AIDS and International Security

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At the start of the new century, the AIDS epidemic is finally receiving high-level attention on the international stage. In 2001, the UN Security Council and General Assembly held special sessions on its dangers. Committees of the US Congress and the British Parliament held similar hearings. A meeting of African heads of state declared it ‘a continental emergency’.

Emboldened by this attention, Kofi Annan, the UN Secretary-General, led a push to create a $10 billion fund to battle the spread of the disease, personally meeting nearly every major world leader. At the Davos meeting of the World Economic Forum, the annual gathering of the world’s economic and political élite, Microsoft billionaire Bill Gates, the world’s richest man, donated $100 million to the fund and urged the rest of the world’s wealthy states and individuals to follow suit.

A recurring theme at all these meetings was the growing danger presented by the epidemic, not just in terms of direct victims of the disease itself, but to international security. Speaking at the UN Security Council session, James Wolfensohn, head of the World Bank, stated, ‘Many of us used to think of AIDS as a health issue. We were wrong … nothing we have seen is a greater challenge to the peace and stability of African societies than the epidemic of AIDS … we face a major development crisis, and more than that, a security crisis’. Indeed, a significant continuity between Clinton and Bush administration worldviews is the perception of a link between AIDS and increased instability and war. Following a CIA report on how the disease increased the prospects of ‘revolutionary wars, ethnic wars, genocide, and disruptive regime transitions’, the Clinton administration declared HIV/AIDS a ‘national security threat’ in 2000. The administration was initially accused of pandering to certain activist groups, but by the time of his confirmation hearings in 2001, the new Secretary of State Colin Powell was also declaring the disease a ‘national security problem’. Similarly, US Under-Secretary of State Paul Dobriansky stated that ‘HIV/AIDS is a threat to security and global stability, plain and simple’.

The looming security implications of AIDS, particularly within Africa, are now a baseline assumption. However, the mechanisms by which ‘AIDS has changed the landscape of war’ are barely understood. This essay seeks to explain those mechanisms. AIDS not only threatens to heighten the risks of war, but also multiplies its impact. The disease will hollow out military capabilities,
as well as state capacities in general, weakening both to the point of failure and collapse. Moreover, at these times of increased vulnerability, the disease also creates new pools of militant recruits, who portend even greater violence, as well jeopardising certain pillars of international stability. In isolation, this increased risk of war around the globe is bad enough, but there are also certain types of cross-fertilisation between the disease and conflict, intensifying the threat. The ultimate dynamic of warfare and AIDS is that their combination makes both more likely and more devastating.

The direct danger of AIDS

More people will die from AIDS than from any other disease outbreak in human history, including the global influenza epidemic of 1918–19 and the bubonic plague in the 1300s. Over 22 million people worldwide have already been killed and it is projected that, at current rates, another 100m more will be infected with HIV by 2005.

<table>
<thead>
<tr>
<th>Country</th>
<th>Projected Child Mortality Per 1,000 Live Births, 2010</th>
<th>Projected Life Expectancy, 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>With AIDS</td>
<td>Without</td>
</tr>
<tr>
<td>Botswana</td>
<td>120</td>
<td>38</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>145</td>
<td>109</td>
</tr>
<tr>
<td>Burundi</td>
<td>129</td>
<td>91</td>
</tr>
<tr>
<td>Cameroon</td>
<td>108</td>
<td>78</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>121</td>
<td>84</td>
</tr>
<tr>
<td>Dem. Rep. of Congo</td>
<td>116</td>
<td>97</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>183</td>
<td>137</td>
</tr>
<tr>
<td>Kenya</td>
<td>105</td>
<td>45</td>
</tr>
<tr>
<td>Lesotho</td>
<td>122</td>
<td>71</td>
</tr>
<tr>
<td>Malawi</td>
<td>203</td>
<td>136</td>
</tr>
<tr>
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<td>119</td>
<td>38</td>
</tr>
<tr>
<td>Nigeria</td>
<td>113</td>
<td>68</td>
</tr>
<tr>
<td>Rwanda</td>
<td>166</td>
<td>106</td>
</tr>
<tr>
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<td>100</td>
<td>49</td>
</tr>
<tr>
<td>Swaziland</td>
<td>152</td>
<td>78</td>
</tr>
<tr>
<td>Tanzania</td>
<td>131</td>
<td>96</td>
</tr>
<tr>
<td>Uganda</td>
<td>121</td>
<td>92</td>
</tr>
<tr>
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<td>161</td>
<td>97</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>116</td>
<td>32</td>
</tr>
</tbody>
</table>

* Probable deaths before age 5.

