

# **Militarism and HIV/AIDS: The Deadly Consequences for Women**

Background paper by Women's International League for Peace and Freedom

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It is known that women have been, and continue to be raped or used as sex slaves, during the preparation for war, military invasion, or along the deadly swath of migratory soldiers.

Six months ago, during the Tokyo Tribunal on Japan's Military Sexual Slavery, there was a public hearing on crimes against women in recent wars. The bulk of those crimes were sexual in nature and were perpetrated by military men. The widely practiced epidemic of rape during war - by one state for example - claimed the physical and mental integrity of 500, 000 Korean victims. That was before AIDS.

Sexual crimes against women continued unabated worldwide over the past half-century - yet today there is a deadly third partner - AIDS.

What are the implications of militarism and AIDS? According to a recent book - "there is a perception that US military persons introduced HIV/AIDS to the Philippines and Thailand." (Davis, Miranda, Women and Violence, Zed Books, 1994, p 149-155) It should be widely recognized as fact that the military is a vector here and elsewhere in the spread of the disease. If not, the virus will continue to quickly spread and prevention efforts will be undermined by the military menace.

The draft text for the Special Session on HIV/AIDS appropriately underscores "prevention" as the primary focus for eliminating the spread of the disease. As such, sexual abuses and rape of women committed by military men during an era of a pandemic should be recognized as a threat to prevention efforts aimed at halting the further dissemination of the virus.

Why the does the military need to be considered in the preventative

lens of health policy makers, governments, and the international community?

**The Congressional Research Service of the US Government, Foreign Affairs, Defense and Trade Division stated this year that "AIDS may have serious security consequences for much of Africa, since HIV infection rates in many armies are extremely high."** (Copson, Raymond, W. AIDS in Africa, Foreign Affairs, Defense and Trade Division, May 14, 2001)

The aforementioned US Congressional Research Service report also noted that **"infection rates among the seven armies currently embroiled in the conflict in the DRC have been estimated at 50 percent-80 percent."** (Copson, Raymond, W. AIDS in Africa, Foreign Affairs, Defence and Trade Division, May 14, 2001) While other reports indicated that 15-20 percent of the military in some African countries have AIDS (HIV/AIDS in Africa: Time to Stop the Killing Fields, April 2001), this is only the inaccurate tip of the iceberg. "Military forces do not publicize HIV infection rates even when statistics exist." (Conflict, Post Conflict and HIV/AIDS - the Gender Connections. Women and War and HIV/AIDS: West Africa and the Great Lakes. Remarks by Judy A Benjamin, Women's Commission for Refugee Women and Children, Presented on March 8, 2001.)

It is extremely likely that the military in Africa has high rates of AIDS. In the regions of conflict in Eastern and Southern Africa, the AIDS epidemic has hit hardest and the epidemic is more severe. (Collins, J and Rue, B HIV/AIDS and Failed Development, <http://www.Africapolicy.org>) Approximately every fourth woman in Southern Africa is infected with the disease. Women have higher rates of AIDS than men. Moreover, African women account for 85 percent of all global female infections. (HIV/AIDS in Africa: Time to Stop the Killing Fields)

AIDS itself is said to bring Africa to its knees economically by devouring scarce resources and by killing so many of its youth. However, militarism and weapons spending in this part of the world drains the potential for diverting valuable resources to AIDS. Since nearly half of the continents' countries are embroiled in war, there is little money to be wrung out once the military sponge has soaked up the resources.

Africa is littered with civil wars and that does two things to perpetuate AIDS. Firstly, the cost of sustaining killing through war is incompatible

with the billions needed to save lives overcome with AIDS and opportunistic infections. Secondly, war is a vehicle for the spread of the disease. History has shown, that as long as militarism exists women are vulnerable to sexual abuse and oftentimes related infections.

Even when the military person is not involved in a sex "crime" - the mere presence of the military or even peacekeepers in an area - promotes the business of trafficking in women and prostitution as an economic means. A BRIDGE Report in Phnom Penh noted that commercial sex workers increased from 6, 000 to 20, 000 during the 1992 -1993 UNTAC mission. (Conflict, Post Conflict and HIV/AIDS - the Gender Connections. Women War and HIV/AIDS: West Africa and the Great Lakes)

Women worldwide are contracting the virus as a result of a wartime activity. Killing with weapons and killing with infected body fluids will continue as long as there is war. And women, who are infected at higher rates than man, pay the deepest price.

**The following are suggested actions that could be considered preventative measures.**

- The movement of troops has strewn the virus across the continent of Africa and women are the prime targets. The UN must urgently consider the gender impact of AIDS as a result of war. Appropriate research to outline the impact of sexual abuse on women during war could prevent further grief.
- There is a need to encourage HIV testing in the military, the vector of the disease. Those statistics should be published in terms of a percentage in order to provide education about the extent of its prevalence.
- The military takes money from prevention efforts such as educating women about the disease and appropriate treatment, therefore, it is time to examine the money spent on weapons - versus the money spent on halting the virus' spread. Military spending on small arms, for example, could be diverted to fund clinics housing AIDS prevention and education programs.
- Adequate efforts have not been made to link the role of the militarism paradigm to infection rates. Systematic studies should be carried out which depict how numbers of sex workers that increase during war, they should record the number of rapes that occur, the number of STDs during conflict (STDs increase the risk of getting AIDS), and the number of available resources to women compared with the numbers infected (ie. infected women to clinic ratios). These things can be measured to

show both the disproportional impact on women and the lack of corresponding resources.

**The following are suggestions for the treatment of AIDS in areas of conflict**

- Although Africa has an opportunity to purchase cheaper pharmaceuticals thanks to recent developments, it must not become complacent in its approach to tackling the disease. While companies provide drugs at a reduced cost, they are still unaffordable given the vast numbers of women and children infected. Governments engaged in conflict must pledge to utilize money to treat disease and to invest in lives rather than killing (war).
- Deaths and injuries from small arms and other weapons use precious health supplies and occupy health care workers. Attention is diverted from AIDS to the immediate impact of traumas presented to clinics. The cost of spending on violence induced wounds can be reduced by ridding the continent of many small arms.
- Women cannot have access to clinics to obtain their medicine during war. War must be halted in order for lifesaving drugs to reach devastated communities. Conflict prevents the adequate dispersion of medicine to remote areas. Cease-fires should be implemented to allow for the transport of AIDS drugs to the infected.
- Health infrastructure is destroyed by war. The women infected with AIDS need more than pills. They need support facilities, day cares, inpatient facilities for treatment of opportunistic infections, and health education staff. Women who have been raped need appropriate and intensive trauma counseling. Militarism bars outside assistance from reaching hostile areas. Commitments to end fighting should be taken seriously in order for health care professionals to reach women.
- Women may get drawn into the sex business when they have been widowed and left to provide for their family. They need economic social support from the government before crisis occurs.

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The lack of attention to the gender elements of the AIDS pandemic in the theater of war is disturbing. Unfortunately the immutable link between the general militarism of the African continent and the destruction caused by AIDS are rarely regarded.

**In the January 2000, the UN Security Council declared that AIDS is an International Security threat. It is time to put words in to action. The recognition that militarism and AIDS are compounding the magnitude of the international crisis, especially for women, is a necessary first step.**