

HIV and Security

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The war on terrorism has drawn attention to non conventional threats to security, even as it lead to conventional warfare in the case of the attack on Iraq. HIV/AIDS is arguably an even greater threat to security, with the effect of destabilising the social and economic order to the extent that the very survival of entire nations is at stake. This paper examines both the security implications of AIDS, and the various international responses aimed at slowing its spread and mitigating its impact.

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*“The defense this nation seeks involves a great deal more than building airplanes, ships, guns and bombs. We cannot be a strong nation unless we are a healthy nation.” (President Roosevelt 1940)*¹

In mid-1999 the South African government placed orders for three new submarines for approximately US\$680 million dollars. At the time something like 1500 people a day were becoming infected by HIV, and the government was increasingly criticised for its failures in both prevention and treatment. South Africa is a particularly appropriate example of the larger political aspects of the epidemic because its government has sought to engage with the larger dimensions of the epidemic, while enraging many activists through its specific responses. South Africa has experienced bitter domestic debates on the adequacy of its response, particularly around the reluctance of the government to provide anti-retroviral therapy (indeed, whether HIV is the primary cause of AIDS).² In 2001 the South African government used the courts to battle attempts by international pharmaceutical companies to place restrictions on the availability of generic drugs, but this has not necessarily resulted in the sort of national plan for access to both treatments and prevention associated with Brazil³. One might legitimately ask whether the money spent on expanding its naval forces would not more appropriately be spent on fighting HIV/AIDS.

If the primary aim of the state is to protect the lives of its citizens, then risks to security can come in many forms other than those of conventional warfare. The discipline of international relations has gradually been coming to terms with this argument, although with some reluctance, given its continued dependence on seeing states and the relations between them as central, which makes it difficult to see factors such as environmental degradation, refugee flows or infectious diseases as threats to security comparable to tanks or supersonic missile. In contemporary attempts to redefine

security it is now common to list a number of items (eg. environmental degradation; international terrorism; drug trafficking; growing refugee flows), to which epidemics of infectious diseases are often added. The fear of new infectious diseases from the 'third world' insidiously attacking the rich world is an increasingly popular theme, moving from fiction and movies to such widely read journalism as Laurie Garrett's *The Coming Plague*; the American political commentator, Joe Klein, writes of new "viral threats" which "attack the global community insidiously"⁴. The outbreak of SARS at the beginning of 2003 created an international panic, but also gave the World Health organization a chance to display leadership in promoting international responses to a potential global epidemic.

For twentieth century strategists the impact of two World Wars, and the succeeding fifty years of the Cold War meant that security was defined almost entirely in military terms. With the end of the Cold War the short lived hope for a "peace dividend" was quickly replaced by a recognition that the world was no safer, just more unpredictable. Increasingly wars became civil conflicts, with escalating civilian casualties and sometimes belated attempts by international coalitions (as in former Yugoslavia or East Timor) to impose an end to the carnage. At the same time there is a growing recognition that the lines between military and non-military threats to security are blurred, as in the case of terrorism (the most striking contemporary example) and organised crime. It is increasingly difficult to perceive conventional military threats to either Western Europe or North America, and increasingly their military power is likely to be involved in interventions in unstable poor countries, as in the recent Afghan and Iraqi wars, aimed at replacing regimes seen as posing threats to global order.

Growing global interdependence creates new security threats. Collapse of civil order in one country leads to massive population movements: indeed, recent Western European interventions in the Balkans and Africa have been fueled by a fear of uncontrollable refugee flows as much as by humanitarian impulses. The alleged links between terrorists and 'rogue states' have been invoked to justify the overthrow of 'hostile' governments. The outbreak of a contagious disease in one part of the world will spread extremely rapidly, due to the volume and speed of travel. A nuclear accident (such as the Chernobyl power station) or environmental pollution (eg. acid rain; the poisoning of waterways) will quickly impact on neighbouring countries. Some environmentalists speak of "natural security" (basic access to food, health care, and a safe environment)⁵ as more useful than "national security", in an era when national boundaries are increasingly unable to protect against many threats to human well being and survival.

In one sense the "new" security threats are not new. The spread of Black Death (bubonic plague) through Europe and Asia in the Middle Ages, or the movement of diseases such as syphilis and measles as part of the expansion of European Empires into the rest of the world are precursors to today's problems. What is new is both the instant transmission of news and information, and the growing acceptance that national sovereignty cannot be relied upon to respond to problems of international significance. Thus one finds reports such as that compiled jointly by the Chemical and Biological Arms Control Institute and the Center for Strategic and International Studies in the United States which claimed to "directly link health and global security for the first time". The report

stressed the rapidity with which infections can spread; the threat of biological weapons; and the consequences for health of regional conflicts and failing states⁶. Indeed, there is evidence that officers in the CIA had been pushing their superiors to consider the impact of HIV/AIDS on national and international stability since 1990⁷.