Source National Intelligence Council, 2001
Africa is at the epicentre of the AIDS epidemic. Of the world’s 25 most AIDS-affected countries, 24 are in Africa, where seven countries already have infection rates above 20% of the population. Over the next decade, many of the other countries, which now have far lower infection rates, can be expected to follow this pattern: South Africa went from 1% in 1990 to 20% in 2000, while Botswana rose to 38.5%. The impact of the disease is illustrated in what Secretary Powell described as the ‘mind-boggling’ drop that has taken place in African life expectancies, eliminating the gains of the last three decades of development. Eventually, AIDS is expected to kill as many as 1 in 4 African adults.

The direct impact of AIDS will certainly not be limited to Africa. Rather, the continent provides the prelude to the disease’s likely progression in Asia, the Caribbean, Central and South America, and the countries of the former Soviet Union. In all of these areas, infection rates are rising steeply, showing patterns disturbingly similar to those in Africa 5–10 years ago. A number of nations hover just below the 5% infection rate. Once this point is passed, experience has shown that the disease’s spread accelerates rapidly and becomes difficult to control.

Within Asia and the Pacific, AIDS is growing at a rate that by 2010 could surpass Africa in the total number of infections. Already, many Indian cities are at the 5% infection figure, while China should have over 10m cases by 2010. AIDS also is spreading rapidly in Latin America, placing it third behind sub-Saharan Africa and Asia, with infection rates particularly high in Brazil and the Caribbean. The former Soviet Union is also a high-risk zone, with infection rising faster than in any other region in the world. Ukraine already has a 1% infection rate, while the HIV-positive population in Russia has doubled in the years 2000–01. Data is not as reliable for the Central Asian states, but infection rates there are assumed to be similarly high, due to poverty, poor health-care systems and significant populations of intravenous drug users. The only region other than North America and Western Europe that is expected to keep a cap on the disease is the Middle East, primarily due to conservative social mores, but this area is also experiencing infection growth in high risk populations such as intravenous-drug users.

The death toll from AIDS has already been devastating and over the next decades it portends to kill at almost inconceivable rates. These figures, though, do not tell the full story of the disease’s impact: these are fatalities without violence. The complete accounting of AIDS’ toll will not just include the obvious direct victims of the disease, but also those who suffer from its wider consequences through warfare.

**AIDS and the military**

The primary connection between AIDS and conflict appears to come from the unique linkage between the disease and the institution of the military. Studies consistently find that the average infection rates of soldiers are significantly higher than equivalent age groups in the regular civilian population. This is true across the globe, whether in the US, UK, France, or in armies of the developing world where the problem is magnified. Recent studies in Africa have found that
military infection rates are around four times that of the civilian population. During periods of war, this figure often soars to as much as 50 times higher.14

The reasons for this unhappy link are varied. In addition to being recruited from the most sexually active age groups, soldiers are typically posted away from their communities and families for long periods of time. Besides disconnecting them from traditional societal controls on behaviour, this also means that they are removed from contact with spouses or regular sexual partners. Personnel are often lonely or stressed and typically have more money than the local population, but little to spend it on. Their cloistering in bases thus tends to attract other high-risk populations, including prostitutes and drug dealers. Finally, soldiers live and work inside an institution and culture that tends to encourage risk-taking, so precautions against certain behaviour are often eschewed. In blunt terms, even in peacetime, military bases tend to attract prostitutes and soldiers usually don’t use condoms. On deployment, this problem is heightened.15

The result is that many armies are the focal point of AIDS infection in their nation and are essentially under direct attack from the disease. The average infection rate of African militaries is about 30%, but is much higher for the states that have experienced AIDS for longer periods of time. Estimates of HIV infection rates among African armies are as high as 50% in the Congo and Angola, 66% in Uganda, 75% in Malawi and 80% in Zimbabwe.16 It is the primary cause of death in many armies – even those, such as the Congo’s, which have frequently been at war over the last decade.17 It permeates the South African military to the extent that soldiers (as well as police) are prohibited from giving blood.

