FOIA Number: 2007-1550-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member:

Subseries:

OA/ID Number: 21069

FolderID:

Folder Title:
National Security

Stack:	Row:	Section:	Shelf:	Position:
S	67	1	2	1

Draft

For - Sandy
for - Ken

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release May 1, 2000

FACT SHEET

The Global AIDS Crisis as a National Security Threat

Extent of the Problem: The human toll of AIDS is staggering. Fifty million people worldwide have been infected with the HIV virus; 33.6 million are now living with HIV/AIDS, and annual AIDS-related fatalities hit a record 2.6 million last year. Ninety-five percent of all cases are in the developing world. AIDS is now the leading cause of death in Africa and fourth in the world. In at least five African countries, over 20 percent of adults are HIV-positive. Other parts of the world are going down the same road as Africa. Infection rates in Asia are climbing rapidly, with several countries, especially India, on the brink of a large-scale expansion of the epidemic and Asia could surpass Africa in total cases by 2010. And the former Soviet Union countries and Eastern Europe are vulnerable as well, with Russia experiencing the highest increase in infection rates in the world last year.

Consequenses:

- In addition to the classic threats to national security, globalization means that we are facing a range of new threats that know no borders and move without prejudice - international crime, terrorism, drug-trafficking, and diseases - like AIDS.

- We're seeing a rise in the number of previously unknown disease agents identified since 1973, including AIDS, the Ebola virus and hepatitis C, and West Nile Virus. These diseases can affect all of us, including American citizens

- The demographic upheaval and direct threat to military forces caused by this epidemic could lead to instability necessitating some kind of US response in the future, either humanitarian or for security reasons.

  - The epidemic is now more devastating than most wars: In 1998 in Africa, 200,000 died from conflict, but 2.2 million died from AIDS – more than 5,000 each day.

  - Human capital is being lost from all walks of life – teachers, farmers, doctors, soldiers, farm workers – the most productive members of society – and their loss generates millions of orphans that further stress social support systems. In Malawi and Zambia, as many as 30 percent of teachers are infected.

- Militaries, especially in Africa, have very high HIV rates - some exceeding 40 percent. Military forces that can be a part of the solution for Africa in terms of peacekeeping operations and conflict prevention instead lose their military effectiveness and become part of the problem. Without functioning armies to perform essential peacekeeping responsibilities, this region could be further destabilized.

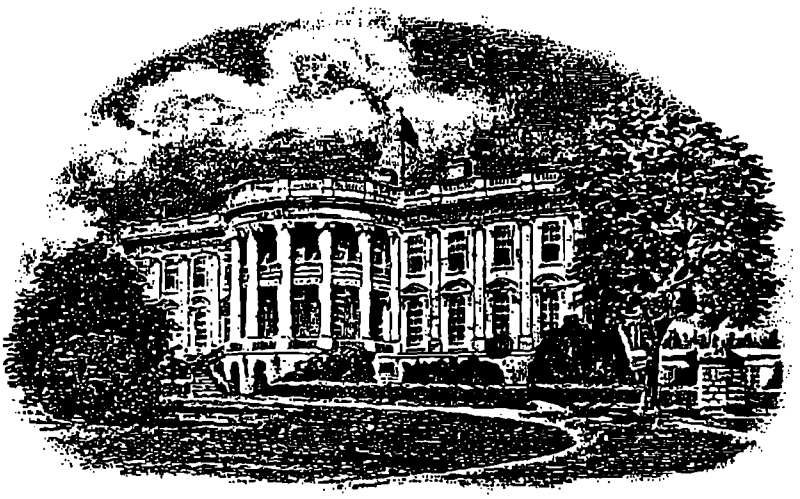
- Exploitation of the 40 million AIDS orphans predicted by 2010 is evolving, and worrisome. Poor and parentless children are easy targets for exploitation as child soldiers by rogue militias and narcotics and other criminal organizations.

- The AIDS epidemic is undermining the economic growth needed for both prosperity and stability: in Mozambique and Botswana, for example, we have two of the world's fastest-growing economies, but economic growth cannot be maintained if producers and policymakers are killed by AIDS.

  - Economic impact is severe: AIDS cost Namibia almost 8 percent of its GDP in 1996, and by 2005 Kenya's GDP will be 14.5 percent smaller than it would have been without AIDS. And AIDS consumes over 50 percent of already meager health budgets – a direct threat on evolving democratic development and transition.

  - Development of the last 20 years is being reversed in the hardest hit countries – by 2010 life expectancy will drop by over 20 years in at least 8 African countries, and infant and child mortality rates will double. And high infant mortality is closely associated with instability of political and social structures.

###



WHITE HOUSE/NSC PRESS OFFICE

TO: Sandy/Ken

FAX: _____

TELEPHONE: _____

FROM: Dave

FAX: (202) 456-9270

TELEPHONE: (202) 456-9271

DATE: FYI

TIME: _____

NUMBER OF PAGES TO FOLLOW: 1

COMMENTS: _____

Chicago Tribune
May 8, 2000

AIDS And National Security

America has waged rhetorical "wars" on so many fronts, from poverty to drug abuse, that it's easy to miss the significance when the defense sector actually turns its awesome attention to a non-military threat.

