

AIDS, Security and Conflict Initiative



HIV/AIDS Reference Set #2:

HIV/AIDS in the Military and Uniformed Services



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Theme: HIV/AIDS in the Military and Uniformed Services

- **UNIFORMED SERVICES**

IIIA. Who is the core group? Vulnerability: yes, no, who and how?

a. Multiple social/sexual identities/rank/ethnicity

- b. Yeager, Rodger and Kingma, Stuart.(2005). “The HIV/AIDS Pandemic: Program Imperatives and Policy Issues in Civil-Military Relations.” *Civil-Military Alliance to Combat HIV/AIDS*.

- c. Acknowledging that soldiers do not exist in a vacuum, this paper discusses policy ideas viewing the military as a section of civil society. In developing countries, the military often plays a governmental role, functioning as a major employer of civilians. To that end, this paper recognizes the power of the military within civil society, as well as a major possible carrier of HIV. Other interesting things in this article are the years deployed to percentage risk of HIV.

d. Borders: customs, immigration

- e. Lyttleton, Chris and Amarapibal, Amornrip. (2002). “Sister cities and easy passage: HIV, mobility and economies of desire in a Thai/Lao border zone.” *Social Science and Medicine*. 54, p. 505-518.

- f. This study examines a border community between Thailand and Laos, which is a 'hot zone' that HIV prevention programs usually target. The authors conclude that HIV is not only transmitted via the traditional means of coercion and exploitation, but also through traditional sexual relationships that happen in normal cross-border interactions.

- g. Skeldon, Ronald. (2000). “Population Mobility and HIV Vulnerability in South East Asia: An Assessment and Analysis.” UNDP.

- <http://siteresources.worldbank.org/INTTSR/Resources/462613-1135099994537/Mobilitypaper.pdf>.

- h. This paper discusses how the migrant population within SE Asia is a contributing factor to the spread of HIV in the region. Important points made are that much of the migration in the region is within borders (rural -> urban movements). It provides a list of 'illusions,' for example strengthening border control will limit the spread of the disease.

IIIB. Trafficking: Sex, drugs, HIV (Challenging the core group theory)

- Allred, KJ. “Peacekeepers and Prostitutes: How Deployed Forces Fuel the Demand for Trafficked Women and New Hope for Stopping it.” *Armed Forces Soc.* 33(1). p. 5-23.
 - On numerous occasions in the past fifteen years, U.N. peacekeepers have been accused of sexually assaulting or abusing the populations they serve. A Comprehensive Review of peacekeeper misconduct completed in 2005 identified significant problems and recommended numerous changes to address them. The U.S. Army and NATO, in a response to the possibility that their deployed troops will be engaged in or facilitate human trafficking, have enacted new policies intended to remove their troops from the demand for

women trafficked for sexual services. The Department of Defense and NATO initiatives are similar to those being considered by the United Nations for preventing sexual misconduct by its peacekeepers. Because the United States, NATO, and the United Nations are all addressing the problems of sexual misconduct by deployed troops, their efforts should be mutually reinforcing. The examples of American and NATO armed forces offer hope that the United Nations will also enact strong measures to prevent future misconduct by its peacekeepers.

