AIDS IN AFRICA:

A SECURITY THREAT?

Master of Arts in Law and Diplomacy Thesis

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ABSTRACT

Can a disease constitute a security threat? In 2000 the National Intelligence Council first identified HIV/AIDS as a threat, not only to Africa, but to the United States. This paper explores this shift from national to human security concerns and analyzes how AIDS is capable of severely impacting state structures in Africa. If AIDS is not contained in Africa in the near future, the real possibility exists of state instability and failure occurring throughout the continent. This will affect the United States on many fronts, including its national security interests.

I. INTRODUCTION

"New and reemerging infectious diseases will pose a rising global health threat and will complicate U.S. and global security over the next 20 years. These diseases will endanger U.S. citizens at home and abroad, threaten U.S. armed forces deployed overseas, and exacerbate social and political instability in key countries and regions in which the United States has significant interests."[1]

There is an illustrative story that is frequently told to describe the AIDS epidemic in Africa, comparing it to a brutal war that the world ignores. The "war" is fought in Botswana, where deaths are approaching 150,000, one third of the people are critically wounded, and life expectancy has fallen to the mid-thirties. In the capital city of Gaborone, 80 percent of all hospital beds are full of people injured from this war, with more than one third of all beds containing children – yet no one is expected to survive because medical supplies are unavailable. Botswana's economy is expected to shrink by 30 percent because of the conflict, erasing many of the gains made since independence, and 20 percent of the country's budget will

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[1] National Intelligence Council, "The Global Infectious Disease Threat and Its Implications for the United States," NIE-99-17D, Washington, D.C., January 2000, accessed on January 24, 2004, available at <http://www.cia.gov/cia/reports/nie/report/nie99-17d.html>.

go towards fighting this war. Describing the situation his country faces, President Festus Mogae told Reuters that "we are threatened with extinction….People are dying in chillingly high numbers."[2] The natural reaction to this story is one of horror – how can such a war go on like this without any international concern, media coverage, or intervention? The AIDS situation in Africa is worsening, and if actions are not taken to stop the spread of the disease, there is a real fear of state collapse throughout the continent. The U.S. National Intelligence Community recently began to think of HIV/AIDS as a security threat, and the concept has started to creep into the political vernacular of the Bush administration.

When laying out the new security challenges for the United States in 2003, CIA Director George Tenet said, "The national security dimension of [AIDS] is plain: it can undermine economic growth, exacerbate social tensions, diminish military preparedness, create huge social welfare costs, and further weaken already beleaguered states. And the virus respects no border."[3] Nowhere is AIDS higher than in sub-Saharan Africa, which has the unfortunate distinction of housing the majority of people who are infected with HIV/AIDS in the world, and the bad news is that the epidemic is only continuing to grow and spread throughout the continent. The most recent numbers reflect the alarming situation facing Africa, where over 26 million people on the continent are currently living with HIV/AIDS (this figure includes the 3.2 million people newly infected in 2003).[4]

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[2] International Crisis Group, "HIV/AIDS as a Security Issue," ICG Report, Washington/Brussels, June 19, 2001: prologue.
[3] George Tenet, DCI's Worldwide Threat Briefing, "The Worldwide Threat in 2003: Evolving Dangers in a Complex World," February 11, 2003, accessed on March 26, 2004, available at <http://www.cia.gov/cia/public_affairs/speeches/2003/dci_speech_02112003.html>.
[4] UNAIDS, "AIDS Epidemic Update," December 2003, accessed on March 28, 2004, available at <http://www.unaids.org/EN/>.

Many reasons exist for a state to collapse, and Africa is a place where this has occurred numerous times. States tend to fail because "the central monopoly on the use of armed force is disputed, and because the government's popular legitimacy has been severely eroded."[5] This occurs in three associated ways: destruction of the economy, accompanied by an increase in violent crime; dissolution of political systems on local and national levels; and damaged social systems, such as the family, education system, or health care.[6] HIV/AIDS affects all these elements.

With many African states recovering and rebuilding from war and instability, AIDS is able to destroy what gains have been made throughout the continent over the past few decades. The prognosis for prevention and treatment of the disease is grim, though there are some countries that have succeeded in lowing infection rates against all odds. One of the biggest challenges in Africa is the lack of resources and infrastructure to allow effective programs to take root. Yet actions must be taken to reduce the HIV/AIDS rates in this region, before the situation gets any worse.

The repercussions and effects of HIV/AIDS on individuals, communities, and states are manifold. Life expectancies in Africa are falling, in some cases by more than thirty years. The numbers of orphans, presently in the millions, are growing and it is estimated by 2010, 20 percent of children in some countries will be parentless. The effect of AIDS on countries' economies will be measured in declining GDPs and diminishing workforces. Militaries will not only have difficulty recruiting soldiers from a sick population, but will require training two people for every job, with the likelihood of one of the trainees dying in the near

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[5] Stefan Elbe, *Strategic Implications of HIV/AIDS* (London: Oxford University Press, 2003), 46.
[6] Ibid.

future. Peacekeeping operations will be threatened, as countries will be wary about sending their men into high-risk situations where diseases are as big a potential threat as an opponent. The issue that is at the forefront, however, is the notion that HIV/AIDS will assist in breaking down the foundation of a state, which will in turn lead to political instability. This not only threatens the state and the region, but in some cases, the world. Al Qaeda knew that it could remain under the radar and operate in a failed state such as Sudan; the probability of other terrorists groups working in similar conditions is a reasonable possibility. It is this outcome of state failure that most concerns the United States.

This paper will examine the notion of AIDS in Africa as a security threat, not only for the African countries affected by the disease, but also for the United States. The main question that will be explored concerns whether a disease can really constitute a security threat. No one disputes that AIDS is a devastating pandemic especially concentrated in Africa, but many people would term it strictly as a humanitarian disaster. The concept that AIDS is a security threat is relatively new, and the legitimacy of such a connection between the two will be explored further in this paper.

II. DEFINITION OF SECURITY

The definition of what constitutes a security threat to the state has changed since the end of the Cold War. The terms "national security" and "human security" began to merge in the 1990s as the types of threats evolved. For the United States, new dangers such as nonstate actors, environmental degradation, and the drug trade

replaced the communist threat.[7] Military and nonmilitary threats became more

interconnected as definitions of whom or what was an adversary became more

confusing and muddled than in the past. The concept of deterrence does not work

against infectious diseases once they have taken root; containment can be

successful, but for how long? The ease of international travel and interactions

between different groups of people allows diseases to spread on a much wider scale

than ever before. Prevention of diseases and treatment of those who are infected are

the top priority for dealing with this new threat; but just how effective are the

measures employed by governments, both national and international, at slowing

down the rapid spread of HIV/AIDS?

Most people would agree that AIDS is devastating to individuals, families,

and communities. Some people take the view that AIDS is strictly a humanitarian

disaster and should be addressed as such; there are others who view the epidemic as

something larger and related to national and international security. The definition

of security has changed over the past two decades, with the security of the

individual more elevated than it was in the past. The shift from national to human

security as an international focus is as follows:

> Any understanding of national security should be predicated on the
> protection of the population of the state, for without a population there can
> be no industry, no surplus revenue for taxation, and ultimately no reason for
> government. Therefore, the destruction of the population by any source
> constitutes a direct threat to the contract between state and citizen, and if the
> state cannot guarantee the citizen an adequate degree of protection from

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[7] Jennifer Brower and Peter Chalk, *The Global Threat of New and Reemerging Infectious Diseases: Reconciling U.S. National Security and Public Health Policy* (Santa Monica, CA: RAND, 2003): iii.

death and/or debilitation then that state has not honored its part of the bargain."[8]

The term "human security" is a vague concept with numerous definitions, though it is generally understood as protecting the welfare of individuals. In the 1994 Human Development Report, the UNDP defined human security as comprised of two parts, including "safety from such chronic threats as hunger, disease, and repression" and "protection from sudden and hurtful disruptions in the patterns of daily life – whether in homes, in jobs, or in communities."[9] The same report outlined seven fundamentals that make up human security: economic security, food security, health security, environmental security, personal security, community security, and political security. It is important to note that AIDS has an impact on all these elements.

