HIV/AIDS, The Military and the Future of Africa's Security

by

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Introduction

In confronting the policy issues associated with health related crises, the humanitarian concerns are often at the forefront of the agenda for many agencies and organizations. While important and with merit, other policy areas of equal significance may be ignored or overlooked that could worsen the humanitarian consequences. The HIV/AIDS pandemic in sub-Saharan Africa presents such a case in point. To scholars and policy practitioners who study Africa, the issue of whether HIV/AIDS constitutes a threat to state security is not a question of whether the threat exists – it does. Instead, the focus on the pandemic's threat to security is centered on how serious the threat is to the stability of African states during one of the continent's most tumultuous historical periods.

During the past decade, the African continent has undergone tremendous transformation. At the end of the Cold War, the competition between East and West for dominance came to an abrupt halt following the Soviet Union's demise. Peaceful democratic reforms that signaled a shift from autocratic dictatorships swept through a number of African countries, including apartheid South Africa in 1994. But domestic changes were not the only reform brought about by the collapse of the Cold War. Perhaps the most detrimental change that confronted African states was the further marginalization of Africa in world affairs in the wake of the Cold War. Africa's further marginalization had a dual impact. First, on a positive front, Africans now had the opportunity to make their own choices and decisions without fear of the superpowers intervening on ideological grounds. At the same time, Africa's further marginalization in world affairs also made it easier for tragic events such as major international and civil war, genocide, famine and disease to unfold on the continent while the international community turned a blind eye to the events. Like the departure of the colonial powers during the 1950s and 1960s, the

departure of the superpowers left African states to build a new future from a devastated past with little assistance. In short, responsibility for Africa's problems had been placed in Africans' hands, almost by default, given the international community's withdrawal from the continent.

Under ideal conditions, Africans attending to Africa's problems is the best starting point in solving the myriad of difficulties that states face. However, many of Africa's problems are the legacy of a history of outside intervention and the international community's withdrawal from the continent in the wake of the Cold War proved to be another setback for the emerging democratic states. The most daunting problems facing African states included increased inter-ethnic violence, the growing number of civil wars, and Africa's first *major* international war (the Democratic Republic of the Congo). The growing levels of domestic and international violence on the continent forced African states to confront new security issues that they did not face during the period of the Cold War. States also had to face the growing humanitarian crises that accompanied their security problems, including refugee problems, genocide, poverty, and disease. While not all states faced conflict that threatened their security, most, if not all states of sub-Saharan Africa did face a common security threat: the expanding HIV/AIDS pandemic. While it is generally understood how intra- and interstate conflict pose threats to the stability of states, how a pandemic may threaten state stability is not so obvious, particularly given the nature of the HIV/AIDS virus itself.

In this context, this essay examines the nature of the threat the HIV/AIDS epidemic poses to African state security and the future of the African state in light of the rising levels of conflict on the continent. Emphasis in the essay is placed on the relationship between the military and the growing epidemic. The reason for placing the emphasis on the institution of the military is directly related to the dominant role that the military has had in both Africa's post-colonial

period and its post-Cold War period. Despite the military's departure from the political scene in many African states, the permanence of their departure is certainly not assured, and in some aspects, the activity of Africa's militaries has actually increased after the democratic transitions (Health Economics & HIV/AIDS Research Division (HEARD) 2004). In reviewing this essay, researchers and policymakers must bear in mind that the scenarios established in this essay are, at best, possibilities of how the epidemic could affect state security. At this point, it is difficult to gauge whether some of these problems and issues are materializing because of the lack of systematic study and the often cited problem of states needing to maintain secrecy about the extent of epidemic within security-related institutions.

Pathogens, Politics and Perceptions: Africa's Post-Cold War Security Environment

Generally, what makes HIV/AIDS difficult to contemplate as a security threat is the very nature of the problem itself. Most conceptualizations of security focus on threats from groups or states. This element is removed from the security issue because HIV/AIDS is a virus. The primary threat is not group or state oriented. Despite this, HIV/AIDS does have an impact on security. But whom does it affect and to what extent? One of the problems in contending with the pandemic is that its impact varies geographically and demographically which can be traced to the nature of the virus and the groups that initially confronted the pandemic. The perceived structure of HIV/AIDS victims at both domestic and international levels created variations in the sense of urgency in responding to the growing pandemic.

For the United States and Western Europe, the proportion of the population affected by the disease was relatively small and politically controversial. In the early 1980s in the United States, the virus became primarily associated with two groups: homosexuals and Haitian immigrants. As for the latter, the entire country of Haiti was stigmatized by its association with

the virus. Within the United States, the disease became known primarily as a "gay" disease or as a "gay plague," which posed a political and social problem in confronting the emerging health crisis. The American political climate in the 1980s had turned distinctly towards a conservative agenda that emphasized traditional values as the core of its social policies and the agenda of the gay community in the United States was antithetical to the new conservative agenda. The media in the United States also helped to maintain the affiliation between HIV/AIDS and the gay community until other groups were affected. The virus eventually touched the lives of women, children and donor-blood recipients. Media coverage seemingly divided those stricken into two discrete categories — the "innocent" victims consisting of those who contracted the disease through non-sexual contact and the "guilty" victims who acquired the virus through homosexual contact and intravenous drug usage (Bastos 1999: 24-25). But the early association of HIV/AIDS with the politically and socially unpopular gay community elicited a lukewarm government policy commitment to combat the virus.

