

AIDS and International Security

P.W. Singer

Brookings Institution Foreign Policy Studies Program

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Summary:

While the security threat of the AIDS epidemic is a commonly accepted assumption, it remains little understood. There is a growing and dangerous dynamic of interaction between the disease and war. AIDS threatens to weaken militaries, fragile state institutions, and international peacekeeping, as well as creating demographic changes, all of which make war more likely. At the same time, the disease has a multiplier effect on conflicts' costs. War creates an environment in which the disease is not only more easily spread, but also in which the virus itself may morph and become even more dangerous. This mutual dynamic of a global disease, with violent political implications, strengthens the call for serious action.

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 at the US Congress and the British Parliament held similar hearings. A meeting of African heads of state declared it “a continental emergency.”¹ Emboldened by this attention, Kofi Annan, the UN Secretary General, led a push to create a \$10 billion fund to battle the disease’s spread, personally meeting with nearly every major world leader. At the Davos Forum, the annual gathering of the world’s elite, *Microsoft* billionaire Bill Gates, the world’s richest man, donated \$100 million to the fund. He then urged the rest of the world’s wealthy states and individuals to follow suit.

A recurring theme at all of these meetings was the new danger presented by the epidemic, not just in terms of direct victims of the disease itself, but also to international security. Speaking at the UN Security Council session, James Wolfensohn, the 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.”² Peter Piot, chairman of the Joint UN Program on HIV/AIDS (UNAIDS), similarly noted that “Conflicts and AIDS are linked like evil twins.”³

In fact, this connection made between the epidemic of AIDS and the danger of increased instability and war was also one of the few continuities between the way the Clinton and Bush administration foreign policy teams saw the world. Basing its assessment on a CIA report that

¹ Raymond Copson, *AIDS in Africa*, Congressional Research Service Issue Brief IB10050, May 14, 2001.

² James Wolfensohn, “Impact of AIDS on Peace and Security in Africa,” Speech delivered to the UN Security Council Special Session, January 10, 2000. www.un.org.

discussed an increased prospects of “revolutionary wars, ethnic wars, genocide, and disruptive regime transitions” because of the disease, the Clinton Administration declared it a “national security threat” in 2000.⁴ While it was originally accused of pandering to certain activist groups, by the time of Secretary Powell’s confirmation hearings the next year, the lead foreign policy voice of the new administration had also declared it a “national security problem.” He later affirmed that it presented “a clear and present danger to the world.”⁵ Similarly, US Under Secretary of State Paula Dobriansky stated that “HIV/AIDS is a threat to security and global stability, plain and simple”⁶

The looming security implications of AIDS, particularly within Africa, are thus now a baseline assumption of the disease’s danger. However, this threat has barely been fleshed out and the mechanisms by which experts claim that “AIDS has changed the landscape of war” are barely understood.⁷

This article seeks to fill this space. AIDS not only threatens to heighten the risks of war, but also multiply 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 militant recruiting pools, who portend even greater violence, as well putting in jeopardy 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

³ “AIDS in Africa: Exactly Which War Is That ?,” *Le Monde*, Jan. 29, 2000.

⁴ “Clinton Administration Declares AIDS a Security Threat.” CNN.com, April 30, 2000.

⁵ Senate Majority Leader Trent Lott said on a weekend news show 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, May 3, 2000. Powell’s statements are from US Department of State, “Text: Powell Address at UN Special Session on HIV/AIDS,” June 25, 2001, Usinfo.state.gov/topical/global/hiv/01062501.htm; “Statement of the Secretary of State Designate Colin L. Powell, Prepared for the Confirmation Hearing of the US Senate Committee on Foreign Relations, Jan. 17, 2001.; “AIDS a Security Threat Powell Says,” *Reuters*, Feb. 4, 2001.

⁶ US Department of State, “Text: Under Secretary Dobriansky on US Role in Global AIDS Struggle,” June 22, 2001. Usinfo.state.gov

cross-fertilization 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

It is no overstatement that AIDS is "...the greatest disease challenge that humanity has faced in modern history."⁸ More people will die from the disease than any other disease outbreaks in human history, including the global influenza epidemic of 1918-9 and the Bubonic Plague in the 1300s. Over 22 million worldwide have already been killed and it is projected that, at current rates, another 100 million more will be infected just by 2005.⁹

Africa is at epicenter of AIDS epidemic. Of the world's 25 most AIDS afflicted countries, 24 are Africa, with seven countries already having prevalence rates above 20% of the population.¹⁰

Over the next decade, many of the other countries, who now have far lower infection rates, can be expected to follow this pattern (for example, South Africa went from 1% in 1990 to 20% in 2000, while Botswana went to 38.5%). The impact of the disease is already being illustrated in what Sec. Powell described as the "mindboggling" drop that has taken place in African life expectancies, eliminating the gains of the last three decades of development.¹¹ Eventually, AIDS is expected to kill as many as 1 in 4 African adults.