Militaries beyond the sub-Saharan African AIDS core – that is, from states with lower infection rates – are following this trend. For example, the army of Sierra Leone is, with British military assistance, attempting to remake itself into an effective fighting force. The discovery that as many as one in three in the army are now HIV-positive is making this more difficult.18 Similarly, one in three Russian draftees is now rejected for various health reasons, compared to one in twenty 15 years ago.19

The results are devastating for the military as an institution and can lead to a dangerous weakening of its capabilities. As Colonel Kevin Beaton of the UK’s Royal Army Medical Corps noted, ‘History is littered with examples of armies falling apart for health reasons’.20 Besides the effect on the regular troops and the general recruiting pool, the disease is particularly costly to military forces in terms of its draining effect on the skilled positions. AIDS is not only killing regular conscripts but also officers and NCOs – key personnel that military forces are least able to lose. Thus, leadership capacities and professional standards are directly suffering from the disease’s scourge. Several armies, including those of Botswana, Uganda and Zimbabwe, are already facing serious gaps in their leadership cadres. In Malawi, at least half the general staff is thought to be HIV-positive, while the army’s commander stated that he believed a quarter of his overall force would be dead from the disease within the next three years.21 This hollowing-out of militaries, particularly at the leadership
level, has a number of added implications for security. As human capacity is lost, military organisations’ efforts to modernise are undermined. Preparedness and combat readiness deteriorate. Even if a new recruiting pool is found to replace sick troops, cohesion is compromised. As they lose their leadership to an unyielding, demoralising foe, the organisations themselves can unravel.

The higher risk within the military compounds the disease’s impact by transferring it to the political level. Commanders in countries with high rates of infection already worry that they are now unable to field full contingents for deployment or to assist their nation’s allies. AIDS-weakened militaries also pose the risk of domestic instability and may even invite foreign attack. Namibia’s defence ministry, deeming AIDS to be a new form of strategic vulnerability, has treated military infection rates as classified information.22

**AIDS and state failure**

AIDS threatens not just the military but the whole state. As the disease spreads and becomes ever more pervasive, ‘it destroys the very fibre of what constitutes a nation: individuals, families and communities, economic and political institutions, military and police forces’.23 The manner in which AIDS can hollow out already weak states parallels its effect on militaries. In contrast to other epidemics, which tended to kill off the weak and infirm first, AIDS in the developing world tends to claim the lives of the more productive members of society, who are not easily replaced. Educated and well-off citizens are more mobile, and thus have often contracted the disease first. Many states have clusters of the disease in the middle and upper levels of management in both business and government, and AIDS is already being blamed for shortages of skilled workers in a number of countries.24 For example, 10% of all African teachers are expected to die from AIDS by 2005, while between 25–50% of health-care workers in stricken states such as Malawi will similarly die from the disease.25 In the words of Peter Piot, the head of UNAIDS, the UN organisation concerned with AIDS’ global impact, the disease ‘is devastating the ranks of the most productive members of society with an efficacy history has reserved for great armed conflicts’.26

The impact is felt not just in governance, but also in economic and social development. Besides acting as a new sort of tax on society, by increasing the health-care costs of business across the board, the disease also discourages foreign investment. Workforce productivity decreases, while revenues go down as the local consumer base is impoverished.27 The disease increases budgetary needs at the same time as it shrinks the tax base. The consequences could well be shattering for already impoverished states. The World Bank considers AIDS to be the single biggest threat to economic development in Africa: it is expected to reduce GDP in many states by as much as 20%, in just the next decade. The rapid spread in poverty-stricken post-Soviet states, including those in Central Asia newly important to the war on terrorism, could be equally catastrophic.28

The precise security threat here is that AIDS causes dangerous weaknesses in the pillars of an otherwise stable state: its military; its governing institutions and
The disease is accordingly no longer just a symptom but a fundamental catalyst of state crisis. As public institutions crumble and senior officials succumb to the disease, public confidence in governing bodies is further threatened.

