

Natalia A. Feduschak, a Kaiser International Fellow and a freelance journalist, wrote and delivered the following lectures about HIV/AIDS to journalism students at the Kyiv National Taras Shevchenko University and Kyiv International University between April 2005 and November 2006. The lectures are based on her own research and interviews conducted in Ukraine and Europe, through resources provided by the Kaiser Family Foundation, Transatlantic Partners Against AIDS, numerous Ukrainian non-profit groups and the experiences of people living with HIV/AIDS.

LECTURE THREE: HIV/AIDS and National Security

Last week we discussed the affect the HIV/AIDS epidemic is having on Ukraine domestically. This week, we will discuss the link between HIV/AIDS and national security globally, as well as in Ukraine, with a particular emphasis on peacekeeping forces and migration.

To begin where we left off from our last lecture, for all of their current political problems, Ukrainian officials are increasingly seeing HIV/AIDS as a national security issue. At the end of 2005, Ukraine's Ministry of Health came out with a study supported by the World Bank that found if HIV/AIDS is not curtailed, the nation's macroeconomic picture will change in terms of shorter life spans, a reduced labor supply, lower labor efficiency because of illness and an erosion of the tax base.

Long-term impacts will include lower domestic savings and investments, reduced incentives by domestic and international interests to invest in human capital and consequences for balance of payments. By 2014, the report states, HIV/AIDS may cause 33 percent of all the deaths among men between the ages of 15 and 49, and up to an unprecedented 60 percent of all deaths among women in the same age group.

“This is an epidemic that has no borders,” Anatoliy Kinakh, then-head of Ukraine's National Security and Defense Council, told businessmen when discussing the

report and the impact of Ukraine's epidemic on the economy and businesses during a conference in 2005. "The prophylactic of AIDS needs to be at the highest level."

The Universal Agreement both President Viktor Yushchenko and Prime Minister Viktor Yanukovich signed last year stated health issues like HIV/AIDS and tuberculosis are priorities for the country. However, the emphasis and resources both men place on health issues in the future still remain to be seen.

The Western media in recent years have extensively covered the devastating impact of HIV/AIDS on sub-Saharan Africa, which, with around 25.8 million people living with HIV at the end of 2005, remains the world's worst affected region. Some of the stories include hospitals overcrowded with people in need of life saving medicines and who too often die there, or children orphaned because their parents or caretakers have lost their battle to the virus. In Ukraine, the media have covered the domestic HIV/AIDS crisis, mostly in relation to at-risk groups such as injecting drug users and sex workers.

Few media outlets, Western or domestic, however, have covered in-depth the pandemic's national security consequences. That is certainly true of Ukrainian media, which have rarely looked at what the country's epidemic means for the nation's security. Yet as the pandemic grows, the link between HIV/AIDS and national security will become more important.

To be sure, not every country's national security is affected in the same way by HIV/AIDS. The effect of the pandemic on individual countries also depends on how well they have done to control the HIV/AIDS situation at home. Still, the United Nations Security Council was concerned enough about the virus' global impact that in 2000 it

passed Resolution 1308 that stated that if it remains unchecked, HIV/AIDS poses a global security threat.

In her groundbreaking report published in 2005 by the Council on Foreign Relations titled, *HIV and National Security: Where Are the Links?*, author Laurie Garrett wrote that understanding the current impact of the HIV/AIDS pandemic, or forecasting its toll in, say, twenty years, is still difficult, because “little scrupulous analysis of the political, military, economic, and general security effects of the pandemic has been performed, both because the area is poorly funded and the problem is extremely complex.”

Still, “the epidemic is unfolding in waves that span human generations, and societies are making incremental adjustments along the way as they try to cope with the horrible impact AIDS is taking, not only in terms of human lives lost, but in the devastation of families, clans, civil society, social organizations, business structures, armed forces, and political leadership,” Garrett wrote.

Background

To better understand today’s HIV/AIDS pandemic and the national security link, some background is in order: Many scientists and analysts have said today’s HIV/AIDS pandemic has only two parallels in recorded history: the 1918-1919 flu pandemic, where up to 50 million people died, and the fourteenth century’s Black Death, where between 25 and 30 million people died out of a population of 75 million in Europe. The latter, however, better shapes the discussion about the impact of HIV/AIDS because it showed the concentrated devastation that infectious diseases can have on nations.