⁷ Gracha Machel, "The Impact of Armed Conflict on Children." Paper presented at the International Conference on War Affected Children, Winnipeg, Sept. 10, 2000, ch. 4. J. Stephen Morrison, "HIV/Aids in Africa: Opportunities and Critical Choices for US Foreign Policy," Center for Strategic and International Studies Working Paper, Feb. 2001. www.csis.org.

⁸ Harvard University Professor Jeff Sachs, quoted in Simon Baynham, "African Military Capabilities in a Changing Security Environment," Paper prepared for "the African Military in the New Millennium: Capabilities and Challenges," Conference, Washington, DC, June 28, 2001.

⁹ International Crisis Group (ICG), *HIV/AIDS as a Security Threat*, ICG Report, June 19, 2001. www.intl-crisis-group.org.

¹⁰ Morrison, 2001.

¹¹ "AIDS in the Classroom," *US News and World Report*, Feb. 14, 2000; "Statement of the Secretary of State Designate," 2001.

Table 1: Projected Demographic Indicators for 2010 in Selected African Countries With and Without AIDS

Country	Projected Child Mortality Per 1,000 Live Births, 2010		Projected Life Expectancy, 2010	
	With AIDS	Without	With AIDS	Without
Botswana	120	38	38	66
Burkina Faso	145	109	46	61
Burundi	129	91	45	61
Cameroon	108	78	50	63
Cote d'Ivoire	121	84	47	62
Dem. Rep. of Congo	116	97	52	60
Ethiopia	183	137	39	55
Kenya	105	45	44	69
Lesotho	122	71	45	66
Malawi	203	136	35	57
Namibia	119	38	39	70
Nigeria	113	68	46	65
Rwanda	166	106	38	59
South Africa	100	49	48	68
Swaziland	152	78	37	63
Tanzania	131	96	46	61
Uganda	121	92	48	60
Zambia	161	97	38	60
Zimbabwe	116	32	39	70

^a Probable deaths before age 5.¹²

However, 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, Caribbean, Central and South America, and the countries of the former Soviet Union.¹³ In all of these areas, infection rates are rising at steep rates, showing patterns disturbingly similar to those in Africa five to ten years ago. A number of nations hover just below the 5% infection rate. Once this point is passed, past

¹² Table from National Intelligence Council, 2001.

¹³ Morrison, 2001.

experience has shown that the disease's spread accelerates rapidly and becomes difficult to control.¹⁴

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 10 million cases by 2010.¹⁵ HIV/AIDS also is spreading rapidly in Latin America, placing it third behind Sub-Saharan Africa and Asia in prevalence, with infection rates particularly high in Brazil and the Caribbean. The former Soviet Union (FSU) is certainly also a high-risk zone, in fact, with infection rising faster than any other region in the world. Ukraine already has a 1% infection rate, while the HIV positive population in Russia has doubled in just the last two years. Data is not so good in the Central Asian states, but infection rates there are assumed to be similarly high, due to problems of poverty, poor health care systems, and significant populations of intravenous drug users.¹⁶ 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 it is also experiencing infection growth in high risk populations such as IV 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. That is, these are fatalities absent of violence. The worst toll of AIDS, however, may well not be the obvious victims of the disease, but rather those who suffer from its wider implications in warfare.

¹⁴ ICG, 2001.

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. Continual studies 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 developing world armies where the problem is magnified. Recent studies in Africa have found that the 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.¹⁷

The reasons for this unhappy link are varied. In addition to being recruited from the age groups most sexually active, soldiers are typically posted away from their communities and families for long periods of time. Besides disconnecting them from traditional societal controls on behavior, this means they are also 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 hi-risk populations, including sexual workers and drug dealers. Finally, soldiers live and work inside an institution whose ethos tends to encourage risk taking, so precautions against certain behavior 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.¹⁸

¹⁵ Figures from National Intelligence Council. The Global Infectious Disease Threat and Its Implications for the United States. *NIE 99-17D*, January 2000 <http://www.cia.gov/cia/publications/nie/report/nie99-17d.html>; "India's AIDS Crisis," *New York Times*, March 27, 2001; "India Underestimates AIDS Cases, Says Activist." *Washington Post*, March 7, 2001.

¹⁶ World Bank, "Former Soviet States Are Now AIDS Danger Zone" World Bank press release, Dec. 6, 1999.

¹⁷ UNAIDS, *AIDS and the Military*, May 1998. www.unaids.org; "Incidence of AIDS Higher Among Soldiers" *Voice of America*. Jan. 12, 2001.