At the international level, the same two-tier structure emerged when it became clear that the pandemic was sweeping through Africa. In this sense, Africa fell into the category of being diplomatically marginal in the new international climate compared to other areas that gained in strategic importance. As reports emerged from Africa about the spread of "slim disease," the international community turned a blind eye to the problem. In this sense, the virus hit Africa at the worst possible time from a diplomatic perspective. The disappearance of the Soviet "threat" in Africa after the Cold War marked the beginning of the United States' political departure from the continent. Key consulate posts in a number of African countries were earmarked for closure while the number of specialists assigned to the State Department's Bureau of African Affairs and the United States Agency for International Development's Africa Desk declined precipitously

(Michaels 1993: 96-98). The end of the global ideological tug-of-war between the United States and the former Soviet Union marginalized Africa in United States foreign policy and in the international community. Consequently, Africa's emerging problems in the new post-Cold War period, including the growing HIV/AIDS pandemic, also were marginalized. At best, public perception in the West was that the pandemic emerging in Africa was just another tragedy that had struck the impoverished continent. Such perceptions underplayed the nature of the problem.

Comparative data illustrate clearly the severity of the crisis for Africa and other regions of the world. Table 1, based on UNAIDS data, shows more than 28 million people in sub-Saharan Africa infected with the HIV/AIDS virus as of the end of 2001. When one examines the data sorted by the percentage of adults infected in each country, the severity of problem emerges. Infection rates in individual countries range from 38.8 per cent in Botswana to less than 1 per cent for several countries. In twelve countries, more than 10 per cent of the population of adults between the ages 15-49 (the most economically productive demographic group for a country) are infected. Additionally, 11 million children in Africa have been orphaned (losing the mother or both parents to the virus) by the pandemic. In total, about 9 per cent of sub-Saharan Africa's population is infected with the HIV/AIDS virus. In shear numbers, the magnitude of the pandemic in Africa is staggering. To understand why sub-Saharan Africa's pandemic has a greater sense of urgency, regional data are quite revealing. In Table 2 data show that, compared to other regions, sub-Saharan Africa bears the greatest burden with regard to the global epidemic; Africa is home to 71 per cent of the infected people in the world and 78 per cent of those

children orphaned by the virus, exceeding the percentages of all other areas combined.

The spread of the HIV/AIDS virus in Africa was not a direct security threat to the West, which left African states little bargaining leverage in the new international climate. For African states, however, the rapidly advancing epidemic clearly compromised state security and carried with it the possibility to advance state failure or collapse. While African leaders gave little consideration to the notion that the pandemic could topple their governments or threaten the actual existence of their states, such assessments were not far-fetched and had been given serious consideration by Western intelligence agencies even *prior* to the end of the Cold War.

Well before Africa entered its post-Cold War decade of social and political upheaval, Western intelligence sources had predicted the pandemic's catastrophic impact on the continent. In 1987 the National Intelligence Council, led by the United States Director of Central Intelligence, produced a classified Special National Intelligence Estimate report (SNIE 70/1-87) entitled "Sub-Saharan Africa: Implications of the AIDS Pandemic." Contained within the report were three main sections that included (a) Factors contributing to the spread of AIDS, (b) Prospects for Epidemic Spread, and (c) Implications. The reports findings and conclusions included the following:

- At least 15 per cent of Africa's educated people would die from AIDS within 15 years.
- Heavily infected countries would suffer irreplaceable population losses in those groups most essential to their future development: midlevel economic and political managers, agrarian and urban workers, and military personnel.

- AIDS would cause greater dislocation, death, and illness in Africa than any combination of famine, drought, or war.
- The number of HIV-infected people could grow to several tens of millions by the end of the century, with the educated urban class at the highest risk for infection. Rural areas that have lower infection rates than urban areas were not necessarily at less risk for transmission occurrence, but were most likely 3-5 years behind the urban areas.
- Commercial and economic disarray would follow rising death tolls or incapacity in management sectors that further depress the economies in Africa.
- African militaries would be severely hampered in multiple ways because of the impact of the epidemic, posing significant security concerns for African states.

While it is conceivable that African leaders either did not want to believe or were not fully aware of the magnitude of the crisis they faced in 1987 and afterwards in the wake of the Cold War, the National Intelligence Council's report leaves little doubt that the United States intelligence community – and most likely other Western intelligence agencies — and the American government understood the pandemic's extensive consequences for African states. Ironically, while the United States intelligence community was able to pinpoint the looming catastrophe for Africa *vis a vis* the AIDS pandemic, when the Berlin Wall fell in 1989 and when communist hardliners attempted to overthrow Soviet General Secretary Mikhail Gorbachev in 1991, the Western intelligence communities failed to foresee these events despite the repeated warning signs that had loomed for months, if not years. The significance of this for Africa is that it is these events in Eastern Europe at the beginning of the 1990s that solidified international political indifference toward the continent by turning world attention to the transformation and

rebuilding of former Soviet occupied states. The stage was set for social and political upheaval to dominate Africa during the 1990s while the continent's overall capacity to cope with both the political turmoil and the pandemic's coast to coast expansion diminished. The nexus between Africa's political turmoil and its HIV/AIDS pandemic emerged to pose one of the greatest security challenges modern African states face today.