According to Gary King and Christopher J.L. Murray of Harvard University, human security is made up of four characteristics: "it is universal, its components are interdependent, it is best ensured through prevention, and it is people-centered."[10] Jennifer Brower at RAND argues that the main idea behind the concept is "the focus on the *individual* as the primary object of security," as well as understanding that "an individual's personal preservation and protection emanate not just from safeguarding the state as a single political unit, but also from ensuring

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[8] Andrew T. Price-Smith, *The Health of Nations: Infectious Disease, Environmental Change, and Their Effects on National Security and Development* The MIT Press: Cambridge, MA, 2002: 126-127.

[9] R Paris, "Human Security: Paradigm Shift or Hot Air?" International Security 26 (3), Winter 2001/02, p. 87, cited in Robyn Pharaoh and Martin Schönteich. "AIDS, Security and Governance in Southern Africa: Exploring the Impact," Paper No. 65, January 2003.

[10] Gary King and Christopher J.L. Murray, "Rethinking Human Security", Political Science Quarterly, Winter 2001, accessed on February 12, 2004, available at <http://web4.infotrac.galegroup.com/itw/infomark/405/878/46668329w4/purl=rc1_EAIM_0_A8332 7213&dyn=6!xrn_52_0_A83327213?sw_aep=mlin_m_tufts.>

adequate access to welfare and quality of life."[11] All of these definitions, though varying slightly, highlight the importance of a state protecting an individual from harm and allowing that individual to live a life free from want in a safe environment.

Comparing traditional versus human security is helpful in understanding the changing nature of the security concept, as seen below:[12]

Traditional Security	Human Security
State	Individual/Community
National security	Societal security
Structured violence	Unstructured chaos
Competition	Cooperation
Interactions always lead to relative gains	Interactions can lead to absolute gains

Despite the different focus that each type of security has, both attempt to protect their subject, whether it is a state protecting its borders from invading forces or a community protecting itself from an impending drought. Sometimes the two concepts of security merge, such as the HIV/AIDS issue, which this paper argues is simultaneously a threat to traditional and human security in Africa. Specifically the disease first attacks an individual's health (usually an adult in Africa), which can lead to a family's loss of income from sick days or job loss. This loss of income means that other family members must earn money to support themselves and their ill relative, and usually involves children dropping out of school. If medicine is attainable or hospitalization is needed, more money must be raised by the family to help this sick person. Usually the infected individual will not have access to healthcare and dies, resulting in older siblings or a grandparent raising the orphaned child.

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[11] Brower, 4-5.
[12] Ibid, 6.

When this happens on an individual level, the effect is directly felt by the family members; when it occurs on a larger community level, different repercussions are experienced on many levels. With the loss of productive members of a society, people begin to compete for disappearing resources, such as food. Violence can increase as a result, causing political and social instability in a region. The increased numbers of orphans and need for healthcare puts a strain on the state, and when that state's government is perceived as failing its constituents, it is at risk. In addition, the impact of AIDS on a country's GDP is significant enough to impact productivity and investment, thereby making the state more vulnerable economically. People also can begin to feel fatalistic about their lives; after all, if you know you are going to die, how much are you going to invest towards your future? A weak government, poor economy, and perception of disinterest in people's health combines to create a situation that can only be described as destabilizing. With the percentage of people infected with AIDS in many African countries increasing, the possibility of not only state instability but regional instability is a potential scenario. Conflicts in Africa have a tendency to draw in surrounding countries into them, and there is no reason to think that AIDS will be any different.

Health as a determinant for security is not a new concept. Some previous examples include the bubonic plague in the Middle Ages, smallpox in the Americas, and the influenza outbreak during World War I. These diseases had an effect similar to biological warfare, leading to massive upheavals of populations and devastation of societies. It is argued that feudalism's decline can be traced to the

devastation that the Black Death wrought on Europe, for as the population found that the Church could not save people from the disease, the institution's legitimacy came into question. This led to the Thirty Years's War, followed by the Peace of Westphalia, which created sovereign states. Without the devastation that the bubonic plague caused, would an impetus have existed to create the system of autonomous states that we know today?[13]

In the Americas, it is estimated that of the original 100 million inhabitants of the continent, very few were spared from smallpox; in Mexico, the population decreased by 90 percent. Cortez and his forces unknowingly brought the disease over from Spain with them, killing millions of people in the process; as a result, they were able to capture the Aztec and Inca empires.[14] With such a drastic population loss and resulting subjugation by foreigners, the Amerindians were completely defeated psychologically, militarily, and economically. Today AIDS has the potential to carry out similarly devastating results if the epidemic is not halted, and it is projected by 2011, over 80 million people will have died from it.[15]

Following these descriptions of what constitutes human security and the elements that menace it, it is concluded that HIV/AIDS is an overall security threat to the state because it attacks at the heart of the adult population, resulting in the loss of industry and capital. The state is responsible for its citizens' basic wellbeing, and when this is not met, the state has failed. Therefore, are African governments failing their populations as infection rates increase?

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[13] Price-Smith, 11.
[14] Ibid, 11-12.
[15] Brower, 7.

The answer is not that simple. There are numerous factors that are involved in AIDS transmission, including prostitution, sexual abuse, ignorance, and cultural practices. Prevention involves difficult challenges to overcome, as evidenced by the complexity of changing people's minds and attitudes. Yet some African governments have demonstrated great leadership in fighting HIV/AIDS and lowering the stigma over it in their countries, proving that it is possible for countries to lower the infection rates. These governments are at a basic disadvantage in the fight against HIV/AIDS because of the lack of resources available to them; what level of responsibility should the United States and other developed nations have in this fight?

III. THE U.S. RESPONSE TO AIDS

In a January 2000 report, the National Intelligence Council cited AIDS, tuberculosis, and other infectious diseases as threats to national and global security. The report concluded that these diseases had the potential to severely threaten national and international security over the next 20 years, and if action was delayed in facing this impending danger, the consequences would reach beyond the developing world and affect the United States. This was not the first time that the United States focused on the impact of diseases on security. In 1996 President Bill Clinton announced a need for the United States to focus its policy on infectious diseases in a Presidential Decision Directive, and Secretary Madeline Albright issued a major US proposal to fight HIV/AIDS.[16] Yet January 2000 was the first

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[16] CNN, "Clinton Administration Declares AIDS a Security Threat", accessed on February 14, 2004, available at <http://www.cnn.com/2000/US/04/30/aids.threat.03/>.

time that the NIC considered a disease to be a "nontraditional threat", and concluded that AIDS "will endanger U.S. citizens at home and abroad, threaten U.S. armed forces deployed overseas, and exacerbate social and political instability in key countries and regions in which the United States has significant interests."[17]

The international community demonstrated its concern with this issue in January 2000 as well, with the United Nations Security Council exclusively focusing its attention on the impact that AIDS had on Africa.[18] This type of dialogue was unprecedented in the UN and the importance of the problem was highlighted to a larger audience. At the UN, Vice President Al Gore argued the following:

> For the nations of sub-Saharan Africa, AIDS is not just a humanitarian crisis. It is a security crisis – because it threatens not just individual citizens, but the very institutions that define and defend the character of a society. This disease weakens work forces and saps economic strength. AIDS strikes at teachers and denies education to their students. It strikes at the military, and subverts the forces of order and peacekeeping.[19]

Despite the high rate of AIDS in Africa, the disease continues to carry a stigma in many countries in the region and is rarely discussed publicly; however in the United States, the AIDS issue is not a silent one. Since the early 1980s, AIDS activists have been vocal in their calls for attention and funding. In the United States, individual stories like Ryan White's fight, Magic Johnson's retirement, or the individual panels that made up the AIDS quilt grabbed the nation's attention and raised its awareness of AIDS.

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[17] National Intelligence Council, "The Global Infectious Disease Threat and Its Implications for the United States," NIE-99-17D, Washington, D.C., January 2000, accessed on March 22, 2004, available at <http://www.cia.gov/cia/reports/nie/report/nie99-17d.html>.
[18] Ibid.
[19] U.S. Department of State, accessed on February 25, 2004, available at <http://www.state.gov/www/global/oes/health/000110_gore_hiv-aids.html>.