- Beyrer, Chris. (2001). "Shan Women and Girls and the Sex Industry in Southeast Asia; Political Causes and Human Rights Implications." *Social Science and Medicine*. 53. p. 543-550.
 - Beyrer talks about the sex trade of Burmese women along the Thai border. These women are forced into debt, and must work in a brothel to make up the payments for these acts. Women with HIV have few options, as they are considered criminals by their own nation, and a strong stigma against them is formed in their home villages. The author recommends a political reconciliation in order to address the problems of the Shan women.
- Brushett, Stephen and Oskia, John Stephen. (2005). "Lessons Learned to Date from HIV/AIDS Transport Corridor Projects." *The Global HIV/AIDS Program: The World Bank*. World Bank Global HIV/AIDS Program Discussion Paper.
 - Truck drivers have high risk exposure to HIV/AIDS, as the culture of truck driving reinforces a masculine stereotype where multiple sexual encounters are encouraged. As the life on the road is not conducive to lasting relationships, truck drivers often use the services of sex workers. This project examines how truck drivers used sex workers in the Abidjan-Lagos Transport Corridor, and encourages the use of existing institutions to address HIV/AIDS.
- Silverman, Jay et al. (2007). "HIV Prevalence and Predictors of Infection in Sex-Trafficked Nepalese Girls and Women." *JAMA*. 298(5). <http://jama.ama-assn.org/cgi/reprint/298/5/536>.
 - Nepalese women who were repatriated after being sex trafficked had an HIV+ prevalence rate of 38%. Those who were trafficked earlier (under age 15) were more likely to have HIV, suggesting the need to intervene in sex trafficking in South Asia.
- UNAIDS. (2009). "UNAIDS Guidance Note on HIV and Sex Work." http://data.unaids.org/pub/BaseDocument/2009/jc1696_unaidsguidancenote_hiv_and_sexwork_en.pdf.
 - This report addresses the UNAIDS policies on sex trafficking, outlining the three pillars for the new policy on HIV prevention and education techniques for sex workers, as well as its links with HIV spread. The pillars are universal access to HIV prevention, supportive environments, and reduction of vulnerability to address structural issues.

IIIC. Enforcement, discipline and accountability

Rank, command control versus individual behavior (Senegal)

- Lom, Mamadou Mika. (2001). "Senegal's recipe for success: Early mobilization and political commitment keep HIV infections low." *African Recovery*.

<http://un.org/ecosocdev/geninfo/afrec/vol15no1/15no1pdf/151aid11.pdf>.

- This brief newsletter type piece details the policies implemented in Senegal to control the HIV/AIDS epidemic. It details the training military officers receive from doctors, and states that soldiers have access to treatment whenever they are on a mission.
- Putzel, James. (2003). "HIV/AIDS and Governance in Uganda and Senegal." Department for International Development. <http://www.research4development.info/PDF/Outputs/CrisisStates/Putzel-AIDS.pdf>
- In an attempt to understand how government HIV/AIDS responses differed in Uganda and Senegal, but have both led to relatively controlled levels of HIV/AIDS as compared to their neighbors. This paper details the program in Senegal, stating that the country was politically stable, legalized commercial sex, and provided treatment for STIs. The paper goes to define different types of interventions in order to control HIV/AIDS, concluding that most of the time cultural as well as economic solutions have to be coupled to address long term causes.

IIID. HIV as a weapon of war

- Nduwimana, Françoise. "The Right to Survive: Sexual Violence, Women and HIV/AIDS." *Rights and Democracy: International Centre for Human Rights and Democratic Development*, December 2004. http://www.dd-rd.ca/site/_PDF/publications/women/hivAIDS.pdf.
 - Nduwimana interviewed 18 women in Rwanda to gain an understanding of how HIV/AIDS has developed as a result of rape during the 1994 genocide. The article addresses how justice mechanisms have provided reparations for victims of sexual violence, and brings up the concern that a lack of evidence has impeded the ability to provide full reparations (referred to as triple therapy) for treating HIV/AIDS.

IIIE. Responses within the military: Testing, treatment, condoms distribution, education programmes

General Articles

- Asia-Pacific Military Medicine Conference XIII: HIV/AIDS Report. Bangkok, Thailand. May 12-16, 2003.
 - This paper summarizes the conference presentations regarding the Asia-Pacific Military Medicine and HIV/AIDS. With HIV as an encroaching threat to the region, this conference addressed ways that some countries have worked to slow the spread of the disease, as well as emphasize the overall need for regional cooperation and multi-sectoral collaboration on issues. Papers included HIV/AIDS and peacekeeping, US and DOD policy, and clinical trials and the Royal Thai Army.
 - Defense & Foreign Affairs: Strategic Policy. "AIDS: How new strains of HIV/AIDS pose an Immediate and overwhelming threat in many areas of the world, and how the Armed Forces can provide a key to preserving stability and

containing the contagion.” November 1999.