The United Nations Development Program (UNDP) has developed the concept of human security, locating the concept of security within a framework of “the legitimate concerns of ordinary people”, and encompassing safety from chronic threats of hunger, disease and repression and protection from sudden disruptions in the patterns of everyday life. In brief, human security places the emphasis on protecting individuals and communities rather than merely state boundaries⁸. More recently, UNDP has linked these definitions of human security to the rapid changes and insecurities brought about through globalisation: “In the globalizing world of shrinking time, shrinking space and disappearing borders, people are confronting new threats to human security—sudden and hurtful disruptions in the pattern of daily life.” [UNDP 1999:3] In some ways this conceptualisation appears to echo the currently fashionable idea of “risk society”, a term which is often used to characterise the contemporary condition. One analysis of ‘human security’ counterposes an emphasis on the community and individual, socio-economic and environmental threats and unstructured violence to the state centered approach of more traditional concepts of security⁹.

There are strikingly different ways in which the concern with new security threats can be deployed. The concern of the United States government is largely based on preserving stability and protecting their own citizens from contamination from abroad. A quite different perspective begins with the conditions in the poor world that are leading to the rapid spread of infectious diseases, and argues for greater global response to eliminate these.

HIV/AIDS as exemplar of new form of global security threat

The first attempts to create a framework for the international control of HIV/AIDS grew out of the “new public health” and the Ottawa Charter, with its emphasis on community participation and a move away from an overly medicalised view of health. (The Ottawa Charter was a statement adopted by 38 countries in 1986 which identified good health as resting upon “the empowerment of communities, their ownership and control of their own endeavours and destinies.”¹⁰

The first director of the Global Program on AIDS (GPA), Jonathan Mann, perceived a strong connection between human rights and vulnerability to HIV, and both human rights and support for non-government and community-based organisations were centrepieces of his policies. Simultaneously there developed a stress on the linkages between HIV and development, which was significant in the decision of the Economic and Social Council of the United Nations to establish UNAIDS as a ‘joint and co-sponsored program’ of a number of key United Nations agencies¹¹. Whereas Mann stressed the link between vulnerability to infection and the lack of human rights, others have stressed the linkages between vulnerability and poverty, noting that widespread HIV is often the result of the massive dislocations brought about by global economic forces¹².

More recently, the enormity of the epidemic—and the need to focus political attention on its

implications—has led to some pressure to re-conceptualise it as a political/security issue. Thus a spokesman for South Africa's President Mbeki asserted: "He has broken the tradition that seeks to make the disease just a health problem. HIV/AIDS is a socio-economic problem. It is a political problem that has reached the proportion of an international crisis. It threatens to destroy nations and continents."¹³ By 2001, when the United Nations General Assembly organised a Special Session on AIDS (UNGASS) this rhetoric had become a commonplace of political speak, if not yet of academic work. Only a small number of mainstream writers on security and international relations have incorporated HIV/AIDS into their analyses.¹⁴

The spread of and the response to AIDS is itself a product of globalisation, with dislocations caused by rapid population movements, urbanization, the rapid spread of ideas and information, and the changes in government policies, often as a result of policies imposed by external organizations, all relevant factors.¹⁵ There is an irony in the World Bank putting increasing sums of money into AIDS work in countries such as Brazil and India where the Bank's own policies had helped weaken the health structures which might have already helped prevent the spread of HIV. One of the most telling examples of how structural adjustment affected the spread of AIDS is data from Kenya, which showed a steep drop in attendance at STI clinics after the World Bank enforced charges for such visits.¹⁶

Gradually the international political system has come to recognise the larger political implications of HIV/AIDS. In January 2000 the United Nations Security Council held a debate on the impact of HIV/AIDS on Africa, thus recognising the implicit connection between security and the scale of the epidemic. At that meeting Mark Malloch Brown of UNDP pointed out:

HIV/AIDS has a qualitatively different impact than a traditional health killer such as malaria. It rips across social structures, targeting a young continent's young people, particularly its girls; by cutting deep into all sectors of society it undermines vital economic growth—perhaps reducing future national GDP size in the region by a third over the next twenty years. And by putting huge additional demand on already weak, hard to access, public services it is setting up the terms of a desperate conflict over inadequate resources.¹⁷

Already across large parts of southern and eastern Africa, over a quarter of the adult population is infected with HIV, with rapidly increasing figures for other parts of the developing world, including India; China; Thailand; Cambodia; Papua New Guinea; parts of the Caribbean and some of the former Soviet Union. That AIDS predominantly affects young adults means it hits the most productive and volatile members of society, which has considerable social, economic and political consequences.