Though knowledge of the disease began as one which infected homosexual men, it soon became apparent that it also affected heterosexuals, babies, drug users, and people who received tainted blood from transfusions. It was publicly understood that the disease had many faces and its consequences were devastating for all people infected. In the United States, drug companies received greater funding to study the disease and cocktails were developed to effectively it. With the increased affordability of medicine and availability of education about the disease, the HIV/AIDS rates have steadily declined in the United States and most of the West, while infection rates have continued to increase in Eastern European, Caribbean, Asian, and African countries. The situation has become impossible for the developed nations to ignore, and the United States recently made history with its large monetary contribution towards the global fight against AIDS.

President George W. Bush announced a $15 billion, five year initiative to fight HIV/AIDS abroad in January 2003. Called the Emergency Plan for AIDS relief, it proposes to reverse the grim statistics facing the developing world with the goal of improving and saving lives. In his speech, President Bush stated that the act was "the largest, single up front commitment in history for an international public health initiative involving a specific disease."[20] He cited that the United States has a "moral duty to act" and that "we're interested in lives saved."[21]

Though President Bush cited the devastating impact that the disease had on Africa in his speech, it is important to note that there was no mention of security concerns. Yet in his 2002 National Security Strategy, he cited the fight against

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[20] President George Bush, "President Signs HIV/AIDS Act", accessed on October 26, 2003, available at <http://www.whitehouse.gov/news/releases/2003/05/print/20030527-7.html>.
[21] Ibid.

HIV/AIDS as one of the biggest upcoming challenges facing the United States: "The scale of the public health crisis in poor countries is enormous. In countries afflicted by epidemics and pandemics like HIV/AIDS, malaria, and tuberculosis, growth and development will be threatened until these scourges can be contained."[22] He specifically acknowledged the negative impact that HIV/AIDS has on education in Africa: "The United States will increase its own funding for education assistance by at least 20 percent with an emphasis on improving basic education and teacher training in Africa. The United States can also bring information technology to these societies, many of whose education systems have been devastated by HIV/AIDS."[23]

The Bush initiative proposes to buy anti-retroviral medications to treat HIV/AIDS and develop a delivery system to distribute the medication to even the remotest regions of the world. It also plans to use the money to train healthcare workers, construct and supply clinics, and hire childcare workers for AIDS orphans. In terms of prevention, the act plans to fund HIV testing, support abstinence programs for children and teenagers, and provide support for faith-based groups that currently are educating communities about the disease. The bulk of this contribution will go to 12 African and two Caribbean countries with high rates of infection. In his speech laying out the details, President Bush said that the program had the potential to prevent at least seven million new infections, give drugs to at least 2 million people, and care for 10 million infected adults and children.[24] The

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[22] National Security Strategy, September 2002, 27.
[23] Ibid.
[24] President George Bush, "President Signs HIV/AIDS Act", accessed on March 22, 2004, available at <http://www.whitehouse.gov/news/releases/2003/05/print/20030527-7.html>.

UN and influential world leaders, such as Nelson Mandela, praised the HIV/AIDS act and encouraged other countries to follow suit with similar contributions.

Some African governments have played significant roles in fighting AIDS in their countries, while others have done just the opposite. Whether an African government is powerless, does not care, or actively seeks to stop the disease from spreading, the challenge facing them is great, mainly because they lack many of the resources needed to fight it. The Bush administration's decision to invest in these countries to such an extent is unprecedented; however, it will be up to the individual countries in the region to use the resources wisely and effectively, as well as the coordination of NGOs and local organizations to ensure proper implementation of funds and programs. The lack of affordable drugs, distribution centers, and education in Africa makes the Bush administration's crusade an extremely challenging one. It will take years to determine if such prevention and treatment efforts work, and the Bush plan certainly cannot solve it alone. Additional funding from outside sources and active Africa leadership are also needed to compliment the plan of attack.

IV. AIDS STATISTICS

AIDS is caused by HIV, a retrovirus discovered in the early 1980s. HIV attacks the CD4 cells, which protect and strengthen the body's immune system. Once someone has contracted HIV, it usually takes between eight and ten years for AIDS to develop. The body then becomes much more susceptible to diseases that it would usually fight off, such as pneumonia, tuberculosis, and diarrhea. One of the

most dangerous aspects of HIV is the length of time it takes for a person to feel the effects of the disease. Therefore, someone who does not know they have HIV or AIDS can pass the disease on to many other people before becoming aware that they have done so. Symptoms of AIDS include dramatic weight loss, chronic fatigue, swollen lymph nodes, diarrhea, and weakened central nervous system.[25] It usually is not AIDS that kills; it is that it deteriorates the body to such an extent that ordinary diseases become deadly.

Sub-Saharan Africa is the continent with the highest percentage of people infected with HIV, containing over 70 percent of the world's total HIV population and 77 percent of AIDS deaths in 2003. Of the estimated 42 million people currently living with HIV/AIDS around the world, 95 percent of these cases are in developing countries – and these numbers continue to rise. The transmission of AIDS differs by region: heterosexual sex in Africa and the Caribbean, drug use in Eastern Europe and parts of Asia, and homosexual intercourse in Latin America and most developed nations;[26] of course, each type of transmission is found in every country afflicted by the disease. Below is a chart with the most recent data (December 2003) for HIV/AIDS infections in the world:[27]

Region	Adults and children living with HIV/AIDS	Adults and children newly infected with HIV	Adult prevalence (%)	Adult and child deaths due to AIDS
Sub-Saharan Africa	25.0 – 28.2 million	3.0 – 3.4 million	7.5 – 8.5	2.2 – 2.4 million
North Africa & Middle East	470,000 – 730,000	43,000 – 67,000	0.2 – 0.4	35,000 – 50,000

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[25] Brower, 32-33.

[26] Bill and Melinda Gates Foundation, "HIV/AIDS: Key Facts", accessed on October 26, 2003, available at <http://www.gatesfoundation.org/GlobalHealth/HIVAIDSTB/HIVAIDS/RelatedInfo/FactSheetGHAIDS-030922.htm?version=print>.

[27] UNAIDS, "AIDS Epidemic Update," December 2003, accessed on March 28, 2004, available at <http://www.unaids.org/EN/>.

South & South-East Asia	4.6 – 8.2 million	610,000 – 1.1 million	0.4 – 0.8	330,000 – 590,000
East Asia & Pacific	700,000 – 1.3 million	150,000 – 270,000	0.1 – 0.1	32,000 – 58,000
Latin America	1.3 – 1.9 million	120,000 – 180,000	0.5 – 0.7	49,000 – 70,000
Caribbean	350,000 – 590,000	45,000 – 80,000	1.9 – 3.1	30,000 – 50,000
Eastern Europe & Central Asia	1.2 – 1.8 million	180,000 – 280,000	0.5 – 0.9	23,000 – 37,000
Western Europe	520,000 – 680,000	30,000 – 40,000	0.3 – 0.3	2,600 – 3,400
North America	790,000 – 1.2 million	36,000 – 54,000	0.5 – 0.7	12,000 – 18,000
Australia & New Zealand	12,000 – 18,000	700 – 1,000	0.1 – 0.1	<100
Total	**40 million** **(34 - 46 million)**	**5 million** **(4.2 – 5.8 million)**	**1.1%** **(0.9 – 1.3%)**	**3 million** **(2.5 – 3.5 million)**

In its January 2000 report, the NIC concluded that the ease of transmitting infectious diseases throughout the world is made possible by "the dramatic increase in drug-resistant microbes, combined with the lag in development of new antibiotics, the rise of megacities with severe health care deficiencies, environmental degradation, and the growing ease and frequency of cross-border movements of people and produce."[28] Public health experts fear that infection rates for HIV/AIDS could increase up to 25 percent by 2005, causing 45 million new infections by 2010.[29] The most recent epidemiological HIV statistics for specific African countries are below:[30]

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[28] National Intelligence Council, "The Global Infectious Disease Threat and Its Implications for the United States," NIE-99-17D, Washington, D.C., January 2000, accessed on March 22, 2004, available at <http://www.cia.gov/cia/reports/nie/report/nie99-17d.html>.

[29] Bill and Melinda Gates Foundation, "HIV/AIDS: Key Facts", accessed on October 26, 2003, available at < http://www.gatesfoundation.org/GlobalHealth/HIVAIDSTB/HIVAIDS/RelatedInfo/FactSheetGHAIDS-030922.htm?version=print>.

[30] UNAIDS, "Report on the Global HIV/AIDS Epidemic," July 2002.