Some of the similarities between the two pandemics are “the reshaping of the demographic distribution of societies, massive orphaning, labor shortages in agricultural and other select trades, strong challenges to military forces, an abiding shift in spiritual and religious views, fundamental economic transformations, and changes in the concepts of civil society and the role of the state,” Garrett wrote in her study.

John Kelly, who authored the book *The Great Mortality: An Intimate History of the Black Death*, wrote the growth of three activities - trade, travel and more efficient communications - are all culprits in the spread of infectious disease. Kelly provided the example of Caffa, the one-time Genoese city in Crimea that is better known today as Feodosia.

In the 13th century, the city was a bustling center famed for being the gateway to China or Europe for traders and travelers, and the place where they could access the famed Silk Road. By 1347, however, the city gained a different reputation that ensured its name was etched into the annals of history.

For the generation that lived through it, Caffa became known as the starting point of the Black Death. The same ships that left Caffa's port laden with teas and silks that traders purchased from China for eager buyers in Rome and Paris, also brought with them *Yersinia pestis*, the bacteria that causes plague, through the fleas that lived on rodents. Stowed away in the hulls of ships, all it took was for one vessel carrying the rats with *Y. pestis* to arrive in a port city and the people of that locale met their demise.

Within five years, because of the plague, Europe had lost from 25 to 30 million people out of a population of 75 million; some regions faced a mortality rate of 60 percent. In Italy, for instance, the plague's demographic impact was the death of people

ages 20–60 years old. Forty-four percent of the surviving population was under the age of 19, creating a huge orphan crisis. Fifteen percent of the population was over 60.

According to David Herlihy, author of *The Black Death and the Transformation of the West*, some of the threats to Europe's security were widespread property disputes; depletion of the agricultural work force, which resulted in decades of crop and livestock deficiencies; the erosion of feudalistic control; rising labor unrest; and an overall increase in tensions between the rich and poor in Europe, all of which paved the way for significant political change.

Faith in the Catholic Church was also shattered. Fearful of getting infected, priests were unable to perform last rites. Instead of providing spiritual support, Pope Clement VI, meanwhile, barricaded himself from the public behind palace walls, where huge bonfires were built so rats could not venture into the compound. Making matters worse, the Pope also decided to sell priesthoods and provided laymen luxuries for cash and valuables.

The plague changed the public's expectations of the role of the state.

“In the immediate wake of the Black Death, city-states like Florence, and nations, such as England, recognized that social services are components of state survival, creating orphanages, sanatoria, public hospitals, health systems, subsidizing education, and training professional militaries,” wrote Garrett.

Overall, in its short life span, the Black Death massively disrupted the Continent's political and social infrastructures; it would take Europeans many centuries to rebuild and repopulate. Until HIV/AIDS, it remained the world's worst human health catastrophe.

HIV/AIDS and Security

If fleas that lived on rodents caused the Black Death, we see from our first lecture that the culprits of the HIV/AIDS pandemic are more complex: Social, cultural and development issues, coupled with political and economic policies, all play a role in the worryingly rapid spread of the virus.

Officials from international humanitarian organizations who attended the XVI International AIDS Conference in Toronto in August 2006, argued that unless the underlying issues that allow HIV/AIDS to flourish, such as poverty and social inequality, are adequately addressed, the pandemic will continue to dramatically impact the global community, as well as national security.

UNAIDS, the arm of the United Nations that coordinates action on the global pandemic, has stated that HIV/AIDS is a security issue whether one looks at the more traditional meaning of security, such as external threats to the defense of a state or newer concepts of so-called human security.

In its Human Development Report 1994, the United Nations Development Program (UNDP) defined human security as, "safety from constant threats of hunger, disease, crime, and repression. It also means protection from sudden and hurtful disruptions in the patterns of our daily lives, whether in our homes, our jobs, in our communities or in our environments."

HIV/AIDS threatens human security because it destabilizes society, undermines the social fabric, weakens economic development, while AIDS-related illnesses destabilize families, households, workplaces and communities, according to UNAIDS.

“The traditional extended family is also being destroyed by AIDS, which impacts the state's ability to secure food, shelter, health care, education and all forms of security. Securing food, the first of these needs, is rapidly being imperiled,” the organization said on its web site when discussing the link between HIV/AIDS and security. “According to the Food and Agriculture Organization of the United Nations (FAO), while the impact of AIDS on farming communities differs from village to village and country to country, the epidemic is undermining 40 years of progress in agricultural development.”

