDS Treatment group, a total of 74 countries have some form of HIV-specific travel restrictions. South Korea is one of nine countries in the world, including the United States and China, that completely bans HIV-positive visitors, even for short-term tourist stays.

HIV-related travel restrictions raise concerns regarding the fundamental human rights of non-discrimination and the freedom of movement. Such restrictions usually take the form of a law that requires travelers to declare their HIV/AIDS status prior to or upon arrival at the receiving country. Some countries require foreigners to submit the results of an official HIV test in order to acquire specific visas, which is what foreign teachers must do now if they plan to work in Korea on an E-2 visa.

Recently, UNAIDS established an international task force to bring heightened attention to HIV-related travel restrictions, which the organization hopes to eliminate. According to UNAIDS, such travel restrictions have no public health justification, as HIV cannot be transmitted by the mere presence of infected individuals. Furthermore, travel restrictions can run counter to the safety

interests of a country concerned with the spread of contagious, threatening diseases.

Restrictive medical measures can deter foreigners from utilizing prevention and care services, thus contributing to increased individual uncertainty of private health status. Consequently, this prevents foreigners from undertaking preventative counter measures and from seeking treatment if they are in fact infected.

A case in point concerns a foreigner who acquired HIV while living in Korea. (For the sake of anonymity, we will call him "Vincent"). In 2005, Vincent tested at an anonymous clinic in Seoul. He had to wait three weeks for his results, and in the meantime he went to a regular clinic for a general medical checkup and tests.

"I specifically requested the doctor not to test me for HIV, so I assumed he did not. After one more week, I got the original [anonymous] test results back and they came out positive."

Because Vincent had not yet received his clinical testing results, he was afraid to return in case the doctor had decided to test for HIV. He went to the clinic anyway, where Vincent learned that the doctor had indeed tested for HIV. According to the doctor, the test results were negative.

"I didn't trust him," said Vincent. "So I went to Bangkok to get tested again, where I found out that my counts were really low -- a viral load of 421, which might have been less than what the Korean tests were capable of detecting, explaining the negative outcome. International standards are set at 400 while in Korea I have heard it is only detectable with a viral load over 500."

- Troubling treatment for foreigners with HIV/AIDS

"I live every day in fear that I will get caught. Not for being positive but for working illegally. I am healthy, not on medication, active and an outgoing guy in the Korean community. I organize volunteer activities for groups of Koreans and foreigners. I speak nearly fluent Korean. I got HIV here, and nowhere else."

Vincent intended to put his linguistic and professional talents to use by working for a Korean company stationed overseas. However, he wonders whether a Korean company abroad would also deny him employment on the basis of his HIV status, given the way those with HIV/AIDS are currently treated in Korea.

Fortunately, foreigners in Korea can turn to KHAP if they want to take a safe and secure HIV test. I speak from personal experience, as I decided to visit KHAP to see if the place could really live up to my hopeful expectations. I signed up online for the rapid testing service and received an email confirmation that identified me only by number. Upon arrival, I had to present this number to the front desk. I was never asked for my name during the visit, and despite being referred to by number, I was treated in a humane, respectful manner.

Because I arrived a bit early, the staff asked me to wait in their internet lounge, inside which I found pamphlets with information on HIV/AIDS and KHAP, as well as a small basket with handmade Little Travelers from South Africa for sale. After a few minutes Jo Eun Jeong, the KHAP counseling manager, guided me to another room where I had to fill out a brief questionnaire. I provided answers to a few health-relat-


ed questions, but still my anonymity had not been compromised.

Following the questionnaire, I took the HIV test, which consisted of a painless prick of my finger and a few drops of blood. Within seconds, the doctor informed me of my O+ blood type and then left to bring my blood sample to the lab for further analysis. While I waited, I spoke with Eun Jeong about the HIV/AIDS situation in Korea. Referencing UNAIDS data, Eun Jeong told me that over 980 people in Korea have died from AIDS since 1985. Additionally, approximately 4,343 people have been living with HIV since December 2007. With respect to foreigners with HIV/AIDS, 88 foreigners living in Korea were found to have been infected with HIV in 2007. Since Janu-

ary of 2008, the KHAP test center has found 5 people who have tested positive for HIV.

After about twenty minutes of conversing, my rapid results were ready. Thankfully, the news was good, and I left KHAP wearing a smile of satisfaction. I was thoroughly impressed by the highly streamlined process I had just undergone, but I think I was even more excited to have interacted with the KHAP personnel, professionals who have taken a strong and progressive stance on an issue mired by years of discriminatory sentiments and stigma.