Countries	Percentage of Adults with HIV or AIDS	Number of Adults with HIV or AIDS
Botswana	38.8%	300,000
Swaziland	33.4%	170,000
Zimbabwe	33.7%	2,300,000
Lesotho	31.0%	360,000
Zambia	21.5%	1,200,000
South Africa	20.1%	5,000,000
Namibia	22.5%	230,000
Malawi	15.0%	850,000
Kenya	15.0%	2,500,000
Central African Republic	12.9%	250,000
Mozambique	13.0%	1,100,000
Rwanda	8.9%	500,000

Delving further into these numbers, Botswana's percentage rate of close to 40 percent is overwhelming, despite the low population of the country. Swaziland, Zimbabwe, and Lesotho are close behind, with an estimated third of their adult population infected. South Africa's percentage, on the other hand, is high at 20 percent; yet even more startling are the actual numbers, with 5 million adults in the country infected. These statistics demonstrate the devastating force that AIDS can deliver, and alarmingly most of these countries' infection rates continue to grow. Once an infected populace reaches the threshold figure of 5 percent of infection, the difficulty of containing a disease becomes much more difficult, and in Africa, that much more impossible.[31]

The main reason that infectious diseases like HIV/AIDS are on the rise is not only due to emerging mutated strains, but also because of the changes in social, economic, and political global developments. These changes include population upheavals due to war and famine, the rise in international travel, and inadequate

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[31] Elbe, 16.

health services. Refugee camps are a breeding ground for infections, including

HIV, TB, cholera, and dysentery; with millions of people living in such conditions,

the infection rates continue to rise. The ease of international travel allows people to

travel halfway around the world in a matter of hours, letting pathogens remain

active even after an infected person reaches their destination. Hospitals and clinics

in Africa have made strides against some preventable diseases, though that appears

to be declining with lack of funds and weakening infrastructure, as well as the

increase of conflict and instability on the continent.[32]

Despite sub-Saharan Africa comprising the majority of people living and

dying with AIDS, other countries and regions are not that far behind. The

Caribbean, East Asia, the Indian subcontinent, the former Soviet Union, and Eastern

Europe's rates of infection are increasing at an alarming rate, and it is projected that

Asia will surpass Africa as the continent with the most AIDS cases by 2010.[33] By

2020, it is estimated that HIV/AIDS will be the cause of the majority of infectious

disease deaths worldwide (currently that distinction belongs to acute respiratory

infections, such a pneumonia and influenza).[34]

In 2002 the NIC published a report titled "The Next Wave of HIV/AIDS:

Nigeria, Ethiopia, Russia, India, and China" that projected the extent of the increase

in HIV/AIDS cases through 2010. It predicts the number of people infected in those

countries will go from current estimates of 14 to 23 million to approximately 50 to

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[32] National Intelligence Council, "The Global Infectious Disease Threat and Its Implications for the United States," NIE-99-17D, Washington, D.C., January 2000, accessed on March 22, 2004, available at <http://www.cia.gov/cia/reports/nie/report/nie99-17d.html>..

[33] National Intelligence Council, "The Global Infectious Disease Threat and Its Implications for the United States," NIE-99-17D, Washington, D.C., January 2000, accessed on March 22, 2004, available at <http://www.cia.gov/cia/reports/nie/report/nie99-17d.html>.

[34] Ibid.

75 million by 2010, passing sub-Saharan Africa's 2010 estimate of 30 to 35 million infected. The five countries were chosen because they are currently in the early stages of the disease, hold 40 percent of the world's population, and their governments have not given the issue the top priority that it needs.[35] These next-wave countries collectively will quadruple in the number of infections they had from 2002 to 2010. HIV/AIDS is predicted to impact these countries militarily, politically, and socially, as in sub-Saharan Africa. These figures for the next-wave countries are detailed in the table below:[36]

	2002 Number Infected (Govt. Data)	2002 Number Infected (Expert Estimates)	2002 Adult Prevalence Rate	2010 Number Infected (Expert Estimates)	2010 Adult Prevalence Rate
Nigeria	3.5 million	4-6 million	6-10%	10-15 million	18-26%
Ethiopia	2.7 million	3-5 million	10-18%	7-10 million	19-27%
Russia	.18 million	1-2 million	1.3-2.5%	5-8 million	6-11%
India	4 million	5-8 million	.9-1.4%	20-25 million	3-4%
China	.8 million	1-2 million	.14-.27%	10-15 million	1.3-2%

Though the next-wave countries' infection numbers will outpace Africa's in the future, Africa's low population will continue to lead the world in the percentage of adults infected with AIDS.[37] For this reason, Africa remains on the forefront of the United States' immediate and long-term security concerns about the disease.

V. AIDS IN AFRICA

One of the most frightening aspects of AIDS is its ability to spread rapidly. In the early 1990s, many southern African countries had infection rates of only two

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[35] National Intelligence Council, "The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India, and China," September 2002: 1.
[36] Ibid, 8.
[37] National Intelligence Council, "The Global Infectious Disease Threat and Its Implications for the United States," NIE-99-17D, Washington, D.C., January 2000, accessed on March 22, 2004, available at <http://www.cia.gov/cia/reports/nie/report/nie99-17d.html>.

to three percent, whereas now those figures have multiplied exponentially.[38] Many

African governments either ignored the problem or reacted slowly to it, to the great

detriment of their populace. Some presidents, such as Uganda's Yoweri Museveni

and Senegal's Abdoulaye Wade, have demonstrated great leadership fighting against

the disease and actually lowered infection rates in their countries. For example,

President Museveni made it mandatory to teach about HIV in sex education in

schools, advocated the ABC (abstinence, being faithful, using condoms) program,

and aired government ads that attack the stigma of living with the disease. He is

credited with helping Uganda reverse the tide of the growing AIDS rate, the first

African country to do so.[39] President Festus Mogae of Botswana is taking a

controversial initiative to prevent the spread of AIDS in his country by making

AIDS testing mandatory for every person who enters a hospital, even if that person

is there for a minor sickness. He has acknowledged that a stigma against the disease

continues to persist in his country, despite infection rates of 40 percent, and has

even taken a blood test publicly in order to encourage others to do so.[40] Botswana

has the highest AIDS percentage of any country in the world, and its government is

desperately trying to do what it can to lower the rate of infection there.

Conversely, other leaders continue to fail to acknowledge the disease's

impact, such as South Africa's Thabo Mbeki. President Mbeki infamously has

claimed on numerous occasions that HIV does not cause AIDS and has stated that

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[38] David Gordon, "The Second Wave of the HIV/AIDS Pandemic: China, India, Russia, Ethiopia, Nigeria", A Conference Report of the CSIS Task Force on HIV/AIDS, December 2002, 2.
[39] BBC Online, "Uganda Turns Back the AIDS Tide," accessed on March 22, 2004, available at <http://news.bbc.co.uk/1/hi/world/africa/3250021.stm>.
[40] BBC Online, "Botswana AIDS Stigma Persists," accessed on March 22, 2004, available at <http://news.bbc.co.uk/1/hi/world/africa/3243844.stm>.

AIDS began because of "poor living conditions, poverty, malnutrition, stress, and trauma."[41] He has also said he does not know anyone personally who has HIV or anyone who has died of AIDS, despite reports that some of his cabinet members were victims of the disease.[42] Strong, vocal leadership is an important element in combating HIV/AIDS in Africa, particularly because of the difficulty in educating such a remote populace, as well as removing the stigma that surrounds the disease and the people afflicted by it.

AIDS is not the only security concern to the Bush administration; in addition, the lack of stability in parts of Africa is a great worry. Over the past 15 years, parts of the continent have become more of a security issue for the United States, especially in the Horn of Africa (incidentally the African region where HIV/AIDS is spreading the fastest).[43] Osama bin Laden was stationed in war-torn Sudan in the mid-1990s before he settled in Afghanistan. The U.S. embassies in Kenya and Tanzania were bombed in 1998. In 2003, an Israeli chartered jet and a tourist hotel in Kenya were targets for attacks. Instability in Western Africa (Liberia, Sierra Leone, and Côte d'Ivoire) as well as Central Africa (Democratic Republic of Congo, Rwanda, and Burundi) periodically makes the news headlines, but usually only when the situation gets really nasty. Although Africa tends to be generally disregarded on the world stage, the continent's AIDS crisis has increasingly drawn more international concern, not only from the public, but from governments as well.