¹⁸ 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

The result is that many armies are the focal point of AIDS in their nation and essentially are 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 regional armies are as high as 50% in Congo and Angola, 66% in Uganda, 75 % in Malawi, and 80% in Zimbabwe.¹⁹ It is the number one cause of deaths in many armies, including those like Congo's which have been at war frequently over the last decade.²⁰ It permeates the South African military to the extent that soldiers (as well as police) are prohibited from giving blood.

Militaries that lie outside the historic Central and East African AIDS core, that is those from states still with lower infection rates, are following this trend. For example, the Sierra Leone Army (SLA) is, with British military assistance, attempting to remake itself into an effective fighting force. Making this more difficult is the discovery that as many as one in three in the SLA is now HIV positive.²¹ Similarly, one in three Russian draftees is now rejected for various health reasons, as compared to one in 20 in fifteen years ago.²²

The results are devastating for the military institution and can lead to a dangerous weakening of military capabilities. Besides the effect on the regular line troops and the general recruiting pool, the disease is particularly costly to military forces in its draining effect on the skilled positions. In a way, the disease causes Adam Smith in reverse, by taking away the specialists that allow an organization to succeed and grow. That is, AIDS is not only killing regular conscripts but also the NCOs and officers that militaries are least able to lose. Thus, leadership capacities and

¹⁹ Claire Bisseker, "Africa's Military Time Bomb," *Johannesburg Financial Mail*, Dec. 11, 1998; Paul Kirk, "Sixty Percent of Army May Be HIV Positive Reports," *The Daily Mail and Guardian*, March 31, 2000.

²⁰ Lyne Mikangou, "AIDS the Number One Cause of Death in the Army." *Interpress Service*, January 10, 2000.

²¹ James Astill, "War Injects Aids into the Tragedy of Sierra Leone," *The Guardian*, May 12, 2001.

professional standards directly suffer from the disease's scourge. Several armies, including 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.²³

This hollowing out of militaries, particularly at the leadership level, has a number of implications for security. As human capacity is lost, military organizations' efforts to modernize are undercut. Also, as they lose their leadership to an unyielding, demoralizing foe, the organizations themselves can unravel. The effects of the disease on the institution is thus in a sense non-linear; its impact is not felt just in terms of lives lost, but overall disruption.

Militaries, when under this type of pressure from disease, gradually lose their capabilities and are less able to meet their commitments. As Colonel Kevin Beaton of the Royal Army Medical Corps noted, "History is littered with examples of armies falling apart for health reasons."²⁴ Preparedness and combat readiness deteriorate. Even if a new recruiting pool is used to replace sick troops, force cohesion is compromised.

The higher risk within the military, consequently, compounds the disease's impact, transferring it to the political level. Commanders from certain high infection countries already worry that they are now unable to field full contingents for deployment because of the disease and most certainly are unable to assist their nation's allies. AIDS-weakened militaries also risk domestic instability

²² National Intelligence Council, 2001. The rejections are not just for AIDS but also other infectious disease, like TB, which are often linked with the disease.

²³ Baynham, 2001.

²⁴ Quoted in Astill, 2001.

and even invite foreign attack. Namibia's defense ministry, deeming AIDS to be a new type of strategic vulnerability, has treated military infection rates as classified information.²⁵

AIDS and State Failure

The resonance of this threat to the military institution is also felt within the state institution as a whole. 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."²⁶

The manner in which AIDS can hollow out already weak states parallels that of its effect on militaries. In contrast to other historic disease epidemics, which tended to kill off the weak and infirm first, AIDS in the developing world has tended to claim the lives of the more productive members of society, who are not easily replaced. The reason is that 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.²⁷ For example, 10% of all African teachers are expected to be killed by AIDS by 2005, while between 25-50% of health care workers in stricken states such as Malawi will similarly die from the disease.²⁸ In the words of Peter Piot, the head of UNAIDS, the disease "...is devastating the ranks of the most productive members of society with an efficacy history has reserved for great armed conflicts."²⁹

²⁵ "Aids 'An Intelligence Issue,'" *The Namibian*, Feb. 13, 2001.

²⁶ ICG, 2001, p. 1.

²⁷ Copson, 2001.

²⁸ "Aids in the Classroom," 2000.

The impact is felt not just in governance, but also the economy and development in general. Besides acting as a new sort of tax on society, by increasing the health care costs of business across the board, the disease also stymies foreign investment. Workforce productivity is decreased, while prospective revenues also go down, as the local consumer base becomes more impoverished.³⁰ The disease also increases budgetary needs at the same time as it shrinks the tax base. The consequence could well be shattering for already impoverished states. The World Bank considers the disease to be the single biggest threat to economic development in Africa, as 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.³¹

The precise security threat here is that AIDS causes dangerous weaknesses in the pillars of a stable state, its military, its governing institutions, and its economy. The disease is accordingly no longer just a symptom of a state crisis, as usually thought, but actually a catalyst of them.³² As public institutions crumble and senior officials also suffer from the disease, public confidence in governing bodies is further threatened.³³

The weakening of state bodies at point 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 DRC illustrates, warlords, plunderers, and other violent actors effortlessly fill the void left by a failing state. That the disease is concentrating in areas, such as Africa and the former Soviet

²⁹ Quoted in ICG, p. 1.