The epidemic is inextricably connected with war and civil unrest. Wars fuel the epidemic—as Peter Piot pointed out: "War is the instrument of AIDS and rape is an instrument of war."¹⁸ Summing up the impact of war on the spread of HIV, a Nigerian commentator identified six factors as relevant: widespread rape by soldiers; massive and uncontrollable population movements; the creation of large refugee camps and the conditions making for unprotected and forced sex within them; poverty

leading to an increase in commercial sex; decline of literacy and access to basic prevention information; and the collapse of health services, leading to lesser ability to follow infection protection guidelines¹⁹. All of these factors can be clearly identified in recent civil strife and warfare in the Congo, Sierra Leone, Rwanda, East Timor etc. Sierra Leone now has a growing HIV epidemic, with estimates of widespread rape and a positive rate of almost 25% amongst army recruits²⁰. The post-Afghan war refugee camps in Pakistan are likely to be fertile breeding grounds for HIV, given the high use of needle use in the region.

There is arguably a close relationship between high HIV rates and civil disorder. A report from the U.S. National Intelligence Agency estimated that HIV prevalence amongst militia in Angola and the Democratic Republic of the Congo was between 40 and 60%, and earlier reports linked the brutal killings in Rwanda in the late 1990s to widespread HIV infection²¹. In Cambodia and Honduras it is claimed that the presence of foreign troops has been a major factor in leading to the introduction of HIV²² and there is concern about the ways in which peacekeeping forces might help spread HIV. At the same time HIV helps create economic and social crises which in turn threaten stability and civic order. It seems possible that the political hysteria to which President Mugabe appealed in Zimbabwe during the election campaign of 2000, and the violence directed against white settlers, was connected in various ways to the high rate of HIV infection, not least as a way of denying the gravity of the epidemic. I write “seems possible” quite deliberately, as there is great reluctance to publicly discuss this hypothesis. (Laurie Garrett reports that she was had death threats from ZANU thugs merely for asking about government failure to address HIV²³.) Even Doris Lessing’s widely publicised critique of Mugabe in early 2003 barely mentioned the extent of HIV, though it is clearly a contributory factor to the collapse of social and economic order in Zimbabwe²⁴.

Given the high rate of casual sex engaged in by military personnel, HIV will have special implications for the military, who have to develop policies as to how they can best deal with the threat of large numbers of their members becoming infected, and the concomitant costs this poses. Thailand began early in developing programs to deal with HIV within its military, but most countries have been very slow, and often extremely reluctant to confront the problem. Given the reality that the military is the primary source of political power and social order in many of the world’s poorest countries, the existence of widespread prevalence of HIV among military personnel threatens political and social stability.

For the broader society, AIDS reduces life expectancy; distorts health budgets; and creates a new generation of orphans for whom adequate care is almost impossible. It is already having an impact on the economic future of many countries because it attacks those who are most productive, and increases burden of care on others. In many parts of sub-Saharan Africa—and potentially in other parts of the world—the loss of skilled workers and professionals is leading to a measurable decline in living standards, compounded by the growing burden on already under-resourced health systems, and exacerbating the threat of famine²⁵. (The development of elaborate and expensive treatments for HIV is merely increasing the gap between the epidemic of the rich minority and the poor majority, and fueling a growing anger against the major pharmaceutical manufacturers.) In more and more villages the care of children is falling upon grandparents, as the intermediate adult generation becomes sick

and dies. In much of Africa teachers, nurses, police and public servants are dying of AIDS faster than they can be replaced, and there is a general belief that GDP is declining by about 1% per year in the worst affected countries. This may however seriously underestimate the medium and long term loss of human capital caused by the epidemic²⁶.