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[41] Brower, 42.
[42] BBC Online, "Mbeki Stirs Up AIDS Controversy," accessed on March 22, 2004, available at <http://news.bbc.co.uk/1/hi/world/africa/3143850.stm>.
[43] Mark Schneider and Michael Moodie, "The Destabilizing Impact of HIV/AIDS: First Wave Hits Eastern and Southern Africa; Second Wave Threatens India, China, Russia, Ethiopia, Nigeria", 4.

Over 70 percent of all HIV positive cases in the world are located in sub-Saharan Africa, despite housing only 10 percent of the world's population.[44] This percentage includes 30 million people who are infected with AIDS, including nearly three million children.[45] It is projected that by 2010, approximately 42 million children in 27 countries will lose one or both of their parents to AIDS, with 19 of those countries located in sub-Saharan Africa. AIDS is not the only major killer on the continent, for almost 50 percent of infectious disease-related deaths in the world occur there. In addition to this health challenge, Africa has the worst healthcare capabilities and infrastructure on the planet to deal with these lethal diseases, which only makes the situation more deadly.[46] The inability of sub-Saharan Africa's healthcare system to combat treatable diseases stems from scarce supplies, lack of drugs, unskilled workers, insufficient funding, and inadequate transportation networks to provide emergency services. Many people in Africa do not even have access to basic healthcare services; for example, more than 60 percent of Nigeria and the Democratic Republic of Congo's population do not have proper access to medicine or clinics.[47]

Unlike malaria or tuberculosis which attacks the old and the young, AIDS kills people in the prime of their lives, such as young parents who are in the process of raising their families and contributing to their country's workforce. This fact differentiates AIDS from other infectious diseases and it is one of the main reasons

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[44] CSIS, "The Second Wave of the HIV/AIDS Pandemic: China, India, Russia, Ethiopia, Nigeria," December 2002, IV.
[45] US Department of State, "The President's Emergency Plan for AIDS Relief", accessed on October 26, 2003, available at <http://www.state.gov/p/af/rls/fs/17033pf.htm>.
[46] National Intelligence Council, "The Global Infectious Disease Threat and Its Implications for the United States," NIE-99-17D, Washington, D.C., January 2000, accessed on January 24, 2004, available at <http://www.cia.gov/cia/reports/nie/report/nie99-17d.html>.
[47] Ibid.

why international players are concerned about the future and security of those countries which are the hardest hit. Without parents to raise children or a healthy workforce to contribute to a nation's economy, what is going to happen to these countries and their populations if HIV/AIDS is not treated or prevented?

One of the issues that needs to be examined is how AIDS spread so quickly and deeply throughout Africa? Unlike Ebola or malaria, where the victim completely contracts the disease at random, AIDS (for the most part) is entirely preventable. Such a fact cannot be discounted or ignored; despite education and research detailing how HIV is transmitted between people, the disease continues to spread. The reasons for this occurring in Africa at such an alarming rate are varied and include the following explanations: misinformation, the low status of women, prostitution, sexual abuse, fatalism, and stigma.

Many Africans are either not educated about AIDS or choose to believe cultural myths. For example, there remains a well-known myth in parts of Africa that by having sex with a virgin, a man can cure his disease. Of course, this only exacerbates not only the spread of HIV, but contributes to sexual assault and abuse of younger girls. In fact, there is a noted increase of rape between older men and young girls, especially in parts of South Africa, where over 50,000 women are raped every year.[48]

In Africa, the main transmission of HIV occurs through heterosexual intercourse. The prevalence of "casual, unsafe, and abusive sex" is widespread, as is having many different partners and refusing to wear a condom. Intercourse is

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[48] Brower, 41.

often "dry", which results in internal cuts and facilitates the spread of the disease.[49]

Such practices are followed by many men, and their refusal to take precautionary

measures and adapt to safer methods of intercourse only worsens the problem,

especially for women.

The status of women is decidedly much lower than that of men in most

African countries, which tend to be patriarchal societies. Polygamy is practiced in

many rural communities, and women are often equivalent to and treated as property.

Refusal to sleep with one's husband is virtually unheard of, as is the notion of a

woman suggesting her husband wear a condom. The low status of women in Africa

has allowed HIV to spread among females, resulting in more females than males

carrying the disease; worldwide, women make up 50 percent of infections, whereas

in sub-Saharan Africa, they compose 58 percent.[50]

Prostitution has accelerated the spread of HIV/AIDS throughout the

continent, particularly in South Africa. This activity is big business for miners and

truckers who spend a significant period of time living away from home. The

combination of multiple partners and unprotected sex contribute to the spread;

alarmingly, truck drivers will pay twice as much for intercourse with a prostitute

without a condom than they would with a condom. In the South African

transportation, construction, and mining sectors, HIV is expected to rise by up to 29

percent, mainly because of the high level of prostitution activity.[51]

A fatalistic attitude exists among young men in parts of Africa.

Unemployment, violence, and death are common occurrences and produce an

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[49] Brower, 39.
[50] Bill and Melinda Gates Foundation.
[51] Brower, 40.

attitude of "if AIDS kills me if five years' time, so what?"[52] Some men believe that

they will likely die of AIDS anyway, and if that is the case, they might as well not

worry about catching or transmitting it to others.

Despite the fact that most Africans are either related to someone with AIDS

or know someone who has it, a pervasive stigma about the disease still exists in

many regions. Not only is the stigma directed towards the infected person, but also

towards that person's relatives, frequently causing communities to completely

ostracize entire families. An AIDS diagnosis usually results in "entrenched feelings

of hopelessness, depression, despair and anger … [and] also directly affects the

trust, interaction, and cooperation that lie at the heart of any functioning civil

society."[53] Violence towards individuals with AIDS has occurred; in 1998 in South

Africa, a woman was stoned to death after revealing she had the disease on World

AIDS Day.[54] The lingering impact of hostility, exclusion, and isolation from

communities not only affects the individual and their families, but the balance of the

community itself.

VI. THREATENED STRUCTURES

In 2000, Kofi Annan told the National Security Council that "the impact of

AIDS in Africa is no less destructive than that of warfare itself. By overwhelming

the continent's health and social services, by creating millions of orphans, and by

decimating health workers and teachers, AIDS is causing social and economic crises

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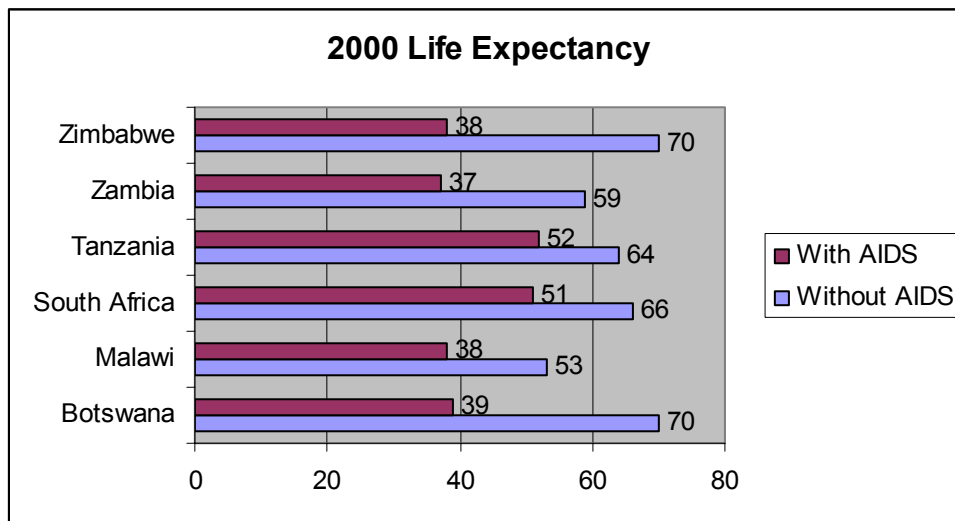[52] Brower, 42.
[53] Ibid, 48.
[54] Elbe, 55.

which in turn threaten political stability."[55] Life expectancy, families, economies, militaries, and peacekeeping forces are all affected by HIV/AIDS, and as a result, human security in Africa has declined and political stability is threatened. Each of these sectors will be analyzed further to determine the impact of AIDS on Africa countries, as well as on their development and security.