³⁰ *The Economic Impact of HIV/AIDS in Southern Africa*. Brookings Conference Report, No. 9, Sept. 2001; "HIV/Aids: The Impact on Social and Economic Development," Report of Select committee on International Development, British House of Commons, March 29, 2001; Copson, 2001.

³¹ National Intelligence Council, 2001.

³² Helen Epstein, "AIDS: The Lesson of Uganda," *The New York Review of Books*, July 5, 2001. <http://www.nybooks.com/articles/14309>

Union, already undergoing tenuous political transitions only heightens the risks of instability and state failure.

The Danger of Failed States

The security danger of failed states extends beyond the simple human tragedy that is then 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.

At the very first brush, many of the regions that are most vulnerable to state failure spurred by disease are of clear national interest concern to major state powers. The US, for example, has greater economic investments in at risk areas in Africa than either 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 1/5th of all US imports) and strategic minerals.³⁴

The threats of economic and/or political collapse from the disease can also lead to new refugee flows. Besides facilitating the spread of the disease, time and time again, sudden and massive population movements prompted by these factors have led to heightened regional-wide tensions and destabilization.³⁵ With the likely increase to pandemic levels on their doorsteps in the Caribbean and the former Soviet Union, American and European fears of past refugee crises (such as the 1990s Balkans wars and Haitian collapse) could be revisited.

³³ For example in Ethiopia, there were recently large anti-government protests headed by children orphaned by AIDS. 3 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" *IRIN*, August 6, 2001.

³⁴ "Africa: Clinton Legacy Alive Under Bush." *IRIN*, Feb. 8, 2001.

Perhaps more important, in a direct security sense, is that failed state zones tend to become havens for the new enemies of global order. As the UN Special Envoy Lakhdar Brahimi noted, the events of Sept. 11th 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."³⁶ Decaying states give extremist groups freedom of operation, with dangerous resulting 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 policymakers in Washington and had little to do with radical Islamic terrorist groups. The tiny West African state, nonetheless, has since served as a critical node in the fundraising efforts of Osama bin Laden's al Qaeda network.³⁷

The New Children of War

Another means by which the AIDS epidemic undermines security is by helping to create new pools of combatants, who are more likely to go to war. This is thought to play out in two ways, through general population shifts, as well as creating specific hi-risk population cohorts.

The Age Demographics of AIDS

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,

³⁵ National Intelligence Council, 2001. Alan Dowty and Gil Loescher, "Refugee Flows as Grounds for International Action," *International Security*, Vol. 21, Issue 1, Summer 1996, pp. 43 – 71.

³⁶ "UN Envoy Considering Taliban Meeting." *CNN.com*, Oct. 30, 2001.

³⁷ The rebel RUF and agents of al Qaeda traded in millions of dollars of "blood diamonds," with a reported rise in purchasing before the Sept. 11 attacks in NYC as the groups tried to gain hard assets. Douglas Farah, "Al Qaeda Cash Tied to Diamond Trade," *Washington Post*, November 2, 2001.

adults.³⁸ The consequence is that population curves shift (eliminating the typical middle aged hump), almost in a direct opposite to the manner of previous epidemics.

Such a shift in demographics is actually fairly worrisome in a security sense. Recent research has found a strong match between violent outbreaks, ranging from wars to terrorism, and the ratio of a society's young male population to its more mature segments.³⁹ Once the ratio grows past having roughly 40 post-adolescent young men for every 100 older male, violent conflict tends to ensue inside society. AIDS will likely cause this in several states that are already close to this dangerous threshold.

Termed "coalitional aggression," the surmise is that young men, already more psychologically more aggressive, compete for resources, both social and material, and are more easily harnessed for conflict when outnumbering other generational cohorts. Demagogues, warlords, criminals, etc. all find it easier to recruit when the population is so distributed. Riots and other social crises are also more likely. In a sense, it is war caused from the bottom up, rather than top-down.

Whatever the reason for the correlation, the disturbing fact is that the pattern has held true across history, from ancient times to recent outbreaks of violence in Rwanda, Yugoslavia, and Congo.

AIDS Orphans

A more direct mechanism by which the new demographics of AIDS can heighten security risks is through its creation of a new pool of orphans, magnifying the child soldier problem. By 2010, over 40 million children will lose one or both of their parents to AIDS, including 1/3 of all

³⁸ Additionally, this is heightened for adult woman, 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 Chief Case of Death in South Africa," *CNN.com*, Oct. 16, 2001.