The Dynamics of Africa's "Security Dilemma"

When the former colonial powers left Africa after World War II, they made the implicit assumption that liberal democracy and its institutions would be sufficient to control problems encountered by the new African governments. The political legacy bequeathed to the former colonies came in the form of the Westminster parliamentary form of government or similar variations which lacked sufficient representation mechanisms to accommodate the diverse social, political, and ethnic composition of African states, amongst other problems (Davidson 1989; Mazrui 1986). Africa's immediate post-colonial experimentation with democracy in this form failed, most often succumbing to *coups d'etat* that ushered in extended periods of military rule.[1] The entry of Africa's militaries into the political arena came partly as a result of a crisis of purpose: What was the military's *raison d'être*? While traditionally militaries have been the protector of the state from outside threats, most post-colonial governments did not have external enemies against whom their armies could be deployed. In the absence of an external "other," the military created its own purpose, a domestic "other" that was either ethnic, regional, sectarian, or all three (Davidson 1989; Decalo 1976; Mazrui and Ostergard 2002; Mazrui 1986). The search for a domestic purpose for the military resulted in an ongoing wave of instability that removed civilian governments and threatened Africa's political stability, even beyond the ideological

[1] For one of the best contemporary reviews of the role of the military in African politics, see Luckham (1994, 13-75); see also Decalo (1976;1998).

confines of the Cold War period. In short, the greatest security threat to Africa's governments in the post-colonial period has often been their own militaries.[2]

The collapse of the Cold War and the subsequent abandonment of Africa by the international community provided Africa's modern military forces with that external "other" that they lacked for decades after colonialism. As a number of Africa's states teetered on the brink of failure or collapse, world leaders and organizations called for Africa's military to become the new peacekeepers on the continent (Laremont 2002). The need for regional peacekeeping and peacemaking provided the military in Africa with a new sense of purpose. At first, the new purpose for the military in peacekeeping and peacemaking seemed to curb the legitimization of military coups in Africa. Of course, the flip-side of the need for peacekeeping and peacemaking was that the military in some countries found both an external and internal "other" that created the need for traditional military activity to counter foreign invasion, revolution, and civil wars. In their roles as a peacekeeping and peacemaking institutions, Africa's militaries became the guardian of the emerging democratic order, and not the guardian of selfish praetorian interests. As a traditional player against invasion and civil wars, the military became the guardian not necessarily of democracy but of the state and the political order (or chaos) that accompanied it.

Beyond the military's role in Africa's new security arrangements are the concerns that the deployment of troops brings potentially unforeseen security issues that could affect the consolidation of civilian rule in many states. The re-professionalization of the military into new state-supporting roles that are subordinate to civilian leaders has the potential to build resentment amongst military leaders who perceive such roles and assignments as unachievable. At the center of such perceptions are the availability of resources to maintain both an adequate military presence to carry out any assignment and the morale of the troops asked to carry out the

[2] For an elaboration of this argument, see Mazrui and Ostergard (2002).

assignments. The challenge to provide the military with the needed resources to carry out its missions is contingent upon the government's capacity to balance the needs of the military with the social and economic problems that the state faces domestically. The problem of morale in the military is contingent upon the feasibility of the assignment and the support that the troops receive from the state in carrying out that assignment. The subordination of the military to civilian rule in Africa placed both the resources and morale issues in the hands of civilian leaders.

Because the peacekeeping countries are the enforcers of the democratic order, the domestic consequences back home could be a double-edged sword. One result could be a more stable political environment, at least in the short term. The military is occupied with a new sense of purpose in this regard, relieving it of its search for the domestic "other." Governments may then have the ability to carry out their duties without fear and threats of military intervention. With the military having a direct stake in protecting democratic institutions abroad, reluctance to intervene at home may build. But the possibility still exists for civil-military relations to decline in the wake of extensive peacekeeping operations as peacekeeping could also provide the long term basis of domestic political instability in some African countries.

Domestically for the peacekeeping country, resentment may build on the part of the military toward civilian rulers for sending them on what may be missions without achievable goals. One consistent problem in maintaining an African peacekeeping force involves the availability of resources for maintaining such a mission, which becomes an even greater issue when African governments confront domestic economic problems. The possibility that African peacekeepers can be sent on missions without adequate resources certainly exists, with dire consequences for civil-military relations at home and in the host country. In the host country, the

potential consequence would be the breakdown of the peacekeeping mission and the return to conflict ultimately jeopardizing civilian control of the military. The re-professionalization of Africa's military toward civilian control cannot include morale-damaging missions that are inadequately funded and politically unpopular.

For whatever the new peacekeeper status of Africa's militaries might mean for maintaining stability in conflict-ridden states, the one aspect that is not in question is that the military, as an institution, became much more active in the post-Cold War period, both inside and outside of their respective states. The increased activity of the military opens the possibility of greater opportunities for soldiers to be in environments that promote exposure to the HIV virus. The relationship between the military and the spread of the virus has received significant attention recently from researchers and policymakers, though the full extent of the relationship is not completely understood. Our understanding of the relationship between the military and the spread of the HIV virus is complicated by a number of factors.

The extent of HIV infections in Africa's military populations has not been systematically studied. Understandably, the public disclosure of the physical condition of soldiers is potentially an embarrassing commentary on policies regarding government support for the military and the conditions that soldiers endure in service to the state. Some African militaries are not equipped to deal with the critical care HIV infected soldiers may need. Moreover, the public admission of what may be high HIV infection rates among military personnel potentially compromises national and military security for some states by revealing what could be a substantial weakness in the military's combat readiness. Further complicating the relationship between the military and the HIV virus is the varying rules and regulations that govern the behavior of troops from

one country to another and the different situations and conditions that troops are exposed to in their deployment.

The Military's Culture of Viral Susceptibility

In the general literature the overall impact of HIV/AIDS on the military has been dichotomized into the two spheres: the impact of HIV/AIDS on the military and the impact of the military on the spread of HIV/AIDS. The former is a security issue while the latter is a behavioral issue, though separating the two is a difficult proposition as behavior ultimately affects security in some form. The more obvious security problem is with the military and the impact that the HIV/AIDS virus has on the military's capacity to carry out its duties. This section is concerned with the military culture that may promote the spread of the virus.