- This issue of the ISSA journal about AIDS and the armed forces worldwide.
- The main article, *AIDS and African Armies: A Crisis Worse than War* argues that HIV/AIDS is the number one concern for maintaining defendable armies. By “protecting the contained community of the armed forces,” armed forces can effectively be sheltered from HIV/AIDS transmission, and can be properly cared for if contained within the unit.
- The second article, *A Basic Checklist for Dealing with AIDS in the Military*, provides a checklist for preventing an epidemic, especially where a new strain of HIV has been discovered. These recommendations include: immediate containment, setting medium-term goals, protecting the government, and educating the population.
- DeWaal, Alex. “Fucking Soldiers: Militarization, Secrecy, and the AIDS Pandemic in Africa.” http://www.justiceafrica.org/wp-content/uploads/2006/07/DeWaal_Fucking_Soldiers.pdf
 - Commentary on the notion of fighting a ‘war’ on HIV/AIDS in Africa, specifically in the military. This piece sites examples of military reactions to HIV/AIDS, such as Ethiopia and Uganda, and details the problem with leaving the pandemic unaddressed.
- Whiteside, Alan, Alex de Waal, and Tsadkan Gebre-Tensae. “AIDS, Security, and the Military in Africa: A Sober Appraisal.” *African Affairs*. January 2006, 105/419. p. 201-218.
 - This article questions the common wisdoms regarding the impact of HIV/AIDS on the military. The authors find that the actual rate of HIV/AIDS in the military is not necessarily higher than that of the civilian population, and depends upon a myriad of factors. They find that armies are well structured to deal with the threat of HIV/AIDS, and that war may or may not increase the rate of infection. Overall, HIV/AIDS must be examined on a case-by-case basis to determine the impact on security both within the military and within the region.

IIII. Peacekeeping environment

General Articles on Peacekeeping

- Bazergan, Roxanne. “HIV/AIDS & Peacekeeping: A Field Study of the policies of the United Nations Mission in Sierra Leone.” The International Policy Institute, King’s College, London. September 2002.
 - By examining the HIV/AIDS epidemic in Sierra Leone, Bazergan determines that there is very little information about HIV/AIDS in the peacekeeping force during spring 2002. Based on interviews with UN peacekeepers and other personnel, she finds that HIV policies between TCCs are rather inconsistent, and not strictly followed on the ground. She provides recommends there be more consistency by the UN on the ground, including greater support from back up staff, condom programs with advocacy interlinked, more test sites should be available along with counseling, and training materials should be widely distributed in

abundance.

- Bazergan, Roxanne. "HIV/AIDS: Policies and Programmes for Blue Helmets." ISS Paper No. 96, November 2004.
 - She addresses the need for HIV/AIDS programs within UN peacekeeping missions, specifically in using the tools for preventing the spread of HIV/AIDS. Drawing from Resolution 1308, UN peacekeepers are now looked at to help stop the spread of HIV. She details incidents where peacekeepers have been used to help stop the spread of disease, including in South Africa with testing policies before deployment. Finally, she recommends in-mission training, which includes exposure cards and working with religious leaders in the community in places where those affiliations are valued.
- Bratt, Duane. "Blue Condoms: The Use of International Peacekeepers in the Fight Against AIDS." *International Peacekeeping*, Vol. 9, No. 3, Autumn 2002, p. 67-86.
 - In this paper, Bratt talks about the ways UN peacekeepers can be used as instruments in AIDS prevention. He vehemently objects to the possibility of using peacekeepers as AIDS officers, and does not think there should be an inclusion of AIDS in mission mandates. He also addresses AIDS as a security threat, and how peacekeepers can spread the disease. He claims the feasibility for increasing AIDS education/awareness is low.
- Fetherston, A.B. "UN Peacekeepers and Cultures of Violence." *Cultural Survival Quarterly*, Issue 19.1 (2005).
<http://www.culturalsurvival.org/ourpublications/csq/article/un-peacekeepers-and-cultures-violence>.
 - This article addresses the role of peacekeepers during violent conflict, questioning their impartiality based on past instances of violence, including the Canadian incident in Somalia, and the sexual violence perpetrated by peacekeepers in Cambodia. The author questions basic military training as the most effective method of working to promote a peacetime culture, and emphasizes the need for clear definitions to establish the goal of a peacekeeping mission. Explaining how the role of peacekeeping has been expanded, Fetherston calls for a reevaluation of the 'war zone' as the standard definitions of warfare have changed, and no longer experience boundary constraints.
- "Fighting AIDS: HIV/AIDS Prevention and Care Among Armed Forces and UN Peacekeepers: The Case of Eritrea." UNAIDS Series: Engaging Uniformed Services in the Fight Against AIDS. August 2003.
http://data.unaids.org/Publications/IRC-pub05/armed_forces_eritrea_en.pdf.
 - This report details the HIV/AIDS programs undertaken in Eritrea before and after the conflict with Ethiopia, and how the military was used as an institution to fight HIV/AIDS because of its discipline, hierarchy, efficiency, and youth. As a case study done by the UN peacekeeping mission, the report detailed strategies used by the Eritrean army, including: institutional arrangements including technical guidance and civilian protection, military to military training including a peer training program,