The weakening of state bodies at points of crisis has repeatedly been the spark for coups, revolts and other political and ethnic struggles to secure control over resources. As the recent collapse of the Democratic Republic of Congo (DRC) illustrates, warlords, plunderers and other violent actors will move in to fill the void left by a failing state. That the disease is concentrating in areas already undergoing tenuous political transitions – such as Africa and the former Soviet Union – only heightens the risk of instability and state failure.

The security danger presented by failed states extends beyond the simple human tragedy played out in the ensuing chaos and collapse. While stable states outside the region might imagine themselves secure and able to stand aside from failed states, the realities of the global system no longer permit this. Major powers have clear national interests in many of the regions most vulnerable to state failure generated or exacerbated by disease. The US, for example, has economic investments in at-risk areas in Africa that are, by some measures, comparable to investments in the Middle East or Eastern Europe. Equally, a number of individual states at risk, such as Angola, Nigeria, and South Africa, are core regional allies, as well as critical suppliers of oil (roughly one-fifth of all US imports) and strategic minerals.

The threats of economic and political collapse from the disease can also lead to new refugee flows. Besides facilitating the spread of the disease, the sudden and massive population movements such collapses provoke have led to heightened region-wide tension and destabilisation. With AIDS likely to reach pandemic levels in the Caribbean and former Soviet Union, American and European governments will have to prepare for refugee crises reminiscent of the Haitian collapse and Balkan wars of the 1990s.

The more direct security threat is that failed states can become havens for the new enemies of global order. As the UN Special Envoy Lakhdar Brahimi noted, the events of 11 September were ‘A wakeup call, [leading many] … to realize that even small countries, far away, like Afghanistan cannot be left to sink to the depths to which Afghanistan has sunk’. Decaying states give extremist groups freedom of operation, with dangerous consequences a world away. This hazard applies even to seemingly disconnected state failures. Sierra Leone’s collapse in the 1990s, for example, certainly was of little concern to policy-makers in Washington and had little connection to radical Islamic terrorist groups. Evidence has since emerged, however, that the tiny West African country is connected to al-Qaeda fundraising efforts involving the diamond trade.

The new children of war
The AIDS epidemic also undermines security by creating new pools of combatants who are more likely to go to war. AIDS does not strike with equal weight across age groups. In a ‘unique phenomenon in biology’, the disease actually reverses death rates to strike hardest at mature, but not yet elderly,
adults.\textsuperscript{36} The consequence is that population curves shift, eliminating the typical middle-aged hump, almost directly opposite to the manner of previous epidemics.

Such demographic shifts have disturbing security implications. Recent research has found a strong correlation between violent outbreaks, ranging from wars to terrorism, and the ratio of a society’s young male population in relation to its more mature segments.\textsuperscript{37} Above a ratio of roughly 40 post-adolescent men to every 100 older males, violent conflict in a society becomes far more likely. In several states that are already close to this dangerous threshold, AIDS will likely tip the balance. Young men, psychologically more aggressive under normal circumstances, compete for both social and material resources, and are more easily harnessed to conflict when they outnumber other generational groups. Demagogues, warlords and criminals find it easier to recruit when the population is so distributed. Riots and other social crises are also more likely. Whatever the reason for the correlation, this worrying pattern has held true across history, from ancient times to recent outbreaks of violence in Rwanda, Yugoslavia and the Congo.

The new demographics of AIDS will also heighten security risks by creating a new pool of orphans, magnifying the child-soldier problem. By 2010, over 40m children will lose one or both of their parents to AIDS, including one-third of all children in the hardest-hit countries. These include 2.7m in Nigeria, 2.5m in Ethiopia and 1.8m in South Africa.\textsuperscript{38} India, a country in which AIDS is not yet considered to have reached crisis levels, already has 120,000 AIDS orphans.

The stigma of the disease, as well as the sheer numbers of victims, will overwhelm the communities and extended families that would normally look after them. This cohort represents a new ‘lost orphan generation’.\textsuperscript{39} Its prospects are heartrending, as well as dangerous. Besides being malnourished, stigmatised and vulnerable to physical and sexual abuse, this mass of disconnected and disaffected children is particularly at risk of being exploited as child soldiers. Children in such straits are often targeted for recruitment, either through abduction or voluntary enlistment driven by desperation.