At the level of the individual soldier, a number of factors contribute to the likelihood of exposure to the virus. Foremost among them is the general culture that values the perception of strength and machismo both within ranks and in the eyes of the general population. This military culture is not specific to African militaries, but it may be enhanced by traditional cultural values and beliefs held by indigenous peoples.[3] The linkage between the military culture and HIV viral transmission has three basic components that increase a soldier's potential for exposure to the virus:

1. Social and peer pressure to engage in high levels of sexual activity to "prove" one's masculinity or strength;
2. The prevalence of prostitution or sex trade activities in the vicinity of military posts;

[3] Part of the "macho" culture of the military also includes tattoos, which may also promote the spread of the virus thru unsanitary needles used in the tattooing process (Miles 2003)

3. The greater attention soldiers receive as potential partners in marriage or stable relationships (*Cancer Biotechnology Weekly* 1996; Emily 2003; Health Economics & HIV/AIDS Research Division (HEARD) 2004; Winsbury 1992; Zwi and Cabral 1991).

All three propositions can promote risky sexual behavior including multiple sex partners and unsafe sex when the use of condoms may not be considered "masculine."

Complicating the problem of sexual promiscuity and unsafe sexual practices is the issue of drug and alcohol abuse. While the use of drugs in some militaries is strictly monitored and forbidden, other militaries in Africa have experienced problems in being able to control drug usage particularly when troops are deployed away from command bases or in combat situations. Again, the problem of drug usage is not unique to African militaries as Soviet and American authorities discovered in their wars in Afghanistan and Vietnam respectively. It is not uncommon for troops to use what may be considered "low level" or "soft drugs." For instance, during the civil wars in Sierra Leone, Liberia and the Democratic Republic of the Congo, some soldiers used marijuana, while soldiers in Somalia's war chewed miraa or qat as a stimulant. While this form of drug usage may be of some concern to authorities, the more prevalent drug of choice among soldiers is alcohol.

In some of the first analyses of African militaries and their relationships to civilian governments, "boredom in the barracks" often contributed to attempts by the military to overthrow civilian governments. The phrase referred to the military's lack of duties or national purpose which gave soldiers in the barracks plenty of time to contemplate a more significant role for the military within the state. Today "boredom in the barracks" has acquired a new, more direct meaning that depicts the day to day life of soldiers. Alcohol is one outlet used to alleviate

soldiers' extreme tedium and boredom. However, alcohol use brings with it severe consequences that include potential alcoholism, binge drinking, and intoxication that impairs judgment (Health Economics & HIV/AIDS Research Division (HEARD) 2004; Healthlink Worldwide 2002). For soldiers in situations where their ability to make coherent choices and decisions is impaired by alcohol intoxication, the greater is their chance of engaging in unsafe sexual practices. It is also likely that the problem of intoxication and alcoholism is greater in combat zones which further increases the likelihood of engaging in unsafe sex, though systematic study of this problem across Africa's militaries currently is lacking. Combat also presents a number of other problems that must be considered in the linkage between the spread of the HIV virus and the military.

Combat conditions bring about a dual psychological impact for soldiers. In a culture that praises and rewards bravery and strength, young soldiers in particular may enter the military and its training regimen with a sense of invulnerability, a sense that nothing can stop them. On the other hand, when soldiers enter combat, often a secondary psychological self-perception can manifest in soldiers, instilling a sense of vulnerability and even imminent death. Both psychological factors influence behavior and add to what is already a tense environment for soldiers. Both perceptions of invulnerability and doom tend to promote sexual behavior that is conducive to the transmission of the HIV virus (*Cancer Biotechnology Weekly* 1996; Health Economics & HIV/AIDS Research Division (HEARD) 2004; Healthlink Worldwide 2002; Winsbury 1992). In the former scenario, the feeling of invulnerability contributes to the perception that "other people" get the virus, with soldiers believing that they are not vulnerable to it. Hence, sexual activity may become more carefree. In combat areas, soldiers may adopt an overriding sense of vulnerability, seeing no point in worrying about the virus if they are going to

die anyway (Healthlink Worldwide 2002).[4] Moreover, soldiers in combat zones may also seek out more frequent sexual activity as a way of coping with the anxiety and stress of battle (Cancer Biotechnology Weekly 1996; Health Economics & HIV/AIDS Research Division (HEARD) 2004; Healthlink Worldwide 2002; Winsbury 1992).

In general, the military culture that can promote HIV transmission may be little different than the type of culture one may observe in non-military settings. Sexual promiscuity and unsafe sexual practices combined with drug or alcohol impaired decision making can increase the probability of HIV viral transmission for both civilians and military personnel. The difference between the two groups is the environment in which they operate. Military personnel cannot easily extricate themselves from environments in which they find themselves. Close living conditions provide little privacy, allowing for a high degree of social interaction that can promote greater levels of peer or social pressure to engage in risky behavior (Healthlink Worldwide 2002). The daily issues that soldiers face are further multiplied when they enter combat. In this environment, it is not just the soldiers that are at risk, but civilian populations as well.

