



Northern European Conference on Travel Medicine (NECTM)

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June 7-10, 2006

The Dark Side of Travel: The Sex Trade

Gary Podolsky, MD

Not all consequences of travel are good.

A prime example: travelers using their positions as rich visitors manipulatively to engage sexually with locals. In many cultures and countries this is acceptable, morally and legally. Usually travel health care professionals label this as high-risk activity and counsel abstinence, use of condoms and awareness of STDs. This is a politically safe stance allowing the professional to care for their patients without allowing transference or counter-transference to interfere with treatment. However, it ignores the issue of whether exploitation is taking place.

Many countries, mostly developing ones, have acquired reputations as "hot spots" for both sexual adventurers and sources of disease. In fact, and contrary to public perception, STDs often originate from "first world" countries. Haiti and Thailand, for example, originally had HIV and other STDs imported into their countries by sexual tourists. These countries are now viewed as exporters of STDs. The original native culture was not excessively promiscuous or heavily wrought with disease, but as sex-seeking travelers frequented these countries, an environment was created that allowed for the development of high concentrations of HIV.

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Frank von Sonnenburg

Karl Neumann, MD, FAAP



ISTM has been fortunate in that every one of our Presidents has come to the office with long lists of distinguished accomplishments in the field of travel medicine and related endeavors. But the credentials of our President-elect go further. He is a "von". Frank von Sonnenburg. He has that three-letter Teutonic word tucked in between his first and last names, a word that baffles many of us, especially those of us who are of a non-Teutonic background. Does the "von" make our future leader of royal blood, perhaps a prince or a duke, disguised as an everyman in order to blend in with the rest of us? Is it proper to address him by his first name? Is there an asterisk on his blood type report that says "blue?"

"My family's origins go back many, many hundreds of years, at least to the 15th century, to the best of my knowledge," says Frank. "At one time my family owned estates and, I am pretty sure, also a castle, in what was then Southern Austria but is now Italy. Very little is known about the early von Sonnenburgs. I sometimes wonder whether this was intentional, that perhaps they had something to hide. I don't know. But during one of the numerous political upheavals that affected Europe, the land was simply taken away from my family. So, while I am still a 'von', unfortunately I no longer have the land.

"But I am far more interested in the present and in the future than in the past. I am excited by what is happening in Europe today, not what happened yesterday: European unification, for example. I consider my first nationality to be European. Whether we like it or not, borders, in Europe and elsewhere, are no longer barriers and we must adapt to this, whether it is in politics, in economics, in international health, or in the vision of the ISTM."

If nothing else, Frank is frank, outspoken. He possesses strong, well-thought out opinions on numerous subjects, usually well researched, and is never afraid to express them, even when his views are on the unpopular side. At ISTM Board meetings, for example, he presents his case convincingly, swaying the opposition with words of sugar and honey, explaining in great detail why they should change their opinions, and he instinctively knows when a consensus is forming behind him, and when to call for a vote, a vote that generally goes in his favor. He has used these talents admirably as the long time exchequer of the ISTM treasury and the overseer of many of ISTM's most successful meetings. He has ruled with tightfisted control over spending, keeping long ledgers in books, but able to recite most of the figures from memory.

If Frank were, indeed, of royalty, it would be said of him that his entire life was carefully orchestrated for him so that some day he would be prepared to rule the realm, in this case the world of the ISTM. And, mysteriously, his life and his career toward ISTM leadership started well before travel medicine was a recognized entity and before there was an ISTM. Born in Munich (his father was a publisher of art books, his mother a dentist), raised in Vienna, he trained in medicine and infectious diseases at several universities in Germany, did post-graduate work in New York and Hawaii, and carried out extensive research, mostly in AIDS, over many years, in various countries in sub-Saharan Africa and in the Philippines and Jamaica. Medline lists 76 articles that carry his name as one of the authors; and there are many other articles he has written. Presently he is Deputy Director of the Department of Infectious Diseases and Tropical Medicine at the University of Munich and Head of the Section of International Medicine and Public Health.