With recent changes in weapons technology that allow them to be effective fighters in low-intensity warfare, children represent an inexpensive way for warlords, guerrilla groups and other violent non-state actors to build up substantial forces.\textsuperscript{40} This new ease of force generation means a likely increase in the number of internal rebellions and conflicts. Moreover, the doctrine behind the use of child-soldiers makes these conflicts inherently nastier. Such wars predominantly feature attacks on civilians, and atrocities are an inherent part of recruiting and indoctrination. At the same time, the lives of the child-soldiers themselves are considered cheap by those who utilise them; they tend to be deployed in a less disciplined manner, making their own losses much higher. Finally, the existence of child-soldiers is damaging to social fabric as well as their individual psyches, creating future problems down the road.

Child soldiers have appeared on contemporary battlefields without AIDS being present. The prevalence of a new, globalised mass of orphans, as well as a hollowing of local states and militaries, will make them more widespread. As a
result, violent conflicts will be easier to start, greater in loss of life, harder to end and will lay the groundwork for their recurrence in succeeding generations.

**Weakening global stability**

Just as the disease endangers pillars of the nation-state, so too does it strike at pillars of international stability and governance. In particular, AIDS presents the institution of peacekeeping, a calming influence in many of the world’s hot-spots, with a unique challenge.

As noted, a number of armies around the world have high infection rates among their rank and file as well as senior leadership. One of the heightening factors is frequency of deployment. During peacekeeping operations, forces from all over the world mix in a poor, post-conflict zone, where the sex industry is one of the few still in business. Not only are peacekeeping forces at risk of infection themselves, but they in turn present a new risk to the areas in which they are deployed and to their home states. Peacekeeping forces are in fact among the primary mechanisms of spreading the disease at a mass level to new areas. For example, in 1990s, West Africa had relatively low levels of AIDS infection. After the wars in Liberia and Sierra Leone brought in thousands of peacekeeping troops, the result was that the region became one of the new ‘hot zones’. Rates in the local populace skyrocketed, while troops from other contributing states, which had previously had low levels, became agents of spread back to their own homes.

A consequence of high AIDS prevalence in the military is that states will be less able and less willing to contribute their forces to peacekeeping operations. Around 40% of current UN peacekeepers come from countries with soaring infection rates. For most of the last decade, the US has promoted a policy of training African peacekeepers to take on African conflicts, carried out under the auspices of the African Crisis Response Initiative. The greatest challenge to this programme’s success is not a political one, but that many of the militaries participating in it, as well as other regional powers such as South Africa and Nigeria, are being decimated by AIDS.

The understandable reluctance of countries to accept peacekeepers from regions with high infection rates will thus make the already tough task of finding and deploying a robust peacekeeping operation even more difficult. The disease also provides a new stratagem for local parties to craft the makeup of peacekeeping forces to their own advantage. In the deployment of UNMEE (the UN Mission to Ethiopia and Eritrea), one of the parties used AIDS as a pretence to exclude troops from states that it felt would not be amenable to its own political agenda. The general result is that the already weak institution of peacekeeping is weakened further.

**The new costs of war**

The AIDS virus represents not only a new weapon of war, but one that makes the impact of war all the more catastrophic and enduring. AIDS has created a new tie between rape and genocide. Rape itself is certainly nothing new to
warfare. In the last decade, however, it has become organised for political and strategic purposes. In Bosnia there were camps designated for the purpose, while in Rwanda between 200,000 and 500,000 women were raped in a few short weeks. The introduction of AIDS makes such programs a genocidal practice. The chance of disease transmission is especially high during rape, due to the violent nature of the act. It appears that rape is now being intentionally used to transfer AIDS to target populations. In the conflicts that have taken place over the last years in the Congo, for example, soldiers deliberately raped women of the enemy side with the stated intention of infecting them. Their goal was to heighten the impact of their attacks and create long-lasting harm. Similarly, in Rwanda, soldiers taunted women after raping them: ‘We are not killing you. We are giving you something worse. You will die a slow death’. Likewise, the disease’s spread to rural areas in Sierra Leone came from the thousands of women raped and infected by the Revolutionary United Front.

Disease has always been part of the true cost of war. Epidemics decimated armies throughout ancient and biblical times and continued to do so well into the nineteenth century. Most of the combatant deaths during the Napoleonic Wars were from typhus. In the Crimean War, the Russians killed only a tenth as many British troops as did dysentery. Similar ratios held in the American Civil War.