The Military and the HIV Weapon

In the post-Cold War period, Africa's militaries have entered more combat and peacekeeping missions than in the entire Cold War period. While it is true that there are soldiers in Africa's armies that have been exposed to combat conditions, the new post-Cold War conditions differ from those that soldiers experienced during the Cold War. Combat during this period tended to be against internal opposition to the state, the domestic "other." With a few exceptions (such as the Libya-Chad war and the Ethiopia-Somalia wars), civil war involved

[4] While a somewhat remote possibility, some have expressed the concern that HIV infected soldiers or commanders may be more likely to deploy weapons of mass destruction because of their imminent death (Winsbury 1992)

combat against a relatively poorly funded and inexperienced enemy. In the new environment, combat on the continent is much more internationalized and much better funded. In Africa's first major international war, no less than eight national armies have engaged in the territorial occupation of and combat in the Democratic Republic of the Congo. National armies are pitted against national armies that are funded and supported by their respective governments. The implications of the new external "other" are important. Under circumstances where the adversary may be evenly matched, governments may find the need to extend the service time for soldiers to keep them in combat areas and away from their family and homes. Moreover, even domestic conflict has become much more intense and prolonged. During the Cold War, domestic conflict tended to be funded in the context of the superpowers, with revolutionary groups attaining their funding and military weaponry from the superpowers or their allies. In the wake of the Cold War, both government and rebel groups fund their efforts through the selling of natural resources such as diamonds and gold. Combat has become not just for control of the government, but for control of Africa's natural resources. As a result, the general culture and psychological conditions the soldier faces, as discussed in the previous section, can be prolonged. Moreover, it is possible that soldiers themselves may encounter government and military decisions that heighten their anxiety or even increase their exposure to the virus.

Some governments have adopted forms of psychological warfare using the virus and the threat that it poses as a central theme. In one case, Healthlink Worldwide reported that the government of the DRC had used Congo radio and television to promote the propaganda that HIV infected troops from Uganda and Rwanda had entered the DRC as a deliberate part of their respective governments to destabilize "the Hima-Tutsi empire" (Healthlink Worldwide 2002). As yet, there has been no independent confirmation that national governments have knowingly

used HIV infected soldiers with the intent of launching what could be termed "indirect" or a low-scale form of biological warfare. However, the possibility for such policies is present, particularly in the current war environment and the forms of brutality that have been attributed to soldiers of all sides in some of Africa's conflicts.

A most prevalent and serious problem in combat areas is the rape of civilians by military personnel (*Cancer Biotechnology Weekly* 1996; Emily 2003; Healthlink Worldwide 2002; Miles 2003; Shanks and Schull 2000; Winsbury 1992). A typology of combat rape can be identified as follows:

- Terroristic Rape – the purpose is to inflict fear, helplessness, and insecurity in the population, weakening the targeted population(s) resistance to the demands of the perpetrators. Women, and sometimes men, can be targeted. Such incidents can have their geneses either with the individual soldier under combat conditions or within the command structure as a policy or order;
- Ethnic Cleansing Rape – the purpose in these incidents is intentionally to impregnate targeted women so that they will give birth to children of mixed ethnicity, genetically "polluting" the targeted ethnic group. Rape in this category is now recognized under international law as a potential form of genocide;
- Child Rape – the purpose is to target children, both girls and boys. While similar to terroristic rape, the targeting of the children has greater ramifications as children may be enslaved for such purposes. Often a byproduct of non-professional soldiers (not national armies), multiple soldiers may use individual children as concubines or sex slaves. As with terroristic rape, children may also be subjected to psychological trauma after witnessing the rape of family members.

Rape has been reported in almost every post-Cold War conflict in Africa. In the Republic of the Congo, post-Cold War democratic reforms were short-lived as the military, assisted by Angolan troops, overthrew the government. During the brief 1997 civil war that ensued, more than 3,000 cases of rape were reported having been committed by Congolese troops in Brazzaville. The rape of civilians also occurred in the civil wars in Liberia, Sierra Leone, and the DRC. In Uganda, Healthlink Worldwide has reported that the prolonged guerilla war against the Lords Revolutionary Army (LRA) has brought the abduction of 26,000 by the LRA (Healthlink Worldwide 2002). Many of the children became soldiers in the LRA, 90 per cent of which is comprised of child soldiers. Those that do not become soldiers may be sexually abused or even given to individual soldiers as "wives". Some children do not even try to escape because they see life with the LRA as better than their previous life back home.[5] For South Africa, the problem of civilian rape emerged in its 1998 peacekeeping operations in Lesotho. Massive public demonstrations against the presence of South African National Defence Forces (SANDF) appeared in Maseru after allegations that SANDF soldiers had raped three young girls at Ha Leqele village near Makoanyane Barracks (*Africa News* 2002; British Broadcasting Corporation 1998). In another incident accusations were levied against seven SANDF soldiers who allegedly raped a married woman at gun point in front of her husband.

Whether perpetrated as part of an orchestrated policy or by soldiers acting on their own volition, perhaps the most disturbing aspect beyond the acts themselves is the indifference that

[5] Conditions back home are a significant issue and can pose some of the most ominous problems emerging particularly among orphaned children. Sadly, the increase in orphans may result in an increased propensity toward what could best be termed "extended suicide". One ethnographic study of inner-city Detroit residents clinically diagnosed with AIDS and their families revealed a horrific trend toward "survivor terror" (Tourigny 1998). Children of parents diagnosed with AIDS may adopt self-destructive rationales deeply rooted in the conditions they face, such as poverty, crime, fear, depression and hopelessness sought intentionally to expose themselves to the HIV virus. Such behavior may be an extreme reaction, but it can hardly be ruled out as a potential outcome of the desperate conditions created by the pandemic. The manifestation of this form of behavior could serve to extend the pandemic in countries while creating additional stress on medical and psychiatric services that would be needed to deter orphaned children from pursuing such a drastic course of action.

civilian political leaders and military leaders exhibit toward the crime. While some civilian and military leaders in Africa have pursued the prosecution and punishment of rape perpetrators, others see the problem, as one national leader explained, as "boys being boys" in combat areas (Anonymous personal interview, 2000). Needless to say, the problem of rape is a major point of concern for HIV viral transmission. But as Laurie Garrett, author of *The Coming Plague*, has noted, rape and other avenues of transmission in combat have created a new problem – recombinant forms of the virus (Garrett 1996). In the DRC, combat soldiers have tested positive for recombinant forms of the HIV virus that emerge when soldiers have been exposed to multiple variants of the virus. Hence, strains of the virus previously isolated to specific geographic regions have begun to appear in other areas and in recombinant strains of the virus. Of course, the basic conclusion to derive from this is that soldiers in the DRC did not take necessary precautions regarding potentially risky behavior and therefore have been exposed to multiples viral strains.