Yet there's little doubt that the AIDS epidemic has the potential to become more than a global catastrophe in public health (as if that, alone, were not sufficient cause for alarm in Washington). Intelligence reports warn that AIDS could undermine social cohesion and the rule of law in many nascent democracies, turning them into hotbeds of resentment and revolution.

So it is wise, even overdue, that the National Security Council--the nation's top policymaking body on defense matters--is setting up a working group on the AIDS epidemic. And that the Clinton administration, in a companion move, is asking Congress to double foreign aid earmarked to combat the plague.

"I guess," said Senate Majority Leader Trent Lott about the news, "this is just the president trying to make an appeal to, you know, certain groups."

He needs to cut the cynicism and get up to speed.

A recent National Intelligence Estimate projects that fully one quarter of the present population of southern Africa will die from AIDS, and that infection rates will continue to climb for a decade or more. This portends a "demographic catastrophe" with "a huge and impoverished orphan cohort unable to cope and vulnerable to exploitation and radicalization." Imagine armies of sunken-eyed orphans slinging AK-47s.

In sub-Saharan Africa some 11 million people already are dead, 23 million are HIV-positive and 5,000 contract the disease every day. AIDS experts fear the pattern will spread to south Asia, particularly India, where poverty, sexual mores and a lack of public health services make for epidemiological kindling.

There is far too much complacency in the U.S. and Western Europe. The West has checked its epidemics by checking risky behavior such as unprotected gay sex and drug needle-sharing. It has even checked suffering among the infected with expensive anti-retroviral drugs. Not so in the Third World, where the disease is spread like wildfire though culturally accepted heterosexual behavior and where effective medicines are beyond economic reach.

How could it be that the wealthiest, most powerful nation on earth has been budgeting only $120 million a year in foreign aid to deal with this crisis? Even the $254 million Clinton wants for next year is less than the Pentagon now spends on drone aircraft.

If calling AIDS a "national security threat" is what it takes to begin dealing with the enormity of this situation, so be it.

NATIONAL SECURITY THREAT

May 2, 2000

The White House has declared the immune deficiency virus AIDS a national security threat. National Security Advisor Samuel Berger discusses why a disease has been added to the list for the first time.

The Health Unit is a partnership with the Henry J. Kaiser Family Foundation.

Click here to listen to this segment in RealAudio

NewsHour Links

A Health Spotlight Report: The AIDS Crisis

Aug. 31, 1999: The National HIV Prevention Conference.

Feb. 2, 1999: The origin of AIDS and mother-to-infant transmission.

Dec. 2, 1998: AIDS rates continue to rise in South Africa.

Oct. 30, 1998: AIDS is lowering life-expectancy rates in Africa.

July 3 ,1998: AIDS in developing countries

June 29 ,1998: The results of the World AIDS Conference in Geneva.

December 1, 1997: Researchers find more people with

JIM LEHRER: AIDS as a national security threat, and to Ray Suarez.

RAY SUAREZ: Over the past two decades, as the spread of the AIDS virus was recognized as a public health emergency in Europe and North America, its impact on the developing world has been far more catastrophic. Of the 33 million people with HIV Around the world, 95 percent are in developing countries, mostly Sub-Saharan Africa. Every day, 5,000 Africans are infected, primarily from heterosexual contact. In the West, the disease is spread mostly via drug use and homosexual contact. Statistically, the tragedy is most acute in Zimbabwe and Botswana, where one in four adults is HIV-positive.

MARTHA AINSWORTH, The World Bank: AIDS is taking a terrible toll on developing countries. In Zimbabwe, life expectancy is 22 years shorter then it would have been in the absence of the AIDS epidemic. In Tanzania, AIDS is increasing poverty. Children are being pulled out of school to cope with the deaths of adults in their families.

RAY SUAREZ: But health and demography may not be

The answer is no, I don't. I guess this is just the president trying to make an appeal to, you know, certain groups. But no, I don't view [AIDS] as a national security threat. Not to our national security interests, no.

SEN. TRENT LOTT

AIDS than expected.

September 24, 1997: The search for a vaccine.

Browse the NewsHour's Health coverage.

the only dimensions of the problem. The Clinton administration has designated AIDS as a threat to national security. It's the first time an infectious disease has been added to a list that includes terrorism and weapons of mass destruction. The AIDS news broke on Sunday, the same day hundreds of thousands of gay rights supporters rallied in Washington. One senior Republican said the timing was not a coincidence.

Outside Links

National Security Council

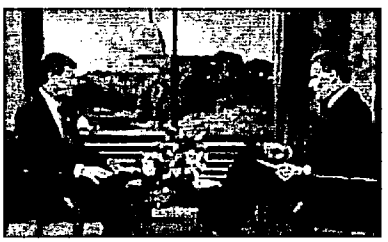
CIA Report on AIDS Threat

UNAIDS

CDC Division of HIV/AIDS Prevention

JAMA: HIV/AIDS Information Center

SPOKESMAN: Do you think AIDS is a national security threat?