The links between AIDS, militaries and warfare may make twenty-first century conflict no different. Of the countries with the highest infection rates in Africa, half are involved in conflict. And during war, as noted above, infection rates within militaries often escalate. The rates within the seven armies that intervened into the Congo are estimated to have reached as high as 50–80%. All these soldiers will die from the disease, making AIDS far more costly in lives than the limited combat that took place.

Such infected forces typically leave a swathe of disease in their wake. The original spread of infection in East Africa can be traced back to the movements made by individual units of the Tanzanian Army. Moreover, the conditions of war hinder efforts to counter the disease’s spread. In Sierra Leone and the Congo, for example, all efforts at AIDS prevention were put on hold by the breakdown of order during conflict. Valuable windows of opportunity to arrest epidemics before they reach critical stages are lost.

Wars also lead to the uprooting and amalgamation of populations, bringing groups into contact that otherwise would be unlikely to mix. In the Congo war, for example, soldiers from all over Africa converged, while civilians from rural provinces were brought into urban centres. Such mixing promotes mutations in the virus itself. Researchers have found that the conflict in the Congo has created a veritable witch’s brew of AIDS, bringing together various strains from around the continent. The resulting new strains are called ‘strange recombinants’. One scientist noted, ‘We are seeing variants [of HIV] never seen before’.

The consequences reach far beyond the scope of the fighting. For those countries who can afford them, the recent development of new multi-drug therapies (‘cocktails’) have cut the risk of death from AIDS, leading many in the
US to think that the disease is, in a sense, cured. Yet, there always remains the possibility of far more dangerous HIV strains: resistant to these latest treatments or even airborne. HIV has always displayed a high rate of genetic mutation, so this may happen regardless of wars or state collapse. That said, if such deadly new strains show up one day in the US or Europe, the multiple linkages of AIDS and warfare mean that its origin will likely be traced back to some ignored and faraway conflict.

**Conclusion**
The relationship between AIDS and increased threats of instability and war is complex, dynamic and very real. If the present trend of infection continues, the disease will kill at a rate that is almost unimaginable. The disease, however, also threatens those who are not at direct risk of infection. Its clustering in certain core social institutions threatens to set in motion events with wider political implications. Militaries could crumble, states could fall, wars could be more deadly, more frequent and harder to contain – all because of a tiny virus that targets the human immune system.

The prospects are dark, but not yet hopeless. The key phrase in the above assessment is ‘if the present trend of infection continues’. AIDS is indeed a security threat and should be treated as such, with the high-level attention and resources necessary to defend against it. A number of states, including Senegal, Thailand, and Uganda, have acted to reverse their rates of infection, illustrating that, with a programmatic approach, success is possible. That said, nearly every country has denied or minimised the threat of AIDS over the last decade.53

Containing the disease and its security implications, on the contrary, will require clear talk, a consistent message and a coherent strategy. So the first task is to break the taboo of silence that still exists about the disease; as US Secretary of State Colin Powell has put it, ‘Silence kills’. 54 Leaders in all walks of life – government, business, culture and religion – should repeat this message at every opportunity. An annual reassessment by the UN Security Council is one political mechanism that can help to keep the problem of AIDS and its security implications on the global agenda.

AIDS cannot be beaten on the cheap. Estimates are that an annual war-chest between $7–10bn is needed to fight its global spread, primarily to fund prevention programmes. The international community is nowhere near that goal, so far pledging around $1bn a year to the battle. A number of governments have donated small amounts: in May 2001, the US government gave $200m. However, if the world community is serious not only about saving lives, but preventing future chaos and calamity, it must do more than invest ‘seed money’. Approximately $200bn was spent on fighting Y2K computer ‘bugs’ that did not strike with their anticipated impact. Given the stakes involved, the real threat, and proven impact, of the AIDS virus certainly deserves at least a fraction of that attention.

Funds and political capital are limited, so they must be used as effectively as possible. This means that certain programmes and target groups must receive
greater support than others. This is a tragedy, but a reality. While the battle with pharmaceutical companies over drug treatment price-caps has received the bulk of publicity and effort, it has been a chimera of sorts. AIDS is an enemy that will be beaten only by prevention. In this, the military must be a priority, not only because of the institution’s centrality to the spread of the disease, but also the associated security implications.