Conclusion: Implications for Africa's Security

The cultural, behavioral and psychological factors that link the military and the HIV virus have several consequences for African states and their militaries. The most obvious of these is the high rate of HIV infection that has been reported among soldiers. Nigeria, the primary ECOMOG state that intervened in the civil wars in Liberia and Sierra Leone, had to confront not only the external military foe in its operations, but also the HIV/AIDS viral foe as well. Some soldiers serving in the Sierra Leone intervention returned to Nigeria infected with the HIV/AIDS virus, though it is also unclear how many may have went to Sierra Leone with the virus. United Nations peacekeeping forces, which come from a number of non-African countries, have also experienced HIV infection incidences, though it is unclear whether the infections occurred

before or after their duty in Africa. The ongoing war in the Democratic Republic of Congo involves seven countries whose armies are reported to be from 50 to 80 per cent HIV-infected, seriously calling into question the capacity of the armed forces to carry out duties. But Nigeria and the countries in the DRC are not the only states faced with incidents of HIV/AIDS infection amongst its military. Armies across Africa are experiencing infection rates that exceed those in the general population.

While systematic studies have been limited, a number of individual studies collected by the United States Census Bureau Population Division International Program Centre (2003) have also shown the same trends. Among a number of studies the bureau cites, data reveal that the extent of the problem is growing. HIV prevalence data for the military show infection rates for the military in Tanzania, Chad, Cameroon and Gabon at 12.9, 10.1, 14.7 and 5.8 per cent respectively. For military recruits, high prevalence rates have also been reported in Uganda (26.7 per cent), Guinea-Bissau (17.3 per cent), and Ethiopia (6.7 per cent). Domestic police and security forces have been hit equally hard: Zambia (15.4 per cent), Tanzania (14.3 per cent), Cameroon (12 per cent) and Guinea-Bissau (11.3 per cent) (United States Census Bureau 2003).

Domestic police and security forces are increasingly facing conditions that may require assistance from the national military. Schönteich (1999) draws attention to the long term impact that the HIV/AIDS pandemic may have on South Africa's violent crime rates. Because of the increasing orphan population, the breakdown of the family structure, and increasing poverty, orphans may resort to crime to survive. Of course, sex crimes (prostitution) may increase as a way for orphans to survive while sex victimization (rape) may also increase because of the social

vulnerability of the orphan population. Having to contend with this issue are South Africa's police forces.

Following the transition from apartheid, crime rates in South Africa skyrocketed, with 2000 having the highest crime rates on record. According to Schönteich and Louw (2001), between 1994 and 2000, violent crime increased 34 per cent and property crime increased by 23 per cent. In 2000, 825,000 violent crimes were reported, up from 618,000 in 1994. In short, South Africa's police forces confront conditions that currently make South Africa as dangerous as a war zone. If Schönteich (1999) is correct the potential exists for South Africa to experience an even larger jump in crime rates than what has occurred already in the post-apartheid era. The crime problem in South Africa has extended beyond the capacity of the police forces to control it. In 1996, a white paper on National Defence for the Republic of South Africa concluded that while policing of crime is predominantly a responsibility of the South African Police Service (SAPS), there is a clear need for assistance from the South African National Forces (SANDF) – i.e. the military. Though these issues focus on individuals, the implications for provincial and national security are significant. Schönteich's work, though by no means conclusive, opens up a new avenue of concern for the security of South Africa, and another issue for African states to contend with in the long term battle against the virus.

At best, the data reported here are estimates and without formal study of the impact of HIV/AIDS on the military and police, the extent of the HIV problem in these forces may not be known. However, if these figures are close to actual infection rates, the percentage of HIV-positive people in Africa's militaries seriously compromises the security of a number of African countries.

In combat conditions, the virus has the potential to compromise military performance because of the chance for opportunistic infections to appear as a result of soldiers' weakened immune systems. Under battle conditions, the soldiers' compromised immune systems also make them more vulnerable to chemical and biological attacks, even on a small scale. Additionally, African governments face financial challenges in combating the epidemic. If the military does not automatically discharge soldiers found to be HIV-positive, the costs to provide care for them will increase expenditures which many states cannot afford. If soldiers are discharged, they will most likely join the growing number of infected people, many of whom do not have access to appropriate medical care. The direct impact that the virus can have on individual soldiers could also have profound implications for the functions and effectiveness of the military as an institution and eventually for the consolidation of the emerging democratic order in Africa.

The most obvious of the problems emerges from how the virus may compromise the performance of the military in heavily affected states, particularly through the available pool of military recruits. If we conceive of the military as a hierarchical structure similar to a pyramid that reflects high ranking, experienced officers at the top and recruits at the bottom, the impact of the virus can be established in terms of command (top-down) and recruiting (bottom-top) problems. As depicted in Figure 1., high levels of viral infection may force states to anticipate two important problems associated with the military.

