

FUCKING SOLDIERS

MILITARISATION, SECRECY AND THE AIDS PANDEMIC IN AFRICA

AIDS activists and policymakers have a taste for military metaphors. They speak of ‘fighting’ AIDS, ‘mobilising as if for war’ and more optimistically, ‘vanquishing’ the disease. Some diseases—smallpox and cholera are cases in point—are amenable to military-style campaigns. But sexually transmitted infections are not. Measures such as the incarceration of sex workers by the American police during World War One, haven’t often been effective. Policing sex rarely works. In fact, it’s simpler to waging a war than to ‘fight’ HIV. States are designed for warmaking. They have emergency powers and mobilisation capacities, while their leaders adore taking a posture of stern command. Even liberation wars, fought against states, invoke stirring slogans, promises of utopia, and nationalist sentiment.

Speaking of the need for ‘war’ on AIDS alarms people, and they should indeed be alarmed. In some African countries, national survival is indeed at stake. For a country with 20-35% HIV prevalence among the adult population—that is, all southern African countries—the lifetime chance of contracting the virus for a teenager today ranges up to 70%. Statistically, a sixteen-year-old in Botswana can expect two decades of adult life, just half of her or his parents’. About 28 million Africans are estimated to be living with HIV and AIDS. Not only is this an incalculable human tragedy, but the loss of human resources stands as the single greatest impediment to social and economic development, and a huge threat to stability and security.

Wars demand exceptional measures and clear and courageous leadership. Africa’s leaders should see AIDS as their number one priority, laying aside all other national plans while they focus on the disease. So far, with just a few exceptions (notably Botswana), this is just wishful thinking. The ‘war’ on AIDS is being conducted in a business-as-usual manner. It’s a series of incremental programmes run by health ministries and voluntary agencies, mostly worthy, but lacking both level of funding and leadership that are warranted. In fact there’s very little strategic coordination at all: ministries, aid agencies and donors make relatively short term, narrowly-focused decisions about what to do. All ‘fronts’ in this war are important, but some are more fashionable than others. Mother-to-child transmission of HIV has gained a lot of (deserved) attention. Soldiers, policemen and prison officers living with HIV and AIDS have not. There is something to be said for allowing each of those involved to decide where and how to expend their energies. It makes for innovation and voluntarism. That’s how the deregulated market in aid-to-Africa operates. It is not, typically, how wars are fought and won.

The war metaphor is also misleading. War is a realisation of militaristic, and characteristically masculine values, including hierarchy, command and obedience. In wartime, these values also permeate the personal and sexual lives of citizens. ‘Fighting’ AIDS demands a rather different kind of ‘war’: a patient, frank engagement with some of the most intimate and deeply held beliefs and practices of communities and individuals. In this ‘combat’, governments and institutions should surrender some of their power and instead listen to ordinary young women and men. And even more to the point, men should negotiate sex with women as equals.

Truth is also, of course, a casualty of war. Here we run into a major contradiction: the 'war' on AIDS demands intelligence, especially good epidemiological data: who has the virus, how they got it, and whether they're spreading it. It's a shocking fact that the first twenty years of the AIDS pandemic has produced such rudimentary epidemiology of HIV. Billions of dollars have been spent searching for a cure, but comparatively miniscule amounts on the kind of public health data that are useful in changing behaviour to prevent transmission. And a survey of the epidemiology will turn up one huge chasm from which virtually no information has escaped: the military itself.

This black hole is disturbing. A compilation of anecdotes and snatches of data suggests that armies have played an important role in the AIDS epidemic in Africa. Right at the beginning of the pandemic, the pattern of AIDS in Uganda in the mid-1980s reproduced rather precisely the progress of the Tanzanian army which invaded the country in 1979. This army had earlier been encamped on the western shores of Lake Victoria, the very location where the many of the earliest cases of AIDS were retrospectively diagnosed. What better vector to transform an isolated cluster of HIV cases into an epidemic, than an army of young men, regularly paid, posted far away from home?

Sexual violence is a statistical no-man's-land. Indisputably, the reported cases of rape are a tiny fraction of the real number. Most likely, even fewer rapes are reported when the rapist wears a uniform. Rape by soldiers and policemen has only rarely become a public scandal. An exceptional case was the shockingly high level of sexual violence against Somali refugees in Kenya ten years ago. While most of it was perpetrated by criminal gangs known as *shifita*, a substantial number of rapes were carried out by the soldiers and policemen who were supposed to be protecting the refugees. Exposure by human rights organisations and the creation of a special programme by the UN High Commissioner for Refugees to protect women from rape helped overcome the problem. But, in the meantime, how many women became infected with HIV?

Rape has been documented as a weapon of war in a number of countries. There are stories of 'special' units of HIV-positive militiamen systematically raping Tutsi women during the Rwandese genocide of 1994. Mass rape has been perpetrated on women and girls captured by the Sudanese army in operations to burn villages and relocate their inhabitants to what they call 'peace camps'.

