SPEECH BY THE HON TUN DR MAHATHIR BIN MOHAMAD
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"Travel Health : Views of a Statesman"

I would like to thank the Asia Pacific Travel Health Conference for this invitation to speak about Travel Health. This is a subject that we all need to focus upon because the ease of travel has very big health implications, as carriers of diseases and the vectors alike can now move worldwide to spread diseases as never before.

2. Our experience with SARS (Severe Acute Respiratory Syndrome) should wake us up to this fact that we need to rethink the ways that we use to isolate diseases and prevent epidemics which may be of worldwide proportion. We had been able to contain SARS not because we did all the right things but because the disease seemed to have burnt itself out.

3. It is a fact of history that the peoples of the continent of the Americas were free from small pox and a variety of other diseases until the Europeans migrated there. Clearly their isolation had saved the Amerindians for very many centuries from these serious diseases. Although it is systematic genocide which greatly reduced the population of Red Indians and other indigenous inhabitants, the epidemics of diseases brought by the European settlers also played a a significant role.

4. Of course the Europeans also brought modern medicine and sanitation which contributed greatly to health and longevity everywhere. The scientific approaches to dealing with diseases have helped us to identify almost all the diseases and also develop effective ways of curing them, or at least of preventing them.

5. By the second half of the 20th century we thought we knew all the diseases and their treatment or prevention. We felt very safe. Then out of the blue came the Acquired Immune Deficiency Syndrome, a disease we had not known before and which defies the kind of treatment which we know and had been effective with other diseases.

6. The first diagnosis of AIDS was made in California, America, among homosexuals mostly. Then very quickly the disease was found in Africa and Asia. Today tens of millions are suffering from it. We have still not found any really effective remedy.

7. We know it is sexually transmitted. Since travellers often indulge in illicit sex in the countries they travel to, it is quite likely that the disease, at least a percentage of it, was spread by travellers. The tragedy is that local customs in Asia and Africa does not allow wives to deny conjugal rights to their husbands. And so women and children in these regions are now blighted with AIDS.

8. Following upon the appearance of AIDS, came Ebola in Africa, Mad Cow Disease in Britain, Acute Japanese Encephalitis in Malaysia and other Asian countries,

Avian Flu and then new strains of Tuberculosis and Malaria. And then we have SARS or Severe Acute Respiratory Syndrome.

9. What seems to be happening is that new diseases are making their appearance, one by one. We can safely assume that there will be more new diseases. We cannot detect early enough as to how they will behave in order to deal with them. Will they be airborne or contagious? Will they spread very rapidly as SARS threatened to do. Will thousands die as they did during the Great Plague? Are our present methods of containing the spread of disease adequate to deal with these new diseases? These are questions we need to ask ourselves.

10. A worldwide epidemic is even more likely today because of the speed of air travel and consequently the distance we can cover over a very short space of time. Diseases take time to manifest themselves. Before the signs and symptoms appear a carrier can easily travel half way round the world. He can then disappear among the people at his destination, develop symptoms and become infectious. The task of tracing him and his contacts on the aircraft and at his destination would be horrendous. There are bound to be some who would escape detection, and would infect others before they can be detected. Considering that tens of thousands of passengers would embark from an infected area before the infection or the disease is detected, and land in dozens of countries, it is entirely possible for a worldwide epidemic to literally plague the world.

11. Our approach to preventing the spread of disease through travel is mainly by quarantine. Assuming that the passengers and crew of the aircraft he was travelling in were all exposed and likely to be infected, it would be necessary to quarantine all of them. There can be as many as 300 people who would have to be quarantined. And all these people who may not yet be infected would be condemned to exposure to any one of them who could have been infected.

12. Since we do not know how infection is spread, it must be assumed that everyone including the personnel of the quarantine station who was near anyone who later showed signs of infection are also infected and are potential carriers. They would have to be quarantined as well so that they would not go home to spread the disease. This means that if they had not been infected, their being quarantined would ensure that they would get infected.

13. Since we do not know whether the carrier who had not been quarantined might or might not have infected the people at his destinations, it is actually necessary to quarantine whole towns. Indeed effectively during the SARS epidemic whole countries were declared out of bounds and their people were not allowed to travel to other countries. The cost of doing all this is very high. But there is no choice if we want to prevent a worldwide epidemic. And yet the quarantine is not fool-proof. Some will pass through the net and the disease could still spread.