<INSERT FIGURE 1.>

The first is the impact of the virus on the basic command structure of the military. As higher ranking leaders succumb to the virus or to problems associated with it, the effectiveness of command in the military may weaken. Officers that are ill or that die from the virus could

leave voids or gaps in the chain of command for extended periods of time as the number of officers decreases. Even if soldiers are promoted into command positions, the experience that they bring with them will be lacking compared to officers that have served for longer periods of time. The lack of experience could lead to decision and command problems, potential declines in the morale and confidence of lower ranking personnel, and even a further breakdown in military discipline, particularly in war-prone areas. Moreover, attempts to fill the gap could be affected by the second problem – the available population from which to recruit.

The military draws its enlisted recruits from the general population. Officers are drawn from a number of sources including the general population (through institutions such as military academies) and from within its own ranks. Hence soldiers incapacitated by the virus and the lack of suitable recruits can have an impact on the available corps of experienced military leaders. For states confronting high levels of HIV, the available population from which to draw will decrease, leaving fewer qualified people to draw into military service. This de-population process may be exacerbated because people that are HIV-positive are often prohibited from serving in the military. The virus also tends to affect the segment of the population that is most productive and active, the labor force which constitutes those people age 18-45, further decreasing the availability of low-ranking recruits and those that might enter into academies for military training. Similarly, as more soldiers contract the HIV virus, the available and qualified population to promote from within the militaries' own ranks may also decline.

The problems that states face in combating HIV infection amongst their soldiers thus can lead to an overall decrease in the capacity to carry out peacekeeping roles both inside and outside of their own borders. For weak or failing states, the lack of peacekeepers in some circumstances could prove to be a severe problem in trying to end conflict or to maintain order. But the danger

of a breakdown in domestic and foreign peacekeeping also can translate into rising domestic problems for Africa's political leaders. In confronting the growing HIV epidemic, Africa's political leaders must deal with the new political environment that has emerged in the wake of the Cold War and the military's lingering legacy of promoting political instability in the post colonial period. This environment has placed burdens upon Africa's leadership that will force them to make tough decisions, particularly with regard to the support and deployment of their troops.

The inherent danger is in whether governments can assume the new burdens and adequately provide the needed support to the soldiers who carry out the needed missions. The appearance of neglect or abandonment of the military's needs in these circumstances or the failure to consult with military leaders on critical deployment decisions may lead to the reemergence of the military's post-colonial dominant political role and the end of the democratic experiments on the African continent. Political leaders must be cautious in exercising their powers to deploy the military as the acceptance of the military's subordinate role to civilian political leaders has not necessarily become part of the accepted military culture in many African states. Africa's civilian leaders therefore must strike a delicate balance in trying to maintain an order and stability that protects civilians from the horrors of civil war and bloodshed while simultaneously being mindful of the feasibility of such demands on their own militaries in the midst of the HIV epidemic. Ignoring such conditions may place Africa's democratic experiments and the stability of the continent in jeopardy for a long time to come.