Frank, outspoken as ever, believes that his career decisions have eminently qualified him to lead (rule?) the ISTM. But not for the reasons that would first come to mind such as overseas experience, research in international health, having lived in developing countries, having been in charge of a travel medicine clinic, and long time association with the ISTM, for example. "Whether we like it or not, in today's world, and in nearly all aspects of medicine, having knowledge of business and finance is extremely use-

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On the individual level, counseling travelers on how not to get STDs may be helpful for individuals, but this must be considered in a global arena. Effective measures must reduce diseases imported into the developing countries. In Haiti and Thailand this approach is much too late.

The Exploitive Nature of Prostitution

Economic pressure and disparity between relatively rich travelers and relatively poor women creates a driving force for an ongoing problem of exploitative prostitution. The degree of exploitation becomes difficult to define since different societal norms are involved. Many countries make prostitution clearly illegal yet widely tolerate it. Exploitative prostitution includes the exploitation of women (or men and children), nonconsensual sex, the influence of dire poverty, the trafficking and deception of sex workers, or the involvement of children. The age of consent may be as low as 14 (Mexico) or to 18 yrs. As client and sex worker are likely to come from different cultures, age of consent becomes difficult to determine.

On a cruise in international waters a 16-year-old Mexican girl engaged in consensual sex with a 21-year-old traveler. The girl's parents wanted to initiate a charge of statutory rape against the man, and asked the ship's doctor to perform a forensic rape examination to establish evidence. The physician was conflicted. Although he agreed with the parents on moral grounds, nothing illegal had occurred.

Various permutations of ages and relationships may occur in sexual relationships. Guidelines that may help determine if an abuse of authority has occurred include:

- *The minor's age, mental development, and maturity, and the age of consent in the minor's country.* Emancipated minors may be permitted to marry younger in some cultures. Likewise, 16-year-olds living independently and working to support themselves may be significantly more mature than 25-year-old university students living in their parents' basements.
- *Age of adulthood.*
- *Situation where influence (teacher, doctor, counselor) may be abused.* Depending on the degree of authority a more significant degree of exploitation may exist.

The issue of the exploitativeness of a specific relationship may be difficult. But when there is a strong suspicion it should be reported. It may be best to seek local advice from the appropriate authority, local Social Services, police, a college of physicians and surgeons, or the teachers association, for example. In many countries, laws are being developed which will imprison those guilty in their home country. But such laws are difficult and there are few convictions.

One strategy to end or minimize exploitation of sex workers is to eliminate some of the driving push and pull factors.

Push factors include: economic disparity, breakdown of the family unit, and lack of supports that may drive people towards exploitation.

Pull factors include the allure of easy money, 'heroin chic', and the glamour of the streets ("The Pretty Woman (Julia Roberts) Effect").

Child Prostitution

This represents the most extreme form of abuse and exploitation. The widespread belief that sex with a virgin will "cleanse" one of HIV has contributed to an increased uptake in child prostitution as ever younger children are brought into the sex trade, many acquiring HIV infections. These children are exposed to diseases and trauma. The psychological damage may permanently scar them. Counseling and support are needed for these victims. In some programs, previous victims of the trade help out in counseling.

Public Perception and Sexual Tourism

Public awareness has focused on specific countries, Thailand and Cuba, for example, as countries where such tourism is well established. Due to recent crackdowns in Thailand, much of the activity has migrated to Cambodia.

But it may occur anywhere.

One Doctor involved in fighting child sex trafficking revisited a Thai village well known for such activities. He observed tourism was dead with shops or businesses doing poorly. One villager ruefully explained that the abuse was still occurring but a few miles away from the eyes of observers. While the village was now politically sanitized very little actual improvement had taken place.

Trafficking of women

Forcing young women into prostitution represents a modern form of true slavery. Away from their home country and faced with a different language and culture, these women are more easily managed, particularly if given street drugs. In Europe alone, officials estimate that more than 200,000 women and girls — one-quarter of all women trafficked globally — are smuggled out of Central and Eastern Europe and the former Soviet Republics each year, the bulk of whom end up working as enslaved prostitutes. Almost half are transported to Western Europe. Roughly a quarter of them end up in the U.S. The numbers may be larger; most women remain silent rather than turn to frequently corrupt authorities for help.

Often women are approached by locals to emigrate for legitimate purposes: marriage proposals from suitors they believed they knew, jobs such as babysitters or secretarial or data entry work, for example. They are then forced/coerced into prostitution. Certain situations encourage a growing market for prostitution, UN peacekeepers in the Balkans, for example.