In a report titled “*HIV/AIDS as a Security Issue*”, the prestigious non-profit International Crisis Group said the pandemic poses personal, economic, communal, national and international security issues:

“Agricultural production and food supply become tenuous; families and communities break apart; and surviving young people cease to have a viable future. Divisions among ethnic and social groups may be exacerbated. Economic migration and refugee seekers increase. It directly affects police capability, and community stability more generally. It breaks down national institutions that govern society and provide public confidence that the people's interests are being served. It strikes hardest at the educated and mobile-civil servants, teachers, health-care professionals, police,” the report said.

The military and peacekeeping forces

One of the principle areas of concern by the international community when talking about the link between HIV/AIDS and national security is the affect the virus has on the world's military and peacekeeping forces.

Some 50 million people serve in the world's armed and police forces, the majority of whom are men under the age of 25.

“By virtue of their youth, long periods of deployment away from family and mates, access to cash and tendency to ‘buy’ sex partners, likelihood to drink heavily or use drugs when off duty, capacity to impose coercive methods to obtain sex, dangerous and stressful work, and general participation in a ‘macho’ culture, the military and police are thought to be at special risk for all sexually transmitted diseases,” Garrett wrote in her 2005 report.

“The armed forces worldwide, both military and police, are generally challenged by HIV to at least an equal extent as the threat to general societies in which they reside,” she wrote. “For countries that have general population HIV infection rates exceeding 5 percent, it is reasonable to assume the military and police are similarly afflicted. HIV may already be weakening troop strength in some countries, depleting police and armed forces, and challenging the ability of key militaries to recruit healthy personnel. There is, however, little evidence to support claims that armed forces have significantly higher rates of HIV infection than are seen in the general populations of their respective countries. Forces deployed away from home for extended periods of time do tend to have higher rates of infection than those able to live with, or near, their families. There is little evidence that HIV transmission is heightened by warfare or conflict, except in situations in which rape is used as an instrument of battle or genocide.”

The potential threat posed by the virus to the world's military, however, gained prominent attention earlier this decade after several studies showed HIV rates indeed were higher among soldiers in several African countries than in the general population.

A 2003 report from the Washington, D.C.-based World Watch Institute, for instance, found that in the national armies of South Africa, Angola, and the Democratic Republic of Congo, more than four in 10 soldiers were HIV-positive. For its part, the U.S. National Intelligence Council has estimated that 10 to 60 percent of all soldiers in sub-Saharan Africa have HIV. And United Nations peacekeeping forces in at least two countries, Sierra Leone and Cambodia, have been linked to the spread of HIV/AIDS in those countries.

"Unless the HIV challenge is met, the sustainability of these (peacekeeping) operations, and their invaluable contribution to global security will be under threat," Peter Piot, the head of UNAIDS, told the U.N. Security Council in 2003.

In that same address to the UN, Piot said: "One aim has been to institutionalize training on AIDS into training curricula for uniformed services -- as has been achieved in Ukraine's defense forces."

UNAIDS works in some 50 countries with young military recruits, peacekeepers, police and immigration officers to help curb the pandemic, including Ukraine.

Despite some critics at home, Ukraine has received high marks from international organizations in its military's HIV prevention efforts. For several years now, with the help of UNAIDS and other organizations, soldiers have received training about HIV prevention, proper condom use, and how the virus is passed from one individual to another. All soldiers go through training early in their service, according to the Ukrainian defense ministry.

Ukraine's largest contingent of peacekeeping forces currently serves in Kosovo; the country has also sent peacekeepers to several African nations, including Sierra Leone, the Congo and Eritrea.

Ukraine's Ministry of Defense tightened its rules several years ago regarding peacekeepers after several troops deployed to Sierra Leone tested HIV-positive upon their return home. They had sexual contact with local women. As a result, peacekeepers in Kosovo, for instance, are not allowed to have contact with local women unless it is part of their peacekeeping duties, must strictly stay away from off-limit areas and are not allowed to drink alcohol. HIV/AIDS training occurs on a constant basis.

Additionally, in keeping with a tendency of NATO countries to strengthen families and curb the spread of infectious disease, Ukraine is shortening its length of deployments in peacekeeping operations from one year to six months. One study in Germany, for instance, showed that families are strained the longer peacekeepers remain away from home.

