details and always requesting serological tests for syphilis, even in cases suggestive of herpes simplex.

**Two decisions of Japanese court on detained Afghan asylum seekers**

Sir—Richard Horton, in his Oct 6 Commentary,1 projects that the war against terrorism will fail. Therefore, the war against terrorism is not achieving its aim, but is killing innocent Afghan people. They seem, however, to be victims of the war not only in their homeland but also in asylum.

On Oct 3, 2001, nine Afghan applicants for refugee status in Japan were detained by Tokyo Immigration Bureau because of their illegal entry without valid visa. Allegedly, these asylum seekers were oppressed by the Taliban.

According to the international convention of refugees, these people should be protected while applying for refugee status.2 Japan’s refugee protection system is stretched, as are systems in other more-developed countries.3 During the process of application for refugee status, asylum seekers are ineligible for welfare assistance as well as health-care services and treated as illegal migrants. The refugee application process generally takes several years. Since Japan’s refugee protection system does not secure legal status of asylum seekers, it eventually allows the government to arrest them as illegal migrants at anytime at its will, without explanation for their detention.

Lawyers representing the nine detained Afghan asylum seekers took an action, at the Tokyo District Court, to contest the detention by Tokyo Immigration Bureau. As a result, two decisions were made by the court. On Nov 5, four of them were refused release because whether they sought asylum in Japan was unclear. On the next day, a different judge in the same court made an opposite decision for the remaining five because the detention was deemed to be ignoring the international convention on refugees.

Afghan asylum seekers in Japan are in a very insecure environment. We should, therefore, take into account the possibility of mental harm, especially in asylum seekers who are in detention,4 since they are at great risk of psychological trauma. As the lawyers appeal to the court, we urge the government to adopt a more humane policy for asylum seekers.5

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**WHO addresses poverty and bioterrorism**

Sir—In Clare Kapp’s Jan 19 news item1 on WHO’s campaign for health spending in less-developed nations, we note some erroneous statements.

Some of the statements about a study entitled New Products into Old Systems: the Global Alliance on Vaccines and Immunizations (GAVI)2 a country perspective are incorrect.

We were involved in the design, methods, data collection, and analysis of this study, which was facilitated, funded, and published jointly with Save the Children UK. The study looked at four countries’ experience with the application process for new vaccines from GAVI, and their perceptions about funding for systems support.

The report did not raise concerns about pharmaceutical company involvement in GAVI; this perspective came from a Save the Children press release about which the London School of Hygiene and Tropical Medicine was not consulted. A quotation in Kapp’s item about the long-term sustainability of the programme implies that the quote was taken from the study. It was not, although country-level respondents, especially some donors, did raise this concern.

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**A cure for anthrax?**

Sir—Anthrax is one of the most important life-threatening health problems, and people do not know exactly what to do against this illness. Currently, inhalation anthrax is the most important form of infection, but in the 1950s, cutaneous anthrax was a big problem for my grandmother and the people in her village.

She lived in a village about 35 km away from Ankara, Turkey, called Yaglipinar. Many inhabitants migrated from Caucasus in the time of the Ottoman Empire and were farmers working with animals.

The animals started to become ill, but the farmers did not understand why. The horses and the sheep were especially affected. Some farmers shot the horses and burned the sheep, but others cut up the sheep to use their meat before they died. A daughter, aged 18 years, of one of the farmers who used the sheep meat developed puritic and itchy lesions on her neck and hand.

There were no doctors in the village. A woman called Habibat was in charge of treating the illnesses with herbal medicines. All the medical problems including tuberculosis, amnorrhoea, allergy, and so on in the village were treated by her. The girl was taken to Habibat, at which time she had a painless red macule surrounded by brawny oedema on her neck and hand. She had skinned an ill sheep 4–5 days previously. Habibat took a wooden spoon, heated it on the fire, and used it to cauterise the wound. After a while, the girl’s neck was greatly healed, with a small cauterisation scar, as was her hand, with no scar at all.

The farmer’s daughter was my grandmother. She said that the scar had stayed for 50 years and that most of the people in our village had similar scars at various points on their bodies.

I do not know whether Habibat’s other treatments were as effective as this one. However, she had cured my grandmother’s illness. Who knows, maybe the cure of the inhalation anthrax will be as easy as this one?

**Erkin Sönmez**

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