Natasha, a Moldovan woman was abducted by a false suitor and transferred as a slave to Macedonia to service UN peacekeepers: "Besides the Albanians and Macedonians, there were men from France, Germany and the U.S. "They were as bad as the rest. They did anything they wanted to us. If I asked for help I would have been killed."

Human rights groups try to rescue these women but only a few hundred make their way home with the groups' help.

Various organizations have begun to set objectives and goals to find effective strategies. But this is often complicated by corruption and bribery among law enforcement officials. Not all countries agree that trafficked women are victims. Some of these countries place blame on the women - for illegally entering to work, using false documents, being prostitutes. Current efforts shift the focus from criminalizing the behavior of the trafficked person to punishing the trafficker. And distinctions must be made in the law between women forced into involuntary prostitution and women who voluntarily travel from one country to another for the purpose of prostitution. Only the former are truly trafficked.

These women are also vulnerable to revictimization. Once "rescued" and sent home

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they may be resold. Revictimization often occurs due to the lack of employment opportunities at home and the difficulties faced in reintegrating into their communities.

To preventing trafficking, countries must educate potential victims to the dangers of trafficking. Inaction in preventing trafficking constitutes a violation of international law.

In March 1999, the United Nations Office of the High Commissioner for Human Rights (OHCHR) initiated an anti-trafficking program based on two fundamental principles: that human rights must be at the core of any credible anti-trafficking strategy; and that such strategies must be developed and implemented from the perspective of those who most need to have their human rights protected and promoted. The emphasis is on legal and policy development.

The European Union (EU) has also launched programs, both within the EU and in third-party countries. These programs address discrimination and gender inequality, unemployment and poverty, and the development of judicial and law enforcement cooperation to criminalize trafficking and to protect victims.

In the United States, the Protect Act was signed in 2003. This Act allows law enforcement agencies to prosecute Americans who travel abroad and engage in sex with minors (without having to prove prior intent), expands the statute of limitations for such crimes, and imposes strict new penalties. There is a nationwide, toll-free, 24-hour hotline to report incidents of trafficking: 1-888-373-7888.

Gary Podolsky lives in Winnipeg, Manitoba, Canada where he operates a travel clinic. He has worked as a physician aboard cruise ships and on medical air evacuations with the Canadian Air Force, and has volunteered in Nepal, the Canadian North, and Ukraine. He is especially interested in cruise medicine and Arctic medicine and is planning conferences on both subjects. Presently he is organizing volunteers and collecting donations for a medical relief mission to the western Ukraine in July 2006. For more information, check his website at www.skylarkmedicalclinic.com.

In the Ukraine, in 2005, the government has made the trafficking of Ukrainian girls a top priority. In Canada, Romania has been in the news recently because of fast track immigration status for Romanian exotic dancers into Toronto, with subsequent diversion into prostitution. Widespread criticism has stopped this trafficking. Meanwhile Romanian television has an educational program addressing human trafficking from within its borders. In Bucharest, there is a human trafficking center to help victims. And most of the Balkan countries now belong to several regional organizations that fight trafficking in humans, drugs and guns. Many non-governmental agencies are also dealing with human trafficking.

What Travel Medicine Practitioners Can Do about Sexual Tourism

Counseling prospective travelers on the harmful effects they may cause by their presence and behaviors abroad may be less effective than hoped for. Travel medicine clinics may be a relatively non-threatening environment to introduce new ideas to people who at the time of this encounter may be especially receptive to new ideas. Passive non-time consuming media like leaflets, poster displays or guest speakers may become effective tools to further raise awareness of this problem.

References: Please contact Gary at gary_podolsky@yahoo.com for the references for this article.

“Passive non-time consuming media like leaflets, poster displays or guest speakers may become effective tools to further raise awareness of this problem.”

ISTM Travel Medicine Slide Set

The ISTM Professional Education and Training Committee is pleased to announce a completely revised version of the popular teaching presentation *Introduction to Travel Medicine*, a 70-slide PowerPoint slide set.