³⁹ Christian Mesquida, and Neil I Warner. "Male Age Composition and Severity of Conflicts." *Politics and Life Sciences*, vol. 18, no. 2 (September, 1999): p. 181-89; Richard Morin., "Boy Trouble," *Washington Post*, June 24, 2001; "Natural Born Killers," *Profiles*, May 1999. www.yorku.ca. India, Pakistan and Certain African states are presently risk if this demographics of conflict theory holds true.

children in the hardest hit countries. These include 2.7 million in Nigeria, 2.5 million in Ethiopia, and 1.8 million in South Africa.⁴⁰ India, alone, already has 120,000 AIDS orphans.

Because of both the stigma of the disease, as well as the simple fact 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.”⁴¹ Its prospects are heartrending, as well as dangerous. Besides being malnourished, stigmatized, and vulnerable to physical and sexual abuse, this mass of disconnected and disaffected children is particularly at risk to being exploited as child soldiers. Children in such straights are often targeted for recruitment, either through abduction or voluntary enlistment driven by desperation.

The ramifications are quite dangerous to stability.⁴² With recent changes in weapons technology that allow them to be effective fighters in low-intensity warfare, children represent an inexpensive way for warlords, guerilla groups, and other violent non-state actors to build up substantial forces irregardless of their own political agendas and local support, or lack their of. This new ease of force generation means a likely increase in the number of internal rebellions and conflicts. Moreover, the unique features of the doctrine behind turning children into soldiers means that those conflicts in which they are introduced will be inherently “messier.” These wars prevalently feature atrocities and attacks on civilians. At the same time, the lives of the child soldiers themselves are considered cheaper by those that utilize them; they tend to be employed in a loose manner, making their own losses much higher. Finally, children’s entrance into

⁴⁰ Copson, 2001; National Intelligence Council, 2001.

⁴¹ “South Africa AIDS Orphans Struggle to Survive.” *CNN.com*, June 21, 2001; “HIV/Aids: The Impact on Social and Economic Development,” 2001; National Intelligence Council, 2001

⁴² P.W. Singer, “Caution! Children At War,” *Parameters*, Vol. 31, Winter 2001, p. 40-56. <http://carlisle-www.army.mil/usawc/Parameters/01winter/singer.htm>

warfare is damaging to social fabric as well as their individual psyches, creating future problems down the road, even after initial conflict resolution.

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

Weakening Global Stability

The final linkage of the disease and security risks parallels that of that of earlier ties. Just as the dynamics of the disease endanger certain pillars of the local nation-state, so too does it strike at certain pillars of international stability and governance. In particular, AIDS presents the institution of peacekeeping, a tension calming influence in many of the world's hotspots, with a unique challenge.

As noted, a number of armies around the world have an exceptional problem of high infection rates amongst their rank and file as well as senior leadership. One of the heightening factors is frequency of deployment. The outcome is that peacekeeping forces are units that present the highest level of risks to the troops themselves, the areas in which they are deployed, and also their home states. Specifically, peacekeeping forces, often integral to limiting conflict around the world, are, in fact, among the primary mechanisms of spreading the disease at a mass level to

new areas. The causes are simple: 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.

In 1990s, West Africa had relatively low levels of AIDS prevalence. After the wars in Liberia and Sierra Leone brought thousands of peacekeeping troops, including from seriously infected states, the region became one of the new ‘hot zones.’⁴³ 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.