Figure 1. Military Hierarchical Structure and the Viral Impact

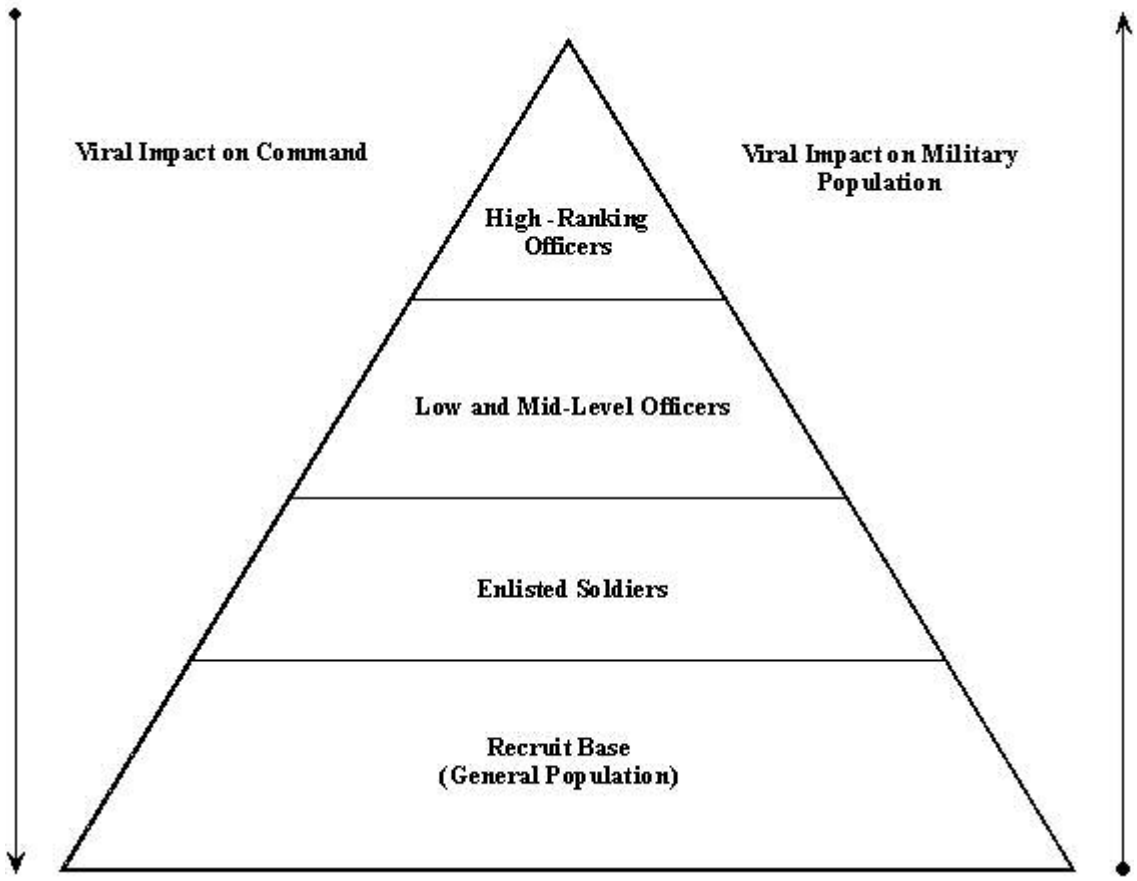

Table 1. HIV/AIDS Infection Data for Sub-Saharan Africa, end of 2001*

	Estimated Number of People infected with HIV/AIDS					
Country	**Adults and children**	**Adults (15-49)**	**Adult rate (%)**	**Women (Age 15-49)**	**Children (Age 0-14)**	**Orphans cumulative**
Botswana	330,000	300,000	38.8	170,000	28,000	69,000
Zimbabwe	2,300,000	2,000,000	33.7	1,200,000	240,000	780,000
Swaziland	170,000	150,000	33.4	89,000	14,000	35,000
Lesotho	360,000	330,000	31	180,000	27,000	73,000
Namibia	230,000	200,000	22.5	110,000	30,000	47,000
Zambia	1,200,000	1,000,000	21.5	590,000	150,000	570,000
South Africa	5,000,000	4,700,000	20.1	2,700,000	250,000	660,000
Kenya	2,500,000	2,300,000	15	1,400,000	220,000	890,000
Malawi	850,000	780,000	15	440,000	65,000	470,000
Mozambique	1,100,000	1,000,000	13	630,000	80,000	420,000
Central African Republic	250,000	220,000	12.9	130,000	25,000	110,000
Cameroon	920,000	860,000	11.8	500,000	69,000	210,000
Cote D'Ivoire	770,000	690,000	9.7	400,000	84,000	420,000
Rwanda	500,000	430,000	8.9	250,000	65,000	260,000
Burundi	390,000	330,000	8.3	190,000	55,000	240,000
Tanzania	1,500,000	1,300,000	7.8	750,000	170,000	810,000
Congo	110,000	99,000	7.2	59,000	15,000	78,000
Sierra Leone	170,000	150,000	7	90,000	16,000	42,000
Burkina Faso	440,000	380,000	6.5	220,000	61,000	270,000
Ethiopia	2,100,000	1,900,000	6.4	1,100,000	230,000	990,000
Togo	150,000	130,000	6	76,000	15,000	63,000
Nigeria	3,500,000	3,200,000	5.8	1,700,000	270,000	1,000,000
Angola	350,000	320,000	5.5	190,000	37,000	100,000
Uganda	600,000	510,000	5	280,000	110,000	880,000
Dem. Republic of Congo	1,300,000	1,100,000	4.9	670,000	170,000	930,000
Benin	120,000	110,000	3.6	67,000	12,000	34,000
Chad	150,000	130,000	3.6	76,000	18,000	72,000
Equatorial Guinea	5,900	5,500	3.4	3,000	420	...
Ghana	360,000	330,000	3	170,000	34,000	200,000
Eritrea	55,000	49,000	2.8	30,000	4,000	24,000
Guinea-Bissau	17,000	16,000	2.8	9,300	1,500	4,300
Mali	110,000	100,000	1.7	54,000	13,000	70,000
Gambia	8,400	7,900	1.6	4,400	460	5,300
Somalia	43,000	43,000	1	...	...	...
Senegal	27,000	24,000	0.5	14,000	2,900	15,000
Madagascar	22,000	21,000	0.3	12,000	1,000	6,300
Mauritius	700	700	0.1	350	<100	...
Comoros **	…	…	…	…	…	…

Djibouti **	…	…	…	…	…	…
Gabon **	…	…	…	…	…	…
Guinea**	…	…	…	…	…	…
Liberia**	…	…	…	…	…	…
Mauritania**	…	…	…	…	…	…
Niger**	…	…	…	…	…	…
Sub-Saharan Africa	28,500,000	26,000,000	9.0	15,000,000	2,000,000	11,000,000

Source: UNAIDS, *Report on the Global HIV/AIDS epidemic, 2002.*
http://www.unaids.org/barcelona/presskit/report.html, accessed March, 2003
*Data are sorted by Adult Rate, reflecting the percentage of the population estimated to be infected with **HIV/AIDS. Data were not available for these countries

Table 2 Comparative HIV/AIDS Regional Data, end of 2001

	Estimated Number of People infected with HIV/AIDS					
Region	Adults and children	Adults (Age 15-49)	Adult rate (%)	Women (Age 15-49)	Children (0-14)	Orphans cumulative
Sub-Saharan Africa	28,500,000	26,000,000	9.0	15,000,000	2,000,000	11,000,000
East Asia & Pacific	1,000,000	970,000	.10	230,000	3,000	85,000
Australia & New Zealand	15,000	15,000	0.10	1,000	<200	<1000
South & South-East Asia	5,600,000	5,400,000	0.60	2,000,000	220,000	1,800,000
Eastern Europe & Central Asia	1,000,000	1,000,000	0.50	260,000	15,000	<5000
Western Europe	550,000	540,000	0.30	140,000	5,000	150,000
North Africa & Middle East	500,000	460,000	0.30	250,000	35,000	65,000
North America	950,000	940,000	0.60	190,000	10,000	320,000
Caribbean	420,000	400,000	2.30	210,000	20,00	250,000
Latin America	1,500,000	1,400,000	0.50	430,000	40,000	330,000
Global Total	40,000,000	37,100,000	1.20	18,500,000	3,000,000	14,000,000

Source: UNAIDS, *Report on the Global HIV/AIDS epidemic, 2002.*
http://www.unaids.org/barcelona/presskit/report.html, accessed March, 2003
Data have been rounded.

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