unlimited access to condoms and information, and making use of demobilized soldiers as agents for change. New programs the military used included increasing awareness via military trainings and peer leadership, changing communication materials to increase awareness campaigns, increase access to condoms and STI management, and a 'seeing is believing program,' which includes members of the military who are already infected. They found lessons learned to include the need to act during conflict, use military command structure, and to incorporate gender issues.

- Healthlink Worldwide. "Combat AIDS: HIV and the World's Armed Forces." 2002.
 - This report is an overview of HIV/AIDS in the armed forces, and the challenges faced by soldiers as they run the risk of infection by HIV/AIDS. An overview of all issues affecting the armed forces, this report tracks the path of the HIV/AIDS virus, describing how a soldier can take strides to avoid infection. There are sections on prevention during conflict as well as during a subsequent peacekeeping mission. Quotes from soldiers found throughout the text.
- Patel, Preeti and Tripodi, Paolo. (2007). "Peacekeepers, HIV and the Role of Masculinity in Military Behavior." *International Peacekeeping*. 14(5). p. 584-598.
 - Examining the HIV/AIDS risks associated with peacekeeping missions, this paper addresses the over masculine nature of peacekeeping, and how that can be used to understand how HIV is spread. They find that military leadership can take a role in influencing high risk behavior, and recommend a shift in values, using peacekeepers as agents of change.
- Tripodi, Paolo and Preeti Patel. "HIV/AIDS, Peacekeeping and Conflict Crises in Africa." *Medicine, Conflict and Survival*. July 2004, 20:3, p. 195-208.
 - This article addresses HIV/AIDS among peacekeepers. They view peacekeepers as disease carrying vectors, and claim that the issues around their deployment must be addressed in order to slow the spread of the disease. The article calls for more rigorous condom use programs, coupled with more training along with the distribution of instruction cards. The authors conclude with commentary addressing the need for a changed mindset from soldier to peacekeeper.
- UNAIDS. "On the Front Line: A Review of Policies and Programmes to Address HIV/AIDS Among Peacekeepers and Uniformed Services." Joint United Nations Programme on HIV/AIDS (UNAIDS) 2003. http://data.unaids.org/UNA-docs/report_shr_onfrontline_18july05_en.pdf.
 - This report outlines the policies surrounding the prevention of HIV/AIDS during peacekeeping missions. The report talks about programs put into place by the UNDPKO, including condom distribution, awareness cards, peer training, and availability of testing facilities. The report provides recommendations, namely for an expansion of the Global Fund, increased monitoring and evaluation for HIV prevention, and continued support for the Declaration on the commitment on HIV/AIDS.