The Implications of the Perceptions of HIV/AIDS

Does it matter if HIV/AIDS is understood as a matter of security, rather than, say, health or development? Yes, because how we conceptualise the epidemic will immediately impact on the extent of political commitment governments bring to dealing with it. Defining AIDS as a health issue limits it to the province of one ministry, often without much political clout. Redefining it to encompass security issues almost inevitably pushes it far higher up governmental agendas, making it a first order concern. This is now happening, as in the decision of the recently democratised Nigeria to bring AIDS under the control of a committee headed by the President himself, or in the creation of a special ministry for HIV/AIDS in Cote d'Ivoire. Without such political mobilization it is unlikely that the response to HIV/AIDS will encompass the full range of programs for prevention; treatment care and support; and campaigns against the stigma associated with the condition that not only furthers the burdens of those who are positive but makes testing and prevention programs difficult to implement.

Since UNGASS there has been some increase in resources to fight AIDS through establishment of a Global Fund against AIDS, TB and Malaria, intended to provide international resources for prevention and treatment in poor countries. The Fund has had a difficult beginning, and while it has signed agreements with nearly thirty countries it had only disbursed US\$20 million by April 2003. Of course resources are crucial, but resources by themselves are insufficient. Effective HIV prevention requires above all the political will to break down barriers imposed in the name of culture, religion and tradition. (Under strong religious pressure UNGASS refused to vote to name men who have sex with men, drug users and sex workers as amongst those who are most vulnerable to HIV.) And while there has been considerable success in lowering the price of anti-retroviral drugs in the developing world, successful HIV treatments require a complex infrastructure which few poor countries can provide (although impressive gains have been made in a few, such as Botswana).

The great irony is that we know how to prevent transmission of HIV, and it is neither technically difficult nor expensive. Most HIV transmission can be stopped by the widespread use of condoms and clean needles (only in terms of blood screening does prevention involve the use of costly technology). But for this to happen requires major changes in behavior, both individual and collective, which in turn require support for programs which often infringe cherished religious and cultural beliefs. Effective HIV prevention requires governments to acknowledge a whole set of behaviors which they would rather ignore, and a willingness to support, and indeed empower, groups practising such behaviors. This requires major shifts in the conception of what is criminalised, and a willingness to recognise that a great deal of behavior which is proscribed nonetheless exists, and the more it is stigmatised the more difficult it is to effectively prevent HIV transmission. In other cases,

most particularly widespread forced sexual intercourse, it may mean an increase in policing activities. As John Caldwell has argued: “The central plank in the victory over AIDS is the recognition by African governments of social and sexual reality. Millions of people are being allowed to die on the grounds that the only way they can be saved is by adopting a more ‘moral’ way of life, indeed a way of life that is not their morality.”²⁷

Thus effective measures against HIV may involve changes to existing structures of power which threaten those who have most to lose. At some level politicians understand that to speak of empowering women, of abolishing stigmas based on unpopular behavior and status, threatens the status quo from which they benefit. The development of peer education programs or community health measures can in turn open up space for ideas of popular involvement in policy making and question the allocation of governmental resources in ways which is potentially quite revolutionary. Where governments either depend upon or fear the power of organised religion, the major need for basic prevention information around frank discussion of sexuality is likely to be extremely difficult. HIV/AIDS is simultaneously an example of new paradigms in understanding security and an issue which requires state leadership to intervene in areas often regarded as both natural and private.

Barnett and Whiteside have argued that there is a link between HIV and the degree of social cohesion and the overall level of wealth in a society, arguing that the worst combination is low social cohesion and very unequal distribution of wealth. They also draw an important distinction between various forms of social cohesion, distinguishing that which may derive from civil society and that which stems from authoritarian political or cultural systems. In the short run it is possible that the latter will be more effective in controlling the spread of the epidemic (a good example is Cuba, whose policies were criticised as unnecessarily restrictive of human rights, but which nonetheless managed to limit the spread of HIV through policies of compulsory quarantine.) In the longer run, as is now evident in China and Vietnam, authoritarian governments can force risky behavior underground, but are unlikely to be able to prevent them.

The Global Response to AIDS

Perhaps the one bright note in what too often seems a tale of unmitigated failures and stupidity is the international solidarity which has been created in response to the AIDS epidemic. The response of the United Nations system has been matched by the development of a whole set of regional and global community-based networks, with considerable ongoing links to multilateral and bilateral agencies. The biennial International Conferences, of which the most recent in Barcelona (July 2002) generated very considerable global media coverage, have become significant symbolic expressions of global solidarity.

While “solidarity” can easily become a meaningless shibboleth, the HIV/AIDS epidemic has created an extraordinary number of concrete examples, ranging from the development of community-based sex worker and gay organisations, ‘buyers’ clubs’ in rich countries who collect HIV treatments to send to people in poor ones, through to international business and multilateral organisations.