The generally positive assessment of Ukraine's peacekeeping forces does not mean there aren't concerns.

In a 2005 report to the United States Agency for International Development (USAID) regarding Ukraine, Murray Feshbach of Washington D.C.'s prestigious Woodrow Wilson International Center for Scholars wrote there has been a decline in young men "available for service in armed forces and security services, leading to inadequate national security."

Feshbach, who has focused on HIV/AIDS issues in Ukraine and Russia, said the high HIV rate among young people is taking a toll on recruits in both countries.

Additionally, data on HIV/AIDS cases is being understated in both nations, he asserted.

Russia has admitted the country's high HIV/AIDS rate is taking a toll on the military and is a national security threat.

Garrett cited Major General Valery Kulikov of the Military Medical Services, who told his country's leadership on November 28, 2003, that since 1999, there had been a more than a twenty-five-fold increase in HIV in potential eighteen-year-old draftees. Two years later, on March 30, 2005 Deputy Prime Minister Alexander Zhukov said "the spread of AIDS has gone beyond the framework of a purely medical problem, turning into a threat to the country's national security."

Migration and health:

One aspect that has often been overlooked in the link between national security and HIV/AIDS, but will likely grow in importance and complexity, is the question of migration.

To be sure, although the relationship between national security, migration and HIV/AIDS are important, even those individuals whose primary job it is to work with migrants still don't adequately understand them, in Europe or in Ukraine. That is particularly true when talking about HIV/AIDS, which is not immediately physically visible and can sit dormant in the human system for years. Thus, health officials in Europe and in Ukraine said the subject merits more study. This section, however, is an early attempt to understand the link between the three. It is also based on observations

made by Natalia Feduschak, who traveled through Europe in April 2006 to investigate the national security, HIV/AIDS link as part of a fellowship with the Henry J. Kaiser Family Foundation. (For educators and students: the links to the articles are listed at the end of the lecture.)

Although migration itself, under normal circumstances, is not a risk to health, “conditions surrounding the migration process can increase vulnerability for ill health,” according to the International Organization for Migration. IOM is an international body with 112 member states, which works to assist migrants and support their well-being.

Ukraine today is at the crossroads of migration between Europe and Asia. On the one hand, Ukraine has found itself in the unique position of becoming a destination country for migrants from Asia, either because they are being stopped at the western border as they try to get to Europe, or because the country is their final destination. The health of these migrants remains a concern for Ukrainian and international organizations, in part because little is known about the collective health of Ukraine’s Asian community since so many are in the country illegally and remain “underground”.

On the other hand, large numbers of Ukrainians, particularly from the country’s western regions, have become economic migrants and established new lives in Europe. Family members who are left behind, particularly young people, however, are too often participating in risky behavior that may lead to acquiring HIV. There are also questions about the sexual behavior of migrants themselves, particularly if they remain separated from spouses and loved ones for prolonged periods.

Thus, it is impossible to have a true health picture of many migrants whether they are in Ukraine or in Europe, although migration policies and whether people are in a

country legally play a significant role in people's health. For instance, once people are in a country legally, they are less apt to be afraid of accessing health services because they know they will not be turned into authorities and be deported. The opposite tends to be the case if people are in a country illegally.

A significant problem, health officials in Europe acknowledge, is that governments don't really know what is happening with HIV/AIDS within their migrant communities or how that affects the local population. (The same can be said of Ukraine.) That is because even though illegal migrants in most European countries can access health services and are legally protected against being turned into the police by doctors, many are afraid to get medical care. They fear medical personnel will turn them in anyway and they will be deported. As a consequence, many Ukrainian migrants said health plummets on their list of priorities if they are living abroad illegally. They will often visit doctors only when it is already too late to cure a problem.

Mario Tronka, the president of the Italian-Ukrainian Cultural Christian Association in Rome, Italy for instance, said in the last three years, at least 20 people turned to his organization for help after being told they were HIV-positive. The organization was established in the 1990's to help Ukrainian migrants; one of their services is to provide free HIV testing at a select clinic. Whether these individuals acquired the virus at home or in Italy was uncertain, Tronka said. Most, however, opted to return home even though they could have received free medical care in Italy. They wanted to be closer to their families, even if they never revealed their HIV status.