○ **Testing**

- Heinecken, Lisa. "Facing a Merciless Enemy: HIV/AIDS and the South African Armed Forces." *Armed Forces & Society*. 2003, 29, p. 281.
 - This paper addresses the military situation in Southern Africa, specifically the need for consistent testing policies throughout the SANDF. Examining policies in different countries (Namibia, South Africa), the article addresses how different countries have addressed the HIV/AIDS testing issue, explaining different problems arising from mandatory testing, discrimination based on HIV status, and the provision of free health care by military services. The author advocates a "Beyond Awareness" campaign, which includes not only HIV education materials, but also more about the disease itself.
- UNAIDS. "Report of the UNAIDS Expert Panel on HIV Testing in UN Peacekeeping Operations." 28-30 November 2001. Bangkok, Thailand.
http://data.unaids.org/pub/Report/2001/20011130_peacekeeping_en.pdf.
 - This report summarizes the findings and recommendations of the UNAIDS panel on HIV/AIDS testing for peacekeeping missions. They find that testing should be voluntary, with counseling available. Currently, the UN policy for TCCs is that peacekeepers must simply be fit to work; HIV positive status is not preclusion for service. Arguments in favor of mandatory testing include: limitation of the transmission of the disease, prevention of further complications for those with the disease, and prevention of disease within the peacekeeping force via blood transfusion.
- UNDPKO Testing policy:
<http://uniformservices.unaids.org/country/Peacekeeping/DPKO%20testing%20policy.pdf>

○ **Treatment**

○ **Zero tolerance versus condom distribution**

○ **Education and awareness programmes**

- "HIV/AIDS Prevention and Control: an Experience of the Royal Thai Army in Thailand." UNAIDS Series: Engaging Uniformed Services in the Fight Against AIDS, Case Study 3, July 2004. http://data.unaids.org/Publications/IRC-pub06/JC890-ThaiArmy_en.pdf.
 - This report highlights the successful HIV/AIDS program implemented by the Royal Thai Army in response to the spread of HIV throughout the country. The report details the reasons for success, including: a public acknowledgement of the HIV/AIDS problem, management of all levels of organization and resource allocation, the creation of relevant planning, and a sustained commitment by the entirety of Thai society to fight AIDS. Specific successes of the Thai army included effective HIV surveillance, 100% condom use program, support programs for those living with HIV, and research and development for an AIDS vaccine.
- Lothe, Elisabeth and Gurung, Megh. "HIV/AIDS Knowledge, Attitude and Practice Survey: UN Uniformed Peacekeepers in Haiti." UN Department of

Peacekeeping

Operations.8/2007.http://www.peacekeepingbestpractices.unlb.org/PBPS/Library/KAP_survey_peacekeepers_Haiti.pdf.

- This piece presents the results of a survey taken regarding the knowledge of HIV/AIDS amongst peacekeepers in Haiti. The results show that they are relatively aware of the risks associated with HIV/AIDS and its transmission. Most knew about its spread, but there were some ambiguities. The paper recommends better training, testing, and counseling from both TCCs and the UNDPKO.
- “Protocol for HIV Surveillance Among the Military Personnel in Sierra Leone.” HIV/AIDS Health Sector Response Group Ministry of Health and Sanitation Sierra Leone. March 2003.
 - In preparation for a study of HIV/AIDS in the Sierra Leonean military, this application outlines a proposed study for the testing and determination of HIV/AIDS prevalence in the military. This paper is an example of how testing to obtain disease rates must be outlined, and describes the steps required to test blood for HIV/AIDS. The author predicts participation bias, as some people do not want to be tested, and further predicts an outcome of around 5-11% of the military testing positive for HIV/AIDS. She outlines the ethical considerations surrounding HIV/AIDS testing.
- Sagala, John Kemoli.(2008). “HIV/AIDS Prevention Strategies in the Armed Forces in Sub-Saharan Africa: A Critical Review.” *Armed Forces and Security*. 34(2).
 - This article provides a look at some of the education programs related to HIV/AIDS in Africa. As it is a recent piece, it may be good for referencing more current programs.