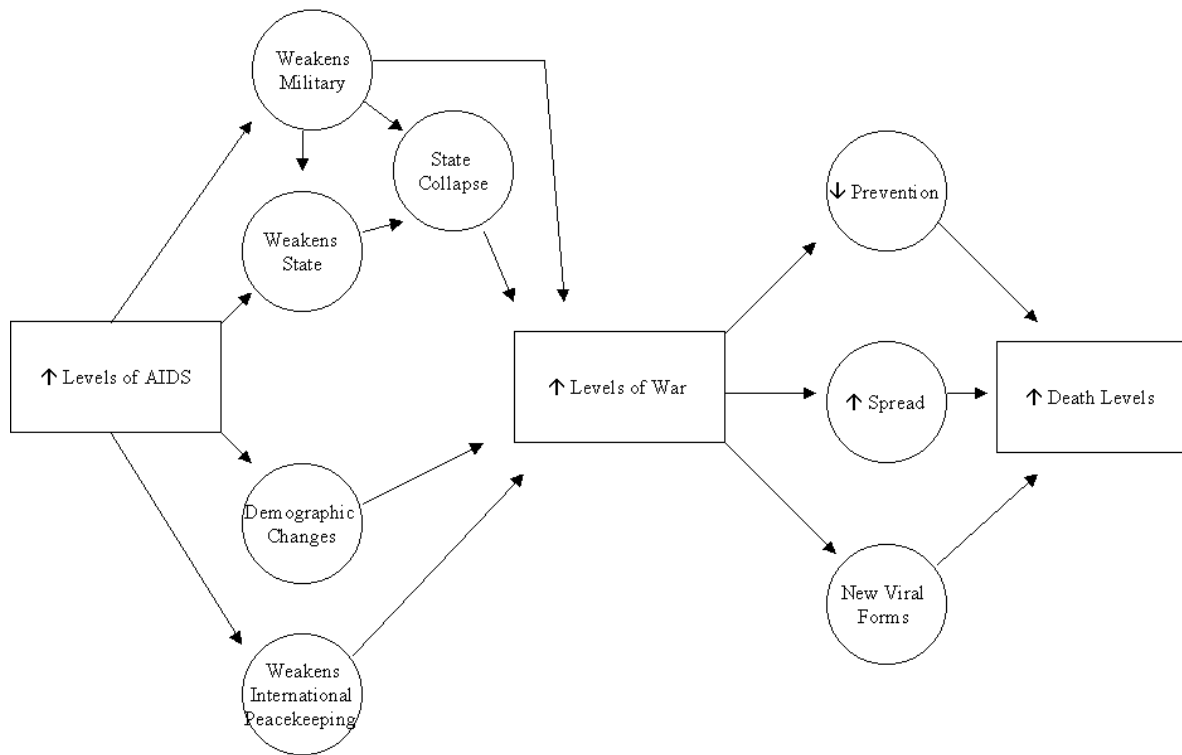
Consequently, one of the many implications stemming from high AIDS prevalence in the military is that forces will likely be less able and less willing to participate in peacekeeping operations. In fact, around 40% of present UN peacekeepers come from countries nearing high infection rates and potential ensuing collapse.⁴⁴ As the disease’s force is ultimately felt internally, these militaries will be less likely to participate in voluntary, but demanding, activities such UN peacekeeping. Similarly, 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 program’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 simply being decimated by AIDS, well before they can make a difference elsewhere.

As the scourge of AIDS makes peacekeeping contributors harder to find, there will also be less willingness to welcome them. Local parties are understandably reluctant to accept peacekeepers

⁴³ Astill, 2001; “Armies Spread Aids in Africa,” *Atlanta Journal Constitution*, April 11, 2001; “Infected Troops Spread Scourge Worse than War,” *San Jose Mercury*. April 8, 2001.

from countries with high infection rates, making 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 pretense to exclude troops from certain states, whom it felt would not be amenable to its own political agenda. The general result is that the already weak institution of peacekeeping is in much more jeopardy in a world of AIDS than before. At the same time, a world without blue helmets is likely a less safe world.

Illustration 1: The AIDS-Warfare Dynamic



Disease Pathways to War

Disease-War Multiplier Effects

⁴⁴ “Infected Troops Spread Scourge Worse than War,” 2001; ICG, 2001, p. 23.

The New Costs of War

The relationship between AIDS and conflict also plays out in more complex dynamics. The virus itself represents not only a new weapon of war, but one that makes wars' impact all the more catastrophic and enduring. In effect, it acts as a possible multiplier factor on the costs of war.

AIDS As A Weapon

The first mechanism is through the new tie established between rape and genocide. Rape, itself, is certainly nothing novel to warfare. In the last decade, however, it has become organized in a systematic mode and utilized for political and strategic purposes.⁴⁵ For example, in the Balkans, it was undertaken in a programmatic manner at designated camps, while in Rwanda between 200,000 and 500,000 women were raped in a few short weeks.

The introduction of AIDS into these conflicts makes such programs a genocidal practice.⁴⁶ The chance of disease transmission is especially high during rape, due to the especially violent nature of the act (it typically causes cuts and tearing through which the virus can directly enter the blood stream of the victim). Especially disturbing is that it appears that rape is now being utilized as an intentional means 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.⁴⁷ Their goal was to heighten the impact of their attacks and create long lasting harm to the group. Similarly, in Rwanda, soldiers taunted

⁴⁵ Lisa Sharlach, "Rape as Genocide: Bangladesh, the Former Yugoslavia, and Rwanda," *New Political Science*, vol. 22, no. 1 Spring, 2000, p. 98.

⁴⁶ Vivianne Nathanson, "Preventing and Limiting Suffering Should Conflict Break Out," *International Review of the Red Cross*, No. 839, Sept 30, 2000, pp. 601-15.

women after raping them, stating that, “We are not killing you. We are giving you something worse. You will die a slow death.”⁴⁸ Likewise, the disease’s spread to rural areas in Sierra Leone came from the thousands of women raped and infected by the RUF.