The work that KHAP performs is vital to increasing public awareness of the issue that is HIV/AIDS in Korea. But without a proper space for dialogue, people will continue to make unfounded assumptions, hospitals and medical facilities will continue to compromise foreigners' willingness to seek professional medical assistance, and foreigners with HIV/AIDS will continue to be denied access to treatment in Korean hospitals. Many foreigners will simply live with a question mark hovering over their heads that keeps them from knowing for certain whether or not they are infected.

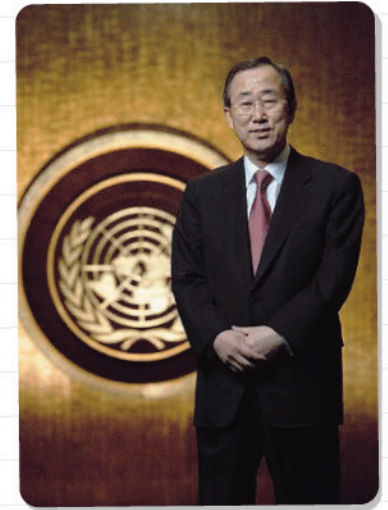
KHAP is a fundamental step in the right direction. However, the current situation for foreigners remains an untenable one that the Korean government must revise if it is to truly commit itself to making Korea a more international, foreigner and human rights-friendly land. 

- Michael Solis is a visiting researcher at the National Human Rights Commission of Korea under the auspices of the Luce Scholars Program. He is a graduate of Princeton University.



Confronting AIDS in Asia

By Ban Ki-moon



As a Korean, and the first UN Secretary-General from Asia in more than 30 years, it's no surprise that I often speak of my home continent as a model for economic development. Yet when it comes to the AIDS epidemic, I am more disheartened than proud.

Across Asia, AIDS remains the most likely cause of death of people in their most productive years. At the rate we are going, the current 5 million Asians infected with HIV will grow to 13 million by 2020. Meanwhile the death toll mounts, with some 440,000 people succumbing to AIDS each year.

Asia's flourishing economic prosperity does not help groups that are most vulnerable to the disease. People living with HIV including many in low-risk groups are denied their basic right to health.

This is deplorable, considering how little is required to contain the epidemic and help those in need. A new UN-supported survey, *Redefining AIDS in Asia: Crafting an effective response*, finds that annual investment of just thirty cents per capita can reverse the epidemic through prevention. That would translate into saving the lives of more than 200,000 people each year.

I know my continent has the resources, the technology and the ability to undertake this ambitious and life-saving mission. Asia's fast-growing economies have emancipated millions of poor people. Most countries on the continent are on track to achieve the Millennium Development Goals, our common vision for building a better world in the 21st century.

But if we fail to act, we could threaten the very prosperity that places Asia in a position to respond effectively now. We are in danger of spinning into a vicious circle where the AIDS epidemic grows so serious as to undermine economic growth and social resilience, leading to more and more infections at ever greater cost.

Experience shows Asia's ability to act in the face of grave threats. We saw this in the response to SARS five years ago. Beyond the immeasurable good of saving lives, action will bring a tangible economic boost. For every dollar we spend on preventing HIV today, the report notes, we will save eight dollars on treatment in the future.

Our response to AIDS is not only about money. It is, above

all, about people. The stigma associated with AIDS can be worse than the disease robbing people of access to basic human rights and health care, preventing them from living a dignified life, and deterring them from getting tested for HIV.

Some of my most inspiring experiences as Secretary-General have been my meetings with UN+, the group of our staff members living with HIV. Their courage and expertise have given me new and invaluable insights into the epidemic. Hearing from these people, who speak with such directness about their lives, I felt ashamed of the discrimination that people living with HIV often face around the world, and perhaps especially in Asia. Painful as these lessons may be, I value them and intend, on my next visit, to visit a facility or organization addressing the needs of those living with HIV and AIDS.

Listening is important. But beyond that we must engage with people living with HIV as we develop policies and carry out programmes to address the epidemic.

Women and girls are the main caregivers and they are also disproportionately vulnerable to HIV infection. They need special attention. We must tackle social norms that prevent women from protecting themselves, including through better legislation, or better enforcement of existing laws.

And we must guard against legislation that blocks universal access by criminalizing the lifestyles of vulnerable groups. We have to find ways to reach out to sex workers, men who have sex with men and drug users, ensuring that they have what they need to protect themselves.