A. LIFE EXPECTANCY AND INFANT MORTALITY

HIV/AIDS drastically lowers life expectancies in many sub-Saharan African countries. Although life expectancies in Africa are some of the lowest comparatively in the world, they drop even lower when AIDS is factored into the equation, as seen in the chart below:[56]

2000 Life Expectancy

Country	With AIDS	Without AIDS
Zimbabwe	38	70
Zambia	37	59
Tanzania	52	64
South Africa	51	66
Malawi	38	53
Botswana	39	70

The United Nations Development Programme (UNDP) predicts that by 2010, life expectancy in the ten countries most affected by AIDS will drop to 44 years, instead

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[55] Pharaoh, 1.
[56] Ibid, 4.

of 61, where the number would be without AIDS deaths.[57] These figures are

shocking and frightening, especially in Botswana and Zimbabwe, where the life

expectancies are cut almost in half because of AIDS. Other predictions report that

many African countries will find their life expectancy numbers dropping to where

they were over 100 years ago, thereby undermining development progress made

over the past century.[58] There is also a risk of a demographic upheaval with the

majority of deaths occurring so early in life and reducing the life expectancy of an

entire population by as much as 30 years.[59]

Infant mortality rates are growing in these countries, as mothers pass HIV to

their children during pregnancy or through breastfeeding. Despite the gains made

by child survival programs over the past two decades, AIDS threatens to turn the

tide and erase all progress against them. Botswana is most impacted by this, as its

infant mortality rate is 121 percent higher with AIDS than it would be without it.

South Africa's infant mortality rate is 44 percent higher with AIDS, and by 2010, it

is estimated to be 60 percent higher. Below are countries that are impacted by

increasing infant mortality rates:[60]

Country	Increase in Infant Mortality Due to AIDS
Botswana	121%
Namibia	58%
South Africa	44%
Nigeria	7%
Cote d'Ivoire	14%
Zambia	31%

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[57] Pharaoh, 4.
[58] Elbe, 54.
[59] National Intelligence Council, "The Global Infectious Disease Threat and Its Implications for the United States," NIE-99-17D, Washington, D.C., January 2000, accessed on January 24, 2004, available at <http://www.cia.gov/cia/reports/nie/report/nie99-17d.html>.
[60] U.S. Census Bureau, HIV/AIDS Country Profiles, June 2000, in ICG Report, "HIV/AIDS as a Security Issue," June 19, 2001, accessed on March 26, 2004, available at <http://www.crisisweb.org/home/index.cfm?id=1831&l=1>.

Kenya	25%
Mozambique	14%
Malawi	16%

The NIC Report refers to a comprehensive study that correlates infant

mortality rates with state failure, especially for countries that have experienced a

stable democratic government over a period of time.[61] With Africa's high rates of

infant mortality growing, the likelihood for political instability in even democratic

countries could be increased.

B. ORPHANS

One of the most devastating aspects of the AIDS pandemic is the large

number of parentless children the disease leaves behind. Describing the impact that

AIDS has on individuals, children, and families, Nelson Mandela wrote:

> AIDS kills those on whom society relies to grow the crops, work in the mines
> and factories, run the schools and hospitals, and govern nations and
> countries, thus increasing the number of dependent persons. It creates new
> pockets of poverty when parents and breadwinners die and children leave
> school earlier to support the remaining children.[62]

UNICEF estimates that 11 million African children are currently orphans,

with half of those children between the ages of 10 to 14 years old. African

countries with some of the highest percentages of AIDS orphans include Zimbabwe,

Botswana, Lesotho, and Swaziland; it is estimated that by 2010, more than 20

percent of children in these countries will be orphaned.[63] In Sierra Leone, more

than five times as many children are AIDS orphans than orphans as a result from the

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[61] National Intelligence Council, "The Global Infectious Disease Threat and Its Implications for the
United States," NIE-99-17D, Washington, D.C., January 2000, accessed on January 24, 2004,
available at <http://www.cia.gov/cia/reports/nie/report/nie99-17d.html>.
[62] Nelson Mandela, "AIDS: Facing Up to the Global Threat" in Price-Smith, 91.
[63] UNICEF, "Africa's Orphan Crisis: Worst is Yet to Come", accessed on February 13, 2004,
available at <http://www.unicef.org/media/media_16287.html>.

country's civil war.[64] The following chart shows the actual numbers of AIDS

orphans in 2001:[65]

South Africa	660,000
Zimbabwe	780,000
Tanzania	810,000
Uganda	880,000
Kenya	890,000
Democratic Republic of Congo	930,000
Ethiopia	990,000
Nigeria	1,000,000

These numbers continue to grow, and the effects on these children are

profound. Not only are they more vulnerable to the stigma of the disease, but they

are more likely to experience malnutrition, illness, abuse, and sexual exploitation

(orphans often trade sexual acts for housing or money).[66] These children are easily

recruited for gangs and militias, with the thought that these groups can "provide an

attractive combination of shelter, food, and self-esteem for young people with

unstable backgrounds and few education and employment prospects."[67] They are

also vulnerable to radical groups and factions that will employ them as child

soldiers. In 1997, USAID Administrator J. Brian Atwood predicted the

consequences of such a large group of parentless children on a society:

> With children who have lost their parents eventually comprising up to a third
> of the population under 15 in some countries, this outgrowth of the
> HIV/AIDS epidemic will create a lost generation – a sea of youth who are
> disadvantaged, vulnerable, undereducated, and lacking both hope and
> opportunity. What we are seeing here are the seeds of crisis. The creation of
> such a large and disaffected demographic "youth explosion" could propel
> some of these societies to significant unrest and destabilization over the long

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[64] Schneider, 5.
[65] UNAIDS, "Report on the Global HIV/AIDS Epidemic," July 2002, accessed on March 20, 2004, available at <http://www.unaids.org>.
[66] Elbe, 54.
[67] Ibid, 57.

term. The threat to the prospects for economic growth and development in the most seriously affected countries is considerable.[68]

Most countries in Africa do not have adequate childcare facilities or the capacity to handle such an increase of orphans. It is challenging for extended families to take in these children because of the cost involved and the likelihood of having to care for an ill person within their own immediate family.[69] Families typically spend most of their meager income nursing an ill family member and will not be able to save any money for the future. It is estimated that a family's income falls 40 to 60 percent when they care for someone infected with HIV/AIDS.[70]

C. ECONOMICS

The NIC report states that the "persistent infectious disease burden is likely to aggravate and, in some cases, may even provoke economic decay, social fragmentation, and political destabilization in the hardest hit countries in the developing and former communist worlds."[71] It asserts that in Africa, GDP could be reduced 20 percent or more by 2010. USAID found that countries with infection rates over 20 percent had an estimated 2.6 percent decline in GDP.[72] WHO estimated that the value of lives lost to AIDS equaled 11% of sub-Saharan Africa's GNP in 1999.[73]

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[68] J. Brian Atwood, speech, December 1, 1997, accessed on March 24, 2004, available at <http://www.info.usaid.gov/press/spe_test/speeches/spch561.htm> from Price-Smith, 88-89.
[69] ICG Report.
[70] Schneider, 5.
[71] National Intelligence Council, "The Global Infectious Disease Threat and Its Implications for the United States," NIE-99-17D, Washington, D.C., January 2000, accessed on February 7, 2004, available at <http://www.cia.gov/cia/reports/nie/report/nie99-17d.html>.
[72] Schneider, 6.
[73] Elbe, 47.

Different sectors in the workforce are often affected by HIV/AIDS. The disease continues to reduce the number of workers in the agricultural sector, therefore indirectly lowering food production for its population. Some African countries have experienced food shortages because of this diminishing labor pool, and it is predicted between 2002 through 2020, 16 million agricultural workers will have died of AIDS, killing as much as 25 percent of some countries' agricultural workforce.[74] A study in Zimbabwe found that production losses in the farm sector were around 50 percent.[75] Many teachers have left their schools because of personal or family illness, and hospitals and clinics see staff losses of up to 25 percent because of AIDS.[76] In 2001, more teachers died in Tanzania from AIDS than graduated from the teaching colleges in the country.[77] The future of education and the benefits that accompany it are in danger in many of these countries, especially in those countries with rising rates of HIV/AIDS.