The presentation is suitable for lecturing to both professional and lay groups. Slides are grouped by subject area (e.g., Risk Assessment, Vaccines, Malaria, Travelers' Diarrhea, Other Infectious Diseases) for easy customization of lectures.

Material and teaching points are international in scope, allowing the presenter to elaborate on specific local dosing and availability issues.

Cost of the slide set is \$100 (USD) to ISTM members and \$150 to non-members. All orders must be placed via the ISTM web site. All purchasers must download the PowerPoint file from the ISTM web site after their order is processed.

Go to the download page to download the slide set after you have completed your order and received your key code.

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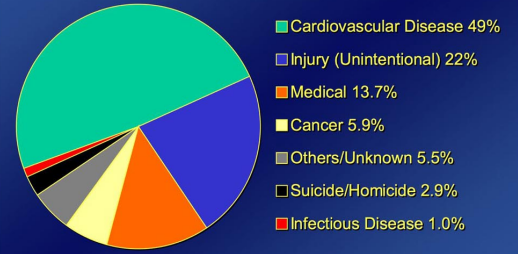


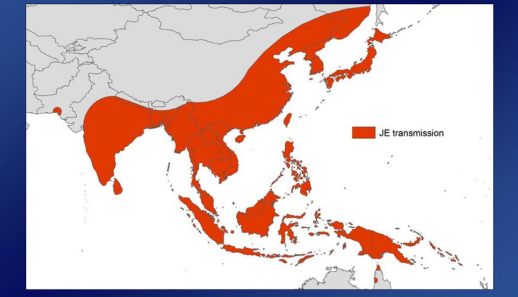

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Slide Set Samples

At right are reduced-size, low-resolution samples from the *Introduction to Travel Medicine* slide set.





<div style="display: flex; align-items: center;">  <div> <h3 style="margin: 0;">Causes of Mortality in Travelers</h3>  <p style="font-size: small; margin-top: 5px;">Ref: Hergarten SW et al. <i>Ann Emerg Med</i> 20:622-626, 1991</p> </div> </div>	<div style="display: flex; align-items: center;">  <div> <h3 style="margin: 0;">Travelers' Diarrhea Self-treatment — Antibiotic</h3> <ul style="list-style-type: none"> • Quinolone ± loperamide <ul style="list-style-type: none"> – Standard regimen: 3 days – Single dose regimen • Azithromycin <ul style="list-style-type: none"> – Alternative where <i>Campylobacter</i> predominates, e.g., SE Asia – Can be used in young children and pregnancy • Rifaximin may be used where <i>E. coli</i> predominates and no fever or blood in stool <ul style="list-style-type: none"> – Standard regimen: 3 day TID dosing </div> </div>
<div style="display: flex; align-items: center;">  <div> <h3 style="margin: 0;">Geographic Distribution of Japanese Encephalitis</h3>  <p style="font-size: small; margin-top: 5px;">Ref: Marfin A et al. <i>Infect Dis Clin NA</i> 19:151, 2005</p> </div> </div>	<div style="display: flex; align-items: center;">  <div> <h3 style="margin: 0;">Atovaquone-proguanil</h3> <ul style="list-style-type: none"> • Combination medication atovaquone (250 mg) & proguanil (100 mg) • Pediatric formulation available • Daily dosing • Causal prophylaxis <ul style="list-style-type: none"> – Kills developing stage of <i>P. falciparum</i> – Allows discontinuation soon (7 days) after departing malarious area • Gastrointestinal side effects • Expensive </div> </div>

ISTM News

Professional and Education Committee (PEC)

The Professional Education and Training Committee (PEC) of the ISTM has developed a new initiative entitled "Expert Opinion" as an educational vignette to appear on the ISTM web site.

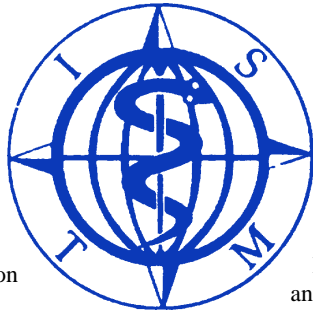
Expert Opinion presents a pre- or post-travel quandary that is answered by an invited ISTM member with expertise in the topic discussed. The international membership includes varied clinical approaches, and the expert is offering only an opinion on a particular subject and should not be taken as a directive for all patients or cases. The PEC encourages members to discuss additional aspects relating to the scenario on the listserv. The cases and Expert Opinions will be archived so that members have the ability to review previous scenarios.