That military forces are generally problem areas for AIDS is a tragic irony, for the period of military service could be a window of opportunity for prevention. Armed forces offer a disciplined and highly organised environment geared to training. Adequately funded militaries can deliver prevention programmes to a captive audience, with significant potential for changing behaviour. The new AIDS-related code of conduct being drawn up by the Nigerian military and the joint training courses carried out under the auspices of UN peacekeepers by the Ethiopian and Eritrean armies are examples of positive and creative ways to address the disease.55 The vetting of peacekeeping contingents for high infection rates, and the dedication of limited anti-viral drugs to critical military positions also merit exploration.

Finally, a new understanding of the disease–security nexus is required in order to rework old modes of military thinking. Intelligence agencies should update their threat-projection models to incorporate the disease, building in such possibilities as disease-weakened states and the threats of new strains.

Military aid programmes should also be similarly reassessed. If states genuinely cared about the capabilities and readiness of allied forces, they would integrate AIDS-prevention into military-assistance packages. A potential model is the $10m, two-year pilot Department of Defense HIV/AIDS Prevention Program (Africa), run by the US Navy Health Research Centre, which assists a small number of African militaries to establish AIDS-prevention programmes. Amazingly, this programme, which held benefits not only for the militaries but also for the local populations in general, was recently under consideration for cancellation rather than expansion.56 Other possibilities are to incorporate AIDS-prevention training into traditional training and education exchanges (such as the US-run International Military Education and Training programme (IMET) and to run multilateral military anti-AIDS efforts through forces that already have an extensive military health presence in high-infection areas, such as the French have in Africa.

AIDS is a daunting threat, but not an unbeatable foe. It is a disease that is still preventable. The present challenge is to support those programmes and leaders who are facing the hard issues of AIDS, while encouraging those now shirking their duties to respond. Thinking about AIDS as a security threat helps clarify how this scourge reaches beyond individual lives and deaths into the realm of violence and war – and thus strengthens the case for serious action. Fighting AIDS is not just a matter of altruism, but enlightened self interest.
Notes


3 Senate Majority Leader Trent Lott has said that ‘I don’t view that as a national security threat, not to our national security interests, no’. He also claimed that Clinton was trying to make an appeal to ‘certain groups’, i.e., pandering to gay voters by making that AIDS a security threat. ‘Clinton defends making AIDS a Security Threat’, www.datalounge.com, 3 May 2000.


15 UNAIDS, *AIDS and the Military*, 1998. For example, research found that 45% of the Dutch sailors and marines serving in the peacekeeping mission
in Cambodia had sexual contact with sex workers or the local population during just a five-month tour.


17 Lyne Mikangou, ‘AIDS the Number One Cause of Death in the Army’, Interpress Service, 10 January 2000.


19 National Intelligence Council, The Global Infectious Disease Threat and Its Implications for the United States. The rejections are not just for AIDS but also other infectious disease, like TB, which are often linked with the disease.

20 Quoted in Astill, ‘War Injects Aids into the Tragedy of Sierra Leone’.


24 Copson, AIDS in Africa.


28 National Intelligence Council, The Global Infectious Disease Threat and Its Implications for the United States.


For example in Ethiopia, there were recently large anti-government protests headed by children orphaned by AIDS. Three million Ethiopians are thought to be infected with HIV and about 900,000 Ethiopian children have been orphaned by the virus. ‘Ethiopia: AIDS Orphans Demonstrate’, UN Integrated Regional Information Networks (IRIN), 6 August 2001.

31 The US has a range of economic interests, from oil and gas, pharmaceuticals and telecoms, to soft drinks, amounting to just over $15 billion. Direct investment also showed a higher average return, roughly 30% for Africa compared to 17% for the Middle East.


36 Additionally, this is heightened for adult women, killing at even higher rates, such that the death rate for women in Africa in their 20s is twice that of women in their 60s. Rachel Swarns, ‘Study Says AIDS is Now


Copson, AIDS in Africa; National Intelligence Council, The Global Infectious Disease Threat and Its Implications for the United States.


Copson, AIDS in Africa.


National Intelligence Council, The Global Infectious Disease Threat and Its Implications for the United States.

‘Text: Powell Address at UN Special Session on HIV/AIDS’.