Making War A True Killer

In fact, the true cost of war has almost always been not in terms of lives lost from combat, but from the heightened risks of disease that come as well.⁴⁹ Different epidemics decimated armies throughout ancient and biblical times and continued to do so well into the 19th century. Most of the combatant deaths during the Napoleonic Wars were from typhus, while in the Crimean War, the Russians killed only a tenth as many British troops as dysentery did. Similar ratios held in the American Civil War.

The link of AIDS, militaries, and warfare may make 21st century conflict no different. Of the countries with the highest prevalence rates in Africa, half are at conflict.⁵⁰ As mentioned earlier, during war, the infection rates within militaries often escalate. For example, the rates within the seven armies that intervened into the DRC are estimated to have reached as high as 50% to 80%.⁵¹ All these soldiers will die from the disease, making AIDS far more costly than the limited combat that took place.

Besides more soldiers dying from war’s accessories, these forces typically leave a swath of disease in their path. The original spread of infection in East Africa can actually be traced back

⁴⁷ UNAIDS, “Aids Becoming Africa’s Top Human Security Issue, UN Warns” UNAIDS press release, Jan. 10, 2000.

⁴⁸ Margerate Owen, “Widows Expose HIV War Threat,” *Worldwomen News*, June 12, 2001.

⁴⁹ See William McNeill, *Plagues and Peoples*, London: Penguin, 1976, p. 251; Arno Karlen, *Man and Microbes : Disease and Plagues in History and Modern Times*, New York: Touchstone Books, 1996. “War and Disease.” *Mindful*, vol. 1 no.7, March 1997, http://www.spusa.org/publications/mindfull/mindfull_wardis.pdf

⁵⁰ Wolfensohn, 2001.

⁵¹ Copson, 2001.

to the axes of advance used by individual units in the Tanzanian army.⁵² At the same time, the presence of war hinders efforts at countering the disease's spread, further heightening the impact of both. In Sierra Leone and the DRC, for example, all efforts at AIDS prevention were put on hold by the breakdown of order during the wars.⁵³ The added harm of war is that valuable windows of opportunity, in nipping diseases before they reach critical stages, are lost.

New Disease Threats

Wars also lead to the uprooting and amalgamation of populations, bringing groups into contact that otherwise would be less likely to mix. In the DRC war, for example, not only were masses of civilians from rural provinces brought into urban centers, but soldiers from all over Africa also arrived. Such mixing may potentially be the most dangerous aspect of AIDS's heightening of the impact of war, as it facilitates the emergence of mutations in the virus itself. Researchers have found that the conflict in the DRC has created a veritable witch's brew of AIDS, bringing together various strains from around the continent. The results are new strains being produced that researchers have called "strange recombinants." As one scientist noted, "We are seeing variants [of HIV] never seen before."⁵⁴

In a sense, while AIDS can cause war, be used as a weapon of war, and make that war more deadly, war is thus also a laboratory that can reverberate back on the disease itself, making it even more deadly. The consequences of this aspect thus bode danger even for those well outside the scope of the fighting. For those who can afford them, the recent development of new multi-drug therapies ("cocktails") have cut the risk of death from HIV/AIDS, leading many in the US to think that the disease is, in a sense, cured. However, there always remains the possibility of far

⁵² Edward Hooper, *The River: A Journey Back to the Source of HIV and AIDS*. London: Penguin, 2000, p. 42-4.

⁵³ Lansana Fofana, "Sierra Leone: Conflict Spurs the Spread of HIV/AIDS," *Interpress Service*, July 5, 1999.

more dangerous HIV strains, such as one resistant to these latest treatments or even one whose contagion is airborne. HIV has always displayed a high rate of genetic mutation, so this may happen regardless of any levels of violence. That said, if such deadly new strains show up one day in the US or Europe, the many linkages of AIDS and warfare will likely find its origin traced back to some ignored conflict elsewhere.

Prospects and Challenges

This article represents an important endeavor in establishing the security dimensions of a nontraditional threat. Its finding is that the relationship between the disease of AIDS and increased threats of instability and war is a complex dynamic, but a very real one. If the present trend of infection continues, the disease will directly kill at a rate that is almost unimaginable. The disease, however, also threatens those even not at direct risk of infection. Its unique clustering in certain core social institutions threatens to set in motion a series of events with wider political implications. Militaries will crumble, states will fall, wars will be more deadly, more frequent, and harder to contain, and all because of a little 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 incumbent high level attention and resources necessary to defend against it.

⁵⁴ Laurie Garrett, “Allies of Aids: Among Warring Factions in Congo, Disease is Mutating,” *Newsday*, July 9, 2000.

A number of states, such as Senegal, Thailand, and Uganda have acted to reverse their rates of infection, illustrating that with a programmatic approach, success in battling AIDS is possible. That said, nearly every country has denied or minimized the threat of AIDS over the last decade.⁵⁵ This cannot continue if there is any hope of containing the disease and its wider implications. Successfully thwarting the disease's further spread requires a clarified and cohesive response. This extends from local states to global bodies.