III.DDR

1. Post-deployment – testing; services; benefits

- Forman, Johanna Mendelson. (2001). “A policy critique of HIV/AIDS and demobilization.” *Conflict, Security and Development*. 1(2). p. 73-92.
- From ASCI Database: It explores how demobilization programmes need to incorporate a development perspective, bringing together public health practitioners and security experts, in order to address the pandemic and the future security needs of Sub-Saharan Africa, in particular. It is hoped that integrating two very different disciplines, public policy and public health, will mark the beginning of attempts to establish some practical guidelines for policymakers and field practitioners that focus on prevention. Most important, the paper makes an urgent request for a cross-disciplinary and cross-sectoral approach to tackling such a complex problem as HIV and the military. Development practitioners once shunned any working relationship with armed forces or defense ministries, but it is impossible now to avoid these institutions in countries with high rates of HIV/AIDS in the security sector.

1. Communities left behind, supporting families

2. Demobilization - Cantonment

3. Formal soldiers; armed groups; women and children

4. Female soldiers

- Farr, Vanessa, Schroeder, Emily, and Schnabel, Abrecht. "Gender Awareness in Research on Small Arms and Light Weapons: A Preliminary Report." *Swiss Peace*. <http://www.iansa.org/women/documents/swisspeace-working-paper2005.pdf>.
 - Detailing case studies of DDR and women's roles in many countries, this report works to put female DDR on the agenda. The main mention of HIV/AIDS is in the Sierra Leone case study; the girls who were used as soldiers were often injected with drugs and other substances by 'doctors,' and needles were reused, resulting in HIV spread amongst the girl soldiers. The report comments that HIV programming was needed for young girls taken as soldiers.
- McKay, Susan. (2004). "Reconstructing fragile lives: girls' social reintegration in northern Uganda and Sierra Leone." *Gender and Development*. 12:3, p. 19-30.
 - Women are often not included in the DDR process, and are unable to reintegrate into society. This leaves them vulnerable in many ways, and susceptible to HIV/AIDS because of their need for money and services. This paper examines girls in Uganda, and retrospectively, Mozambique. Thorough case studies of the two.
- Farr, Vanessa. (2003). "The importance of a gender perspective to successful disarmament, demobilization and reintegration processes." *Women, Men, Peace, and Security Disarmament Forum*. 4: 25-35. <http://www.unidir.org/pdf/articles/pdf-art1995.pdf>.
 - Women are often not involved in the DDR process, though they are valuable assets for many reasons. They are stereotyped as peaceful because of their status as mothers, and are often left out of small arms collection. However, female ex-combatants will 'self-demobilize' and miss opportunities of DDR, such as job - training and health care. Because women are often in charge of households, they know where weapons are and can disarm men they financially support, while also caring for those who have been wounded in war. Women should be included in DDR processes to allow for their greater role in peacebuilding and beyond.

Other Relevant Citations:

Military rates are higher than civilian rates

- Ba, Oumar, Christopher O'Regan, Jean Nachege, Curtis Cooper, Aranka Anema, Beth Rachlis, and Edward J. Mills. "HIV/AIDS in African Militaries: an ecological analysis." *Medicine, Conflict and Survival*. 2008, 24:2, p. 88-100.
 1. The authors conduct statistical analysis of data for 21 African militaries, finding that HIV prevalence is elevated compared to the general population with significant results. They also find that recent conflict increases the prevalence rate for disease for men in the military as compared to the civilian population.
- Yeager, Rodger. (2000). "AIDS Brief: Military Populations."
 - HIV/AIDS epidemic is a global crisis that demands urgent attention and committed, sustained action by alliances of individuals, organizations and sectors. The AIDS Brief series has been developed to support the conceptualization and

implementation of key sectoral responses. Throughout the world, military personnel are among the most susceptible populations to HIV infection and AIDS. They are mostly young and sexually active, are often away from home and family, are governed more by peer pressure than established social convention, are specifically trained in risk-taking and self-perceptions of invincibility and are usually exposed to opportunities for casual sex. This AIDS Brief provides some ideas as to how military populations, which are essential to the security of economies and societies alike, may be affected and what types of response may be required.