It starts with Asian Governments showing leadership to invest more substantially in the fight against AIDS and move resolutely to stamp out stigma and discrimination.

This June, the UN General Assembly will hold a high-level meeting offering an opportunity to take stock and advance the global response to AIDS. I personally will do all I can as a Secretary-General and an Asian to be at the vanguard of this effort. I look to the leaders of Asia to do the same.

The writer is Secretary-General of the United Nations

Joseph Lee's RETRO VIRUS Exhibition

-> First, Introduce yourself briefly related to your work

I am a second-generation Korean-American that was born and raised in Los Angeles. In pursuit of further education I came to Korea and enrolled into the Graduate program in Ceramic Arts at Hong-Ik University. During this time I explored ceramics and its relationship to sex and sexual trends. The resulting body of work can be seen at my first solo-show in Korea, Retro Virus: Reassessing the AIDS Crisis.



become a public one and I wanted to take the opportunity and utilize this channel to re-evaluate, or reassess, the AIDS crisis and to create awareness of AIDS and HIV. Even if we DO talk about sex and AIDS, it doesn't mean that we can overcome the deadly disease, but if we don't...we definitely won't see change.

-> Your favorite work and why you like it

With this body of work, I used various materials such as epoxy resins, glass and ceramics. However, I am most proud of the work I did in the Pandemic Series, which was created primarily through the use of clay. Although I also included epoxy resins, the Pandemic Series demonstrates my understanding of ceramics and the firing process. To create the desired surface design, the pieces in this series went through multiple firings and re-applications of clay. ♡

-> What makes you get interested in this subject?

AIDS and HIV was a disease that I was made aware of back in middle-school (1990-1991). I still remember Magic Johnson of the LA Lakers making his statement on the news. My generation was one of the first generations that included AIDS and HIV into our sex education. Now here we are, nearly 20 years later, and the only cure is prevention. In a country where talking about sex is a taboo, the obvious thing to do is to take the first step.

-> What's your purpose or intention of your gallery work?

The purpose of Retro Virus is to create a dialogue in Korea about AIDS and HIV. Sex is not a topic that is easily discussed in Korea and so it can be difficult to address this issue. Art is often an arena in which the private realm can

< Joseph Lee's RETRO VIRUS >

- Date : April 30 (Opening 6:00pm) ~ May 5, 2008
- Place : 1st underground, Ssamziegil, Seoul
- visit : www.clayative.net/retrovirus for further information



A Little in Korea goes a long Way for AIDS in South Africa



On coats, backpacks, sweaters and dangling from cell phones around Seoul are tiny symbols of hope for HIV/AIDS victims and their families in far-off South Africa. Nope, these aren't your usual AIDS bibbons. In fact they are much more adorable, fashionable, personable and profound. They are beaded people-like pins called Little Travellers.



Little travellers are beautiful beaded pins made by women affected by HIV/AIDS in South Africa. Each pin is individually hand-crafted and unique.

The purchase of one of these little creatures represents much more than another charity to support. It represents an idea that one grassroots community can directly impact positive change in lives of another grassroots community. All of the proceeds of each doll make its way back to South Africa to support one hundred crafters, their families, and their community. The project is a partnership with the the Hillcrest AIDS Center in the KwaZulu-Natal province, an area with one of the highest prevalence of HIV in the world. For every little traveller that is sold, 40% goes to the crafter and 60% supports the Hillcrest AIDS Center which is constructing new Home

Base Care, Counseling and Antiretroviral Units.

The founding Little Travellers Chapter started with a small university community in Winnipeg, Canada two years ago. Since then, chapters have sprouted in almost every major city in Canada, south to North Carolina in the United States, and as of October 2007, across the ocean to South Korea. The pins are for sale at Indigo Restaurant in Hae-bangchon, Healing Hands Massage at Samgakji Station(<http://healinghands.co.kr/>) and KHAP center in Gyeongju. Mail orders or volunteer requests can be placed by emailing korea@littletravellers.net.



little travellers

KHAP

STOP AIDS!

Abstain
Be faithful
use a condom
counseling



**Counseling, Anonymous Testing
Business Hours**

Counseling
Sunday ~ Friday
(10 a.m.~6p.m.)

Free Anonymous HIV rapid testing
Seoul Center : 2nd, 4th and 5th Sunday
Ansan Center : 1st and 3rd Sunday
(10a.m.~5p.m.)

Reservation required



Counseling by Phone www.khap.org

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