Often overlooked in the migration question is what happens when people return home after working abroad and what illnesses they may bring with them. Because health

was such a low priority, migrants often have health issues that must be dealt with, according to officials in Europe. A report by IOM, for instance, found that most Albanians who returned home HIV-positive acquired the virus in Italy.

Migrants return to countries that are often ill equipped to handle patients with difficult medical conditions. HIV/AIDS today may be a chronic condition in Western countries, but in many middle- and low-income countries, it is still too often a death sentence because people aren't getting the treatment they need.

An issue that is pertinent for Ukraine and other countries where there is a large outward flow of economic migrants is what happens to families and their health when one or both parents work abroad. While their economic situation may improve, divided families are strained, Ukrainian analysts warn. Young people without parental guidance are more likely to engage in risky behavior, which include unsafe sex practices at an earlier age and drinking heavily. These behaviors are directly linked to the growing HIV rate in Ukraine.

As the pandemic threatens the well being of many low-and middle-income countries, the link among HIV/AIDS, migration and national security is also likely to become a more contentious issue for Europeans. Although many European countries need the cheap labor that illegal migrants provide, the growing population of migrants is provoking a backlash among native citizens; nationals complain migrants are putting a strain on their social welfare systems. As a result, health systems are undergoing scrutiny throughout Europe.

The conservative press in Britain, for instance, has run a rash of stories about so-called "HIV tourists" who allegedly travel from Africa to get free medical care in the

U.K. Anti-AIDS activists and social workers complained such stories make it harder for them to lobby the government to provide services for migrants because taxpayers are less inclined to want to pay for services.

Are there any solutions to these questions? Two points merit mention:

Migrants are often able to come up with solutions to help themselves if they have the support. A huge problem is lack of information. Through the efforts of one migrant from Ukraine, who also happens to be a doctor, Ukrainians in Rome now have a consulting center where they can get information about health care in Italy, testing centers and their rights. Caritas Roma and the Ukrainian Greek Catholic Church were instrumental in helping the center open. It is hoped that once migrants have more information, they will be less fearful of accessing health care in Italy, which should result in better health.

Migration policies play a huge role in how migrants feel emotionally and how healthy they are. Unlike many European countries, Portugal, which has the highest HIV rate in Western Europe, has a controlled migration policy, according to Ms. Feduschak. That means getting into the country legally is more difficult and businesses pay stiff fines for hiring illegal workers. However, the government has an agreement with Ukraine whereby it provides Kyiv with a list of jobs the country needs filled. Ukrainians are now able to leave their homeland and work in Portugal legally. They pay taxes and are able to access health services without worry. Families are also being reunified after an amnesty of illegal workers several years ago. Stress in the family is reduced as wives and children move to Portugal to join their husbands and fathers. The government has even published a report about the health of Ukrainian migrants in Portugal.

In a world where it is increasingly easier to cross borders undetected, illegal migrants are likely to put a greater strain on the countries where they eventually end up. The link between HIV/AIDS, national security and migration is only going to grow in importance.

Suggested Reading

1) Laurie Garret, Council on Foreign Relations report, *HIV and National Security: Where Are the*

Links?, http://www.cfr.org/content/publications/attachments/HIV_National_Security.pdf#search='hiv%20and%20national%20security

2) “Na Urovne Epidemii”, Kyivskiy Telegraf

LINK: <http://www.versii.com/telegraf/material.php?id=5314&nomer=297>

3) „Удар изнутри. СПИД угрожает национальной безопасности через военных” / „Кіевскій ТелеграфЪ”, №42 (336), 2006 год.

<http://www.versii.com/telegraf/material.php?id=6476&nomer=336>

4) „Миротворцы в Косово и ВИЧ/СПИД. Украинские миротворцы надежно защищены от «новой черной смерти»” / „Кіевскій ТелеграфЪ”, №46 (340), 2006 год. <http://www.versii.com/telegraf/material.php?id=6570&nomer=340>

5) Домой без СПИДа. В Италии стали обращать внимание на здоровье украинцев/"Киевский телеграфЪ"

№(349)<http://www.versii.com/telegraf/material.php?id=6796&nomer=349>

6) Украинские заробитчане получили равный доступ к медицине. Легализация почти 200 тысяч наемных рабочих в Португалии значительно улучшила их уровень здравоохранения/Киевский телеграфЪ"

№(353)<http://www.versii.com/telegraf/material.php?id=6931&nomer=353>