14. SARS practically arrested itself. We do not really know why. But we do know that it can recur and the same threat of an epidemic can be faced by the world again. There is no guarantee that the next epidemic would not be more virulent and more infectious.

15. The problem is that we do not know the disease. We do not really know its origins, the bacteria or the virus which caused it, what are the preconditions for its

appearance, how it is spread, how infectious it is, which part of the human anatomy it makes its entry, how to isolate it and study it in order to test it out with drugs or to produce a vaccine against it. For days and weeks we may be groping in the dark. During that time medical staff can be infected. In fact in the case of SARS, doctors and auxiliary staff were infected and died. And of course others can be expected to spread it to others. A full-blown epidemic may be on our hands before we can even understand the disease and how it spreads; before a remedy is found.

16. Perhaps this is too alarming a picture. Certainly so far, there has been no real world epidemic. But in theory there can be. What is obvious is that the world is not equipped to deal with this possibility. The measures that we have, such as quarantine, is clearly inadequate.

17. We can close borders or ground flights from infected areas. We can de-contaminate aircrafts in flight. But all these measures will be very costly, and may not prove effective. The longer the epidemic or the threat lasts, the more costly it will be.

18. Speed of detection is therefore of the essence. We therefore need to have centres devoted to rapid identification of the disease, to understand its nature and to determine the remedy and develop the vaccines. This is not a national problem but a very international one. The centres must therefore be international in every sense.

19. The centres should consist of very well-equipped laboratories, owned, financed and operated by the international community, manned by trained and competent personnel drawn from all over the world. A drill should be developed which enables the personnel to go into action as soon as there are reports of a possible unknown disease affecting travellers in particular, but ordinary people as well in any country. A special diagnostic and treatment of symptoms kit should be carried by the team and immediate physical and laboratory tests carried out on the spot. The staff must always wear protective suits.

20. Samples must be taken for full laboratory examination. The isolation of the suspect has to be determined by the experts who must also decide which of the contacts need to be isolated as well. To minimise risk of exposure of those isolated, there must be provision for isolating the suspects from each other.

21. Systems and drills should be developed to minimise the risk of infection. The samples must be quickly sent to the nearest centre where laboratory examination can be carried. The best equipment must be provided at these centres. The best methods of vaccine production must be used. There should be no Intellectual Property claims by anyone.

22. There can be no doubt that new diseases are going to make their appearances every now and again. Old diseases too might reappear in new forms and be resistant to drugs. Already we are seeing drugs resistant malaria and tuberculosis. Even plague can recur, carried by new vectors. We must assume the worst possible scenario and be prepared to deal with it.

23. The cost of setting up the centres with their well-equipped laboratories and highly qualified personnel will be prohibitive. But it will be money well spent. The international community must bear the cost. In the end it would be cheaper than handling a worldwide epidemic.

24. Today billions are being spent on development and production of weapons to kill people more efficiently and to destroy towns and cities. To build, equip and man the centres for preventing the spread of new diseases would cost only a fraction of what weapons development and production costs.

25. Quite obviously the countries of the world, in particular the poor countries, where unfortunately new diseases are most likely to appear, will not be able to put up the centres and man them. This is an international project and should be set up by an international organisation like the United Nations and financed by all the countries of the world proportionately of course. But the benefit will accrue to everyone. If an epidemic takes place, all the countries of the world will suffer. In fact since travelling costs money, it is the people of the rich countries who are likely to suffer first because they are the ones to travel most.

26. The travel industry is a very important industry. It is not just about business people or tourists travelling from one place to another. It involves insurance, ground transport, hotels and extensive tourist related businesses. If an attack like SARS is detected the travel and tourist industries are going to lose billions. Millions will be thrown out of job. SARS retarded the growth of the affected countries to a significant degree.

27. Apart from the very real danger of worldwide epidemic killing a lot of people we therefore need to ensure that the epidemic is arrested quickly so as to reduce the effect on the tourist industry and by extension the economies of the countries concerned.

28. The setting up of the centres for the early detection of contagious diseases and new diseases are therefore very important. Money spent on them would actually give worthwhile financial returns.

29. We are already screening travellers for security reasons. Methods of screening disease carriers must be developed in order to prevent epidemics of any kind. Checking the temperature may not be enough. The protection of health and immigration personnel must be enhanced.

30. I hope this conference will come up with new ideas on how to deal with the potential for the spread of infectious diseases because of the speed and the distances that the modern passenger aircraft can travel, and the masses of people moving around the world because of the convenience and relative low cost of our travel.

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