This new feature will appear in the section under "Education and Training" (subtitle Education and Scientific Information) with new scenarios and opinions presented on a quarterly basis. The site is for members only, and log-in will be required. Click the following link to the case: <http://www.istm.org/webforms/members/active/opinion>.

We are assessing the possibility of accreditation for continuing medical education for physicians (CME) and continuing education for nurses (CE). The process requires that you complete a CME or CE form, after participating in the Expert Opinion exercise, with demographic information and post-test questions in order to receive credits. You would then mail, fax, or email the forms to respective administrative offices for credit.

Publication Committee

The transition to our new publisher, Blackwell, has proceeded smoothly. I wish to thank especially the hard work of Robert



Steffen and his right hand, Gaby Bossard. On the Blackwell side, Sherri Frank deserves special mention. ISTM members should have no trouble accessing the journal electronically via the ISTM home page, but let us know if you are encountering any problems. Please bear with us as we shortly make all past issues

available in PDF. Other behind-the-scenes activities include revamping the ease with which authors can use their own published material for educational purposes and facilitating the request for use of copyrighted material in subsequent articles.

Authors should review the new "Instruction for Authors" and note that submission can now be effected online via "Manuscript Central", which will be very helpful for peer reviewers and collection of statistics as well. We would like to see our impact factor higher than 0.766. I would encourage all authors to try to quote articles published in JTM whenever reasonable and regardless of where you are submitting your article.

I would also like to recognize the excellent work of Hans Dieter Nothdurft, our web editor, who has done stellar work to make our website more user-friendly and informative. If you have not browsed the website recently, I encourage you to do so. You will find, for instance, that a new feature "Expert Opinions" has been added to "Member Services", thanks to the initiative and hard work of the Professional Education Committee.

Finally, we have collected ideas for our Evidence Bases for Clinical Practice and hope to assign topics to writing panels in the near future. It is still not too late to share your thoughts on what subjects you wish to see developed. Feel free to contact me at charles.d.ericsson@uth.tmc.edu.

Charlie Ericsson

— "Frank," cont. from p. 1 —

ful, often essential. Budgeting, for example, is an extremely important concept. My career choices have forced me to learn about these things. In Munich, I head a large international department with a huge budget. I have been secretary/treasurer of the ISTM since 1997. As the overseer of several ISTM meetings with attendance of close to 2,000 and located in different countries, I had to estimate expenses, attendance, fluctuation of currencies, and numerous other economic variables. And as long time ISTM secretary/treasurer, I have to keep track of money and investments."

Other attributes that contribute to a present day successful president of an international organization include an understanding family, tolerating (even better, enjoying) travel, communication skills to be able to stay in touch with one's home and office, and the ability to stay awake at meetings after all-night flights. Frank does these fairly well, but he does admit that, if he cannot schedule a post-lunch nap after such flights, the nap may take place at afternoon meetings. (Rumors say he snores, proving that he is everyman after all.) He travels more than 200,000 miles in most years and is away from home about one out of every five or six nights.

Spare time activities? "What spare time?" says Frank. "When I was young, I played a lot of chess, and was fairly good, if I may say so myself. I played in youth championship tournaments in Austria and Germany. But chess is very time consuming. I hardly play at all anymore. When I get a chance I like to go sailing, with my family, if possible." He is married and has two sons, one studying medicine in Vienna, where Frank studied.

His vision for his presidency? "I am very fortunate that my predecessors have developed a well-organized and well-functioning organization. I generally agree with the directions the organization is going. We should work with but stay independent of government. We should place more emphasis on migration medicine. We need to convince the public and the medical community that we are about more than just helping rich tourists from rich countries stay healthy and comfortable in the developing world. In fact, there are health and safety issues in the developed world that need attention. And we should do more to develop travel medicine in Eastern Europe and in the developing world. And, very importantly, I want to make sure that all our members feel that they are part of our Society, that they have a voice in decision making."

Frank will take office in Vancouver in 2007.

Karl is the editor of NewsShare and writes frequently about travel medicine for travel medicine professionals and for the public

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