It is probable that most soldiers' sexual encounters are consensual. But that does not make the woman an equal 'partner'—the very word conceals the hierarchy inherent in most soldiers' sexual encounters. Army garrisons are typically surrounded by bars and brothels. Soldiers are paid well and regularly by the standards of rural Africa, where impoverished young women may be obliged to resort to 'survival sex': selling their bodies for the necessities of life. Officers' macho culture encourages multiple sexual 'conquests', and their status and pay makes them attractive to young women seeking favours and security. The risk-embracing nature of military life makes a mockery of safe sex messages. Why use a condom tonight when you may go into combat tomorrow?

The United Nations agency responsible for co-ordinating AIDS information and programming, UNAIDS, coyly remarks that HIV levels among African militaries are typically two to five times greater than in the general population. There are anecdotes of army units being tested and coming up with HIV positivity rates of fifty, seventy or even ninety per cent. A consistent anecdote is that HIV rates increase with rank, and that they are higher

among high-status units (especially air forces) than in the infantry. But we don't know much. The only published survey, conducted by the UNAIDS' Civil-Military Alliance, was carried out in 1995-6, and has not been repeated. Its data are now mostly a decade old. They don't give any reason for complacency: rates were typically 15-45%.

There are many reasons why governments want to keep AIDS in the army secret. The reflex of the securitised states that dominate the continent is secrecy. Any indication that the officer corps, which is often the power base of the government itself, is riddled with AIDS, might give solace to adversaries. They fear, it might tempt a neighbour to attack, or it might cause dissension or mutiny in the army itself. More immediately, the civilians surrounding army bases might become hostile to the garrisons in their midst. All African armies face the dilemma that if they were to acknowledge the scale of the problem, the costs for medication and care for soldiers living with HIV and AIDS, and their families, would consume the entire defence budget and more.

Some African militaries have taken the threat very seriously. The first and most famous case is Uganda. Shortly after the guerrillas of the National Resistance Army had taken power in 1986, President Yoweri Museveni sent some soldiers to Cuba for training. He was quickly informed that a number (not disclosed) had tested HIV positive. Museveni was newly in power and full of revolutionary energy, he had a very close personal bond to the young fighters who had won his war, and he also has a charismatic, frank and often humorous way of communicating. Museveni's campaign against AIDS quickly became Africa's best-known success story. Not only has the country weathered the ravages of a disease that at one time was infecting more than 20% of the adult population, but it is the only case in Africa in which HIV levels have actually fallen substantially.

But there are reasons to question just how deep and long-lasting Uganda's success actually is. Recently, the Chief of Staff, General James Kazini, again remarked that AIDS was a major problem in the Ugandan army. At war in Congo and Sudan, the army has lost its earlier discipline and dedication and is now better known for corruption. Despite constant military operations and attendant casualties, more than half the deaths in service are reported to be AIDS related. Soldiers who have been tested HIV positive have also criticised the army for the way they have been treated: medication has not been provided for them or their families, and they have been victims of discrimination.

Another, less well-known case of the military containing AIDS is Ethiopia. In 1996, discovering that the army had an infection rate of 6% (higher among senior officers), the Chief of Staff, General Tsadkan Gebretinsae designated fighting AIDS as its number one priority. Six years later, while Ethiopia's national HIV prevalence has risen to over 7% and the national AIDS campaign has stagnated, the army still has a prevalence of just 6%. (In the interim it has recruited more than 250,000 men for a war with Eritrea, fought that war, and demobilised many of them.) The key to the army's success seems to be a legacy from its years as a revolutionary guerrilla force in the 1970s and '80s, which endowed it with some quasi-democratic institutions such as the 'council of commanders'. This, uniquely, allowed the Ethiopian army to have an open internal debate, and adopt a set of anti-AIDS policies by consensus. But, ironically, the same secretiveness that has concealed high military HIV rates in other countries has also meant that the army's success is not well-known even in Ethiopia, let alone more widely.

These successes are too few, but there are some signs of progress elsewhere. Senegal is an exemplary case for civil-military cooperation. The Tanzanian army has an open and enlightened policy, considering AIDS in the military as an employment issue in which workers' rights should be respected.

Privately, African military commanders are expressing their fears more than ever. The Pentagon has become concerned, at first because American security strategies for Africa rely heavily on African peacekeepers. But the scale and nature of the HIV/AIDS crisis in armies is still hidden. Shining a light into this dark corner is long overdue.

A big part of the blame for Africa's AIDS epidemic must fall on wars, soldiers and cultures of militarisation. Declaring 'war' on the virus risks deluding leaders, both in Africa and globally, that the pandemic can be 'defeated' by further militarisation. Certainly, the campaign against HIV/AIDS needs more resources and stronger leadership. But it will succeed if its 'weapons' are civilian and feminised, including gender equity, truly consensual sex, and frankness about all aspects of sexual behaviour. As Albert Camus remarked through Dr Rieux in the closing pages of 'La Peste,' 'It's not a matter of heroism, it's a matter of honesty. It's an idea that may seem laughable, but the only way of fighting the plague is honesty.'

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