As Sec. Powell noted, "Silence kills," so the first task is to center energies on breaking the taboo of silence that still exists about the disease, even after the attention being paid at certain global forum. This begins at the leadership level, which then filters down to society.⁵⁶ A unified and consistent message must be crafted that emphasizes the severity of the disease and the need for AIDS awareness and prevention. Leaders (in government, business, culture, religion, etc.) should repeat this message at every opportunity, regardless of the scope of their responsibility. An annual reassessment by UN Security Council on the problem of AIDS and its implications for security is an example of just one simple political mechanism that can work to keep the issue in the global limelight and thus save lives.

Secondly, AIDS is a grave threat that cannot be beaten back on the cheap. Estimates are that an annual war chest between \$7 and 10 billion is needed to fight its global spread, primarily to fund prevention programs. The international community is nowhere near that goal, so far pledging the range of \$1 billion a year into the battle.

⁵⁵ National Intelligence Council, 2001.

⁵⁶ US Department of State. "Text: Powell Address at UN Special Session on HIV/AIDS," 2001.

A number of governments have donated small amounts, such as the US giving \$200 million last May. However, if the world community is serious not only about saving lives, but preventing further chaos and calamity down the road, it must do more than invest “seed money.”

Approximately \$200 billion was spent on fighting a Y2K computer virus that never fully materialized. Given the stakes involved, the real threat of the AIDS virus certainly deserves at least a fraction of that attention.

Third, hard choices must be made. The presently limited funds and political capital means that they must be used in the most effective manner possible. The ramification is that certain programs 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 who will only be beaten by prevention.

Furthermore, the military must be a particular priority of this AIDS prevention, not only because of the institution’s centrality to the spread of the disease, but also the associated security implications that heighten its dangers. This may not sit well with many activists. But as Major General Matshwenyego Fisher, chief of staff of Botswana Defense Force notes “AIDS in the military...is no longer an academic issue; it is a reality that has to be tackled with all the vigor and effort that is commiserate with its ramifications.”⁵⁷

The fact that militaries are generally problem areas in the spread of AIDS is almost ironic. Given its parameters, the period of military service should be a window of opportunity for prevention

⁵⁷ UNAIDS, *AIDS and the Military*, 1998, p. 7.

efforts instead. The military is typically a disciplined and highly organized environment, in which teaching is at a premium. Those militaries with the wherewithal can target prevention programs at captive audience with potential great success in changing behavior. 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 and the Ethiopian and Eritrean armies are examples of positive and creative ways to address the disease.⁵⁸ Vetting of peacekeeping contingents for high infection rates, and dedication of limited anti-viral drugs to critical military positions are other ideas that merit exploration, as we seek to limit the spread and impact of the disease.

Finally, a new understanding of the disease-security nexus is required and, in particular, should be used to rework old modes of military thinking. Intelligence agencies must 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 programs must also be similarly reassessed. For example, if states seriously cared about the capabilities and readiness of their allied forces, they would integrate AIDS prevention programs into military assistance packages, with positive spin-offs for the populace as a whole. The \$10 million, two-year pilot program run out of the US Navy Health Research Center provides a potential model. The program is tasked with assisting a small number of African militaries in establishing AIDS prevention programs. Amazingly, this program, which carries such potential huge payoffs, was recently under consideration for cancellation rather than expansion.⁵⁹ Other military aid programs to explore include incorporating AIDS into traditional training and education exchanges (such as the US-run IMET)

⁵⁸ "Eritrea: UNMEE/EDF Start HIV AIDS Training Programme." *IRIN*, July 25, 2001.

⁵⁹ Gerry Gilmore, "Navy Targets AIDS in African Militaries," *American Forces Information Services*, April 26, 2001. Douglas Farah, "Pentagon Role in Africa May End; Training Program Put Under Review," *Washington Post*, July 3, 2001. The recipient states, chosen on the basis of prior

as well as multilateral military AIDS efforts, with interested states cooperating through forces that already have an extensive military health presence in high infection areas, such as the French have in Africa.

In sum, AIDS is a daunting threat, but not an unassailable foe. It is a disease that is still preventable. The present challenge is to support those programs and leaders who are facing the hard issues of AIDS, while encouraging those now shirking their duties to respond.

Conceptualizing AIDS as a security threat, thus, is not just another exercise in expounding on the dangers of the disease. It clarifies the hazards as extending well beyond the realm of health and into that of violence and war. Consequently, it strengthens the call for serious action against the menace of AIDS. It is not just a matter of altruism, but simple cold self-interest.

US military ties, are Benin, Ethiopia, Ghana, Kenya, Lesotho, Nigeria and Zambia. Angola was also included, as a means to opening bilateral military relations.