A 1999 World Bank study focused on AIDS's economic impact on employment figures by using AIDS-related costs (absenteeism, productivity declines, health and insurance payments, and recruitment and training) and found that profits dropped by six to eight percent, along with a drop of five percent in productivity. The study also highlighted the quick turnovers in middle and upper management because of the disease, as well as the lack of competent people available to fill those jobs. AIDS is also causing a decline in the number of skilled

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[74] Schneider, 5.
[75] National Intelligence Council, "The Global Infectious Disease Threat and Its Implications for the United States," NIE-99-17D, Washington, D.C., January 2000, accessed on January 24, 2004, available at <http://www.cia.gov/cia/reports/nie/report/nie99-17d.html>.
[76] Gates Foundation.
[77] Schneider, 6.

workers.[78] In some regions employers are training two people for every job, owing

to the likelihood of one of the workers dying early.[79] Civil servants are also

affected; in 2000, 75 percent of deaths in Kenya's police force were linked to

AIDS.[80]

What impact will healthcare costs have on each country's economy?

According to the Global AIDS Policy Coalition at Harvard University, the direct

and indirect cost of AIDS was over $500 billion in 2000. The NIC predicts that

African governments will have to direct their health policy on three fronts: spending

for health instead of other national objectives; spending more on prevention in order

to spend less on treatment; and treating AIDS patients instead of people with other

sicknesses.[81]

Most sub-Saharan African governments do not have much of a budget, let

alone a sufficient amount of money, to direct towards healthcare costs. A slower

growth rate in the economy reduces a country's taxes, so there is less money to

provide health services or military capacity. An illustrative example is in

Zimbabwe, where more than 50 percent of the health budget is allocated towards

treating AIDS; by comparison, the cost of treating one AIDS patient in Africa is

equivalent to sending 10 children to primary school for one year. In 2005, Kenya is

projected to spend half of its healthcare budget on AIDS, whereas South Africa will

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[78] National Intelligence Council, "The Global Infectious Disease Threat and Its Implications for the United States," NIE-99-17D, Washington, D.C., January 2000, accessed on January 24, 2004, available at <http://www.cia.gov/cia/reports/nie/report/nie99-17d.html>.
[79] Schneider, 6.
[80] Ibid.
[81] National Intelligence Council, "The Global Infectious Disease Threat and Its Implications for the United States," NIE-99-17D, Washington, D.C., January 2000, accessed on January 24, 2004, available at <http://www.cia.gov/cia/reports/nie/report/nie99-17d.html>.

spend between 35 to 84 percent.[82] With such a large percentage of health funding directed towards AIDS, other infectious diseases, such as TB and malaria, will receive less financial support than they need. There may also be a shift towards greater inequality between classes, as wealthy people can afford the drugs they need while the majority of the population cannot and goes without.

Such a dismal forecast for African countries' economies does not bode well for foreign or private investment opportunities. Though international companies do not have much capital invested in the continent compared to other regions, the likelihood of attracting future foreign investment is doubtful; even stable African countries will be disregarded if the AIDS rate continues its climb. Another concern is tourism, which is a large source of some countries' economies, especially for Kenya, Tanzania, and Southern Africa. All of these tourist-friendly countries are experiencing a rise in infection rates, which will likely deter people from visiting them in the future; the tourism sector, in turn, will feel the impact, as will the national economies.

D. MILITARY

Militaries are expected to maintain public order and defend a country's national security, yet in Africa, they are busy coping with the effect that AIDS has on their troops. The disease is decreasing the effectiveness of militaries in Africa in four distinct areas: resources, personnel, morale, and military-civilian relations.[83]

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[82] National Intelligence Council, "The Global Infectious Disease Threat and Its Implications for the United States," NIE-99-17D, Washington, D.C., January 2000, accessed on January 24, 2004, available at <http://www.cia.gov/cia/reports/nie/report/nie99-17d.html>.
[83] Elbe, 23.

More resources will be needed to replace and train skilled troops continuously; the higher the AIDS rate, the more money will be required to keep replacing those men who are sick or who have died. In terms of personnel, the target age range of recruits (15-24 years old) is also the group where AIDS is the highest. There is especially concern over the high levels of command in militaries, whose deaths allow less skilled and trained soldiers to replace them. Morale among militaries will be low as men see their fellow soldiers dying slow deaths; in fact, witnessing such events may lead to risk-taking or inappropriate behavior, as some soldiers may believe that they will eventually die of the disease themselves.[84] Soldiers may also be less likely to attend to their wounded colleagues for fear of catching the disease. Military and civilian relations are strained by AIDS, as civilians may be fearful and receptive to the stigma over it.[85] All of these areas have the potential to undermine a country's military and prevent it from carrying out its essential duties.

HIV/AIDS percentages are two or three times higher in African militaries than in civilian populations, and these rates of infection are increasing.[86] Unsafe sexual behavior is the main reason for these high numbers, as brothels and prostitutes are readily available at border towns and military postings. Below are some figures detailing some of the high percentages of HIV prevalence in certain African militaries:[87]

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[84] Schneider, 6-7.
[85] Elbe, 24-26.
[86] Schneider, 2.
[87] National Intelligence Council, "The Global Infectious Disease Threat and Its Implications for the United States," NIE-99-17D, Washington, D.C., January 2000, accessed on February 7, 2004, available at <http://www.cia.gov/cia/reports/nie/report/nie99-17d.html>.

Country	Estimated HIV prevalence
Angola	40-60%
Congo (Brazzaville)	10-25%
Cote d'Ivoire	10-20%
Democratic Republic of the Congo	40-60%
Eritrea	10%
Nigeria	10-20%
Tanzania	15-30%
Zimbabwe	70-75%
Malawi	70-75%
South Africa	66-70% (some units 90%)

There is concern that with these high rates of infection, HIV/AIDS is "dissolving command structures, killing experienced officers, and is being spread by warring armies, peacekeepers, and demobilized soldiers."[88] As these rates of infection continue to grow, militaries become less effective in dealing with security situations, which could possibly lead to increases in political and societal instability. There is national and international concern that a lack of military presence in some countries will leave a void that gangs, militia, terrorist organizations, or guerilla groups will only be too happy to fill.[89]

E. PEACEKEEPING OPERATIONS

What about AIDS's effect on international peacekeepers? Nigeria and South Africa are two African countries that have deployed their large forces to serve as peacekeepers on the continent; however, both of these countries must contend with rising HIV rates not only in their militaries, but also in their civilian populations. South Africa's National Defense Force estimates that up to 70 percent of its

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[88] Schneider, 2.
[89] Ibid, 6.

country's military is infected, with some units infected an astounding 90 percent. Some military analysts in the country predict that soon it will not be able to send its troops abroad.[90] With the loss of such forces, which the international community has increasingly come to depend on to stabilize conflicts in the region, African peacekeeping operations will likely be affected by the increase of death, sickness, and desertion in their missions.

HIV/AIDS rates in international peacekeeping forces, though not as high as the African militaries, are increasing in number. It is estimated that an individual is five times more likely to contract HIV/AIDS by serving on a peacekeeping force; therefore, the risk of spreading the disease once that individual returns to his home country increases. Peacekeepers are also blamed for transmitting the disease from their home country to the country where they are stationed to provide stability; predictably, this makes a negative impression on the local populace and can take away confidence from the mission, as well as contribute to the instability of the situation.[91]

Currently there are over 38,000 UN peacekeepers actively serving around the globe, with one third stationed in Africa. Some countries may be unwilling in the near future to introduce their soldiers into countries in the region with high HIV/AIDS rates, such as Richard Holbrooke, who said that "the U.S. will never again vote for a [UN] peacekeeping resolution that does not require action by the UN's Department of Peacekeeping Operations to prevent AIDS from spreading to

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[90] Schneider, 6.
[91] Ibid, 7.

peacekeepers."[92] If countries become unwilling to station their troops in parts of Africa that desperately need them, more insecurity is likely to develop as political and military actors take advantage of unstable situations.