As is true of other areas of global concern, AIDS has opened up possibilities for non-government actors to influence and work with both governments and international agencies. From its inception UNAIDS sought to work in conjunction with community-based organisations, and to avoid the formal and bureaucratic processes of the United Nations system. It created a place for “NGO delegates” (not representatives) on its governing body, the Policy Coordinating Board, and sought to

establish ways of consulting with all significant NGO networks to choose such delegates. Probably more important has been a steady recruitment of people from the community sector to work for UNAIDS, and a greater day to day engagement with AIDS organisations than is usual for international organisations.

Yet UNAIDS is caught in a contradiction it cannot resolve: its success depends on establishing cooperation between the U.N. agencies which are its co-sponsors, where territorial claims are often more important than policy outcomes. For UNAIDS to coordinate, say, the World Bank and UNESCO is rather akin to asking a sparrow to direct a herd of elephants. Increasingly it has come to act as a focal point for international activities, providing information and contacts, and in some countries, directly influencing policy from both donors and governments. Such success in country depends on establishing a good relationship between its own representative (there are UNAIDS country officers in close to fifty countries), the chair of the United Nations theme groups, comprising the various U.N. co-sponsors of UNAIDS, and the officers of the country's own AIDS bureaucracies.

Just as significant is the positioning of AIDS on the global agenda. Under Peter Piot UNAIDS has been able to capture some of the moral weight which Jonathan Mann gave the Global Program on AIDS, and to win significant support from both Secretary General Annan and U.S. Secretary of State Powell. While AIDS clearly cannot be contained by national boundaries, an effective response depends heavily on the will of national governments. However much international support and solidarity may be generated, governments have to be willing to allow effective prevention, counseling and treatment programs, which in turn require the use of community organisations to mobilise often marginalised and disempowered populations.²⁸ The UNGASS meeting revealed that many governments were uneasy about anything other than the most token involvement of PLWHAs and civil society organisations in policy debates around the epidemic.

But UNGASS did illustrate that the security concerns around HIV/AIDS had begun to affect governments, particularly those from sub-Saharan Africa (there was some concern at the absence of senior political figures attending from countries in Asia and Eastern Europe with potentially huge epidemics.) By declaring AIDS "a global emergency", and the creation of the Global Fund the Special Session marked the final break from defining AIDS in purely health terms, and putting it on the agenda of governments as a whole. While the wars in Afghanistan and Iraq have seemed to direct attention back to a more conventional focus on security, the Bush Administration remains committed to major international initiatives on HIV/AIDS. It remains unclear how far domestic political pressures will make such U.S. support conditional on ignoring what UNAIDS regards as 'best practice' on issues such as needle exchange and sex education²⁹.

Only if governments see fighting the epidemic as a matter of national survival are they likely to provide the degree of resources, both political and financial, which are required and which cannot be met by international effort alone. Indeed the paradox is that while governments may often seem to weak to provide effective social programs, they are usually strong enough to create extraordinary barriers against anyone else who might provide them. (Thus Burma, whose government knows the potential threat of the epidemic, places considerable obstacles in the way of both domestic and

international efforts against HIV.) Stronger governments, which means governments with the support of their citizens, will feel less threatened by international effort and by regional and international NGOs, and be able, in turn, to create supportive environments within which international and non-governmental efforts are most effective.

As I write current estimates suggest that there are over 40 million HIV-positive people in the world. In absolute numbers infections in Asia will probably exceed the African figures within a decade. Estimates of infections in India and China are very imprecise, but no-one disputes they are already in the millions. In Cambodia 10,000 people will die each year for next decade from HIV, while Papua New Guinea faces a huge crisis which former Prime Minister Sir Mekere Morauta identified as having the potential to undermine the survival of the country. Former Soviet republics such as Russia and Ukraine face rapidly increasing infection through the sharing of needles. We don't know enough about the Middle East and West Asia, but there are suggestions of rapid growth, due again to needle use in Afghanistan and Iran.

The impact of a spreading epidemic will be disastrous in terms of the social and economic stability of increasing numbers of countries, with an extraordinary potential to destabilise already fragile political systems across much of the poor world. Three years ago, in a discussion with Australian defense forces personnel, I agreed that the impact of HIV on Indonesia was likely to be slight. With the rapid increase of HIV in Indonesia in the past couple of years³⁰ the epidemic looms as much of a threat to its national survival as do movements for regional autonomy and religious fundamentalism.

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