A CSIS report links the loss of military effectiveness to U.S. security concerns, stating that if Nigeria and South Africa become handicapped by the disease, they "cannot sent peacekeepers, contribute to growth and stability, or guarantee their own internal stability."[93] Therefore, CSIS argues that the United States will not have any regional security forces to depend on in the region, which could impact its security interests. Ineffective militaries can lead to lawlessness – either by gangs, terrorist organizations, or guerrilla groups.[94]

War itself contributes to the spread of HIV/AIDS. UNAIDS states that conflict brings dislocation (economic and social) which results in "a loss of livelihoods, separation of families, collapse of health services, and dramatically increases instances of rape and prostitution."[95] Rape can be used as a tool during war, such as the mass rapes which occurred in the Rwandan and Sierra Leone conflicts. The spread of the disease also occurs at a rapid rate in refugee camps, where women are particularly vulnerable to sexual violence; there are other instances where women sell their bodies for food. It is estimated that women in refugee camps are six times more likely to contract HIV than the general civilian population.[96]

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[92] Pharaoh, 5.
[93] Schneider, 4.
[94] Ibid, 6.
[95] Pharaoh, 5.
[96] Ibid.

VII. CONFRONTING THE THREAT

One of the more frustrating aspects involved in halting the spread of HIV/AIDS in Africa is that the disease is preventable. The solution appears simple and basic: use sterilized needles, screen blood before transfusions, and employ safety precautions during sexual intercourse. Yet the statistics for getting this information across are grim – prevention efforts touch less than 20 percent of those populations who are most at risk.[97]

There are many organizations devoted to the cause of AIDS treatment and prevention, including the World Health Organization, Centers for Disease Control, the United Nations, national and international governments, and numerous nongovernmental organizations. Coordination between these groups will continue to be difficult, along with national governments' reluctance to cooperate and report correct figures (for fear of how high infection numbers would impact their country, both economically and politically).[98] Yet political leaders from Uganda, Senegal, Thailand, and Brazil have been able to make a difference in combating AIDS in their countries. Money was spent on testing, counseling, and treatment resources, while cooperation with NGOs and businesses allowed the efforts to take root in communities.[99] Their experiences serve as examples for other countries facing the epidemic.

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[97] Global HIV Prevention Working Group, "Global Mobilization for HIV Prevention: A Blueprint for Action", July 2002, 1.
[98] National Intelligence Council, "The Global Infectious Disease Threat and Its Implications for the United States," NIE-99-17D, Washington, D.C., January 2000, accessed on January 24, 2004, available at <http://www.cia.gov/cia/reports/nie/report/nie99-17d.html>.
[99] Schneider, 12.

The Global HIV Prevention Working Group, chaired by the Bill and Melinda Gates Foundation, cites the following as the main challenges facing HIV/AIDS prevention: resources, capacity, stigma, political commitment, treatment access, and new technologies.[100] These obstacles are examined below in detail and accompanied by possible ways to achieve solutions. Though preventing the disease may appear insurmountable with all the factors against it, successful countries have demonstrated that it is possible to stop HIV from spreading.

UNAIDS estimates that it will cost approximately $4.8 billion per year to implement a prevention program in developing countries, whereas currently the spending amounts to a quarter of what is needed. Only a fraction of people at risk for HIV ever receive prevention information; it is estimated that only 10 to 20 percent of people obtain it. Lack of resources (and therefore, lack of information) means that many people in Africa still are unaware of how HIV is transmitted, and less than five percent of sub-Saharan African women get the proper information to reduce mother-to-child transmission of the disease.[101]

Although financial contributions are necessary to prevent HIV, the money needs to be put to use efficiently in programs that reach the targeted population. One challenge that continues to be a problem concerns the lack of capacity to sustain programs in order for them to take effect. This problem is summarized in the following statement: "although many prevention programs could be largely self-sustaining with sufficient local human capacity, the lack of attention to capacity-building has left many countries heavily dependent on external assistance for HIV

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[100] Global HIV Prevention Working Group, 2.
[101] Gates Foundation, 19.

prevention."[102] Training of skilled workers, technical assistance, infrastructure

improvement, and a buildup of human capacity are all needed to get the prevention

programs reaching as many people as possible.

As mentioned above, political leadership plays a large role in turning the tide

against the spread of the disease. Even though AIDS is a natural disaster, the

human agency is a powerful tool in defeating it. Leaders who spoke openly about

AIDS, how it is transmitted, and how to prevent it have demonstrated the

effectiveness of this tactic, as opposed to those leaders who ignore the problem or

do not have a plan of how to stop the spread. More countries are realizing that

denial is not working, and such examples as the Abuja declaration in 2001, where

African leaders vowed to fight the disease, show this.[103] Sharing information about

AIDS is incredibly important, and having a leader who is willing to do this

frequently results in more prevention efforts among the population.

Leaders can also assist in lowering the stigma of AIDS that exists in many

African countries. Many people are ashamed about the disease, as it invokes a

connection with promiscuous sex, drug use, or homosexuality. As a result of this

stigma, discrimination and exclusion are common for people with AIDS; there is

little public support or sympathy for the infected.[104] Therefore, some people may

avoid getting tested or treated for HIV, not only because of the nature of the disease,

but because of the reaction they will likely receive from their families, friends, and

local communities.

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[102] Gates Foundation, 20.
[103] Ibid, 21.
[104] Ibid, 23.

Products that are necessary for HIV prevention (male and female condoms, clean syringes, HIV test kits, clean needles) are not easily available in Africa like they are in the developed nations. UNAIDS reports that not enough affordable condoms are produced for people in Africa, citing only 25 percent of condoms that are necessary are offered for purchase.[105] In terms of possible vaccinations and drug treatment, AIDS research has mainly focused on western countries; research for HIV vaccines in Africa only amounts to 1.6 percent of the total scientific studies. When drug treatment becomes available, it goes to countries that can afford to pay the high prices; by the time international donors can fund the drugs to go to developing countries, the HIV strains have mutated to such an extent that the initial effectiveness of the treatment is no longer successful.[106]

VIII. CONCLUSION

The elements analyzed above as "threatened structures" paint a bleak picture for Africa's future, both in terms of its development and security. AIDS is in a position to undermine the fragile democracies in Africa that have taken decades to establish. In addition, the breakdown of states in a region that has pockets of instability certainly does not bode well for state, regional, or international security concerns. The evidence supports the NIC's claim that AIDS poses a security threat, not only to individual countries in Africa, but to the international community as well. The repercussions of AIDS's effect on states and the complete collapse of the

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[105] Gates Foundation, 20.
[106] Ibid, 22.

public health of the continent touches the United States politically, economically, and monetarily – all issues of great concern.

Claiming that an indirect but real correlation exists between disease and political instability, the NIC report concluded that state actors will likely compete over political power in the future.[107] Once a population is decimated to such an extent by infectious diseases, the possibility exists for a power struggle over scarce resources.[108] The prospect of such a struggle occurring in sub-Saharan Africa is made more likely because of the many weak governmental structures that currently exist. The fear is that such instability could "affect regimes that are friendly to the West, or ones that are undergoing democratization, and instability in any one state could have knock-on effects on neighboring states, potentially requiring outside invention."[109] Nondemocratic regimes are much more threatening than democratic ones, not only to the region but to the United States.

When a state no longer has a military, its economy is failing, services are not provided, the numbers of orphans are growing, and people are dying at a high rate, the security of a state is bound to suffer. Africa is not know for its stability – out of all the regions in the world, most of its countries rank at the bottom in GDP, healthcare, education, and infrastructure. Unfortunately, it ranks at the top for the number of AIDS infections. National governments are only capable of doing so much with the little resources that they have; the United States has stepped up with a large donation, and other developed countries need to do the same. AIDS has

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[107] National Intelligence Council, "The Global Infectious Disease Threat and Its Implications for the United States," NIE-99-17D, Washington, D.C., January 2000, accessed on January 24, 2004, available at <http://www.cia.gov/cia/reports/nie/report/nie99-17d.html>.
[108] Ibid.
[109] Elbe, 46.

grown exponentially over the past decade and will continue to do so unless a committed effort is made to prevent the spread.

The AIDS situation in Africa is at a critical stage; had effective steps been taken a decade ago, the numbers would not be nearly as high as they are today. Without strong African leadership, adequate funding for prevention programs, and strengthening of health services, the prognosis for the continent is not a good one. With Asia's rates increasing as well, the situation grows even worse. The United States has given this nontraditional security threat the attention it deserves; it also has a responsibility to ensure that the funding and prevention programs are and will be effective. Although the dire predictions of AIDS's impact on Africa continue to be analyzed and forecasted, it is possible to halt the disease before the continent's structures begin to collapse and states begin to fail. The international community needs to understand the importance of prevention, not only for the individuals directly affected, but for the collective security of the world.

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