SEN. TRENT LOTT: I saw that in the *Washington Post* this morning. I mention that paper again, and I didn't see it in other papers, and the answer is no, I don't. I guess this is just the president trying to make an appeal to, you know, certain groups. But no, I don't view that as a national security threat. Not to our national security interests, no.

RAY SUAREZ: That provoked this response from the White House.

JOE LOCKHART: To have this question put to him by a television interview, and to have him laugh at the AIDS problem as a national security issue... you know, I think this is a problem at home which we've addressed, this is a problem around the world that we have an interest in and we need to keep working on, and you can't just laugh it off.

How does AIDS threaten the U.S.?

RAY SUAREZ: And joining us now is the president's national security adviser, Samuel Berger. Welcome to the program.

SAMUEL BERGER: Good evening.

RAY SUAREZ: How is the suffering of people who have AIDS and other diseases in foreign countries a threat to the national security of the United States?

If we had a famine that killed 2.2 million people last year in Africa, we would be very alarmed. President Bush sent troops to Somalia, a famine not nearly of that magnitude. If we don't address this as an urgent problem, we're going to have increasing instability, increasing conflict and an implosion of many of the countries in the developing world.

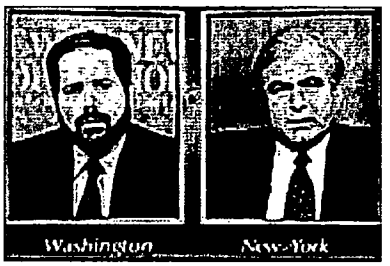
SAMUEL BERGER, National Security Adviser

SAMUEL BERGER, National Security Adviser: The AIDS epidemic has reached such proportions... Some of the statistics that you cited earlier, 50 million people in the world now infected with HIV, in some countries, in Africa 20 percent infected with HIV. In 1998, 200,000 people in Africa died from war; 2.2 million died from AIDS. In some countries now we have 30 percent of the military, 40 percent of teachers who are suffering from HIV. So what you have is an epidemic now which is eating at the very civil society of nations, their potential for economic prosperity. If we had a famine that killed 2.2 million people last year in Africa, we would be very alarmed. President Bush sent troops to Somalia, a famine not nearly of that magnitude. If we don't address this as an urgent problem, we're going to have increasing instability, increasing conflict and an implosion of many of the countries in the developing world.

RAY SUAREZ: But I think you get near universal agreement that this is a public health crisis, a human tragedy of the first rank. But how does it reach across the Atlantic to the United States and threaten this country?

SAMUEL BERGER: Well, we understand, I think, as global worlds, global age, and a global economy that instability in other parts of the world which can lead to war and conflict can have a direct effect on the United States. And I think we have an obligation to act with others to try to both deal with the consequences and increase the degree of education and prevention to try to slow this down.

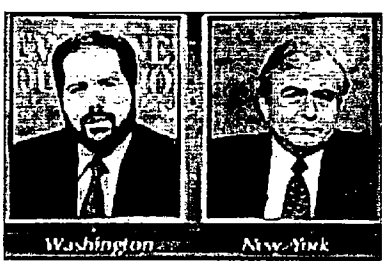
RAY SUAREZ: Does this bring on to the United States and our security apparatus some sort of obligation beyond one that the United States government may have already taken on to itself?



SAMUEL BERGER: No, but I do think it's incumbent on us to lead here and to make other countries in the world more aware of this, to join with us. And let me give you a few examples. We now have raised this in the United Nations Security Council, the nations of the U.N. Security addressed this in January. When the president goes to Portugal in late May for the summit with the E.U., this will be one of the items on the agenda. When we go to the G-8 summit in Okinawa with the industrial countries, this will be one of the items on the agenda -- not to the exclusion of other items but to get countries to join together, as we have done, to devote resources to first treating the consequences, and second to try to stop the spread of the -- this epidemic.

Terrorism, weapons and AIDS

RAY SUAREZ: Is this the first time something like this has ever been done to talk about disease, not only AIDS but tuberculosis, malaria and others in the same way that you at the National Security Council talk about weapons, about terrorism, about terrorist acts?



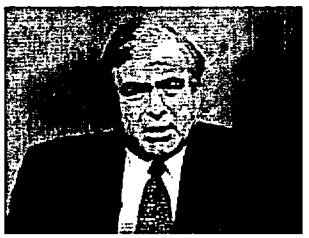
SAMUEL BERGER: For example, you know, we have been dealing with the international drug crisis as a foreign policy and national security issue for many years. It's a question not only of dealing with the demand side of that problem here in the United States, but also trying to stop it from the source and interdict it between here and there. Now, obviously different kinds of issues require different kinds of crisis. We're not suggesting here that this is something that calls for a military response. But it does call for a national response. It calls for us to lead with other nations. When you have large parts of the developing world whose capacity to grow, whose capacity to have

We're not suggesting here that this is something that calls for a military response. But it does call for a national response. It calls for us to lead with other nations. When you have large parts of the developing world whose capacity to grow, whose capacity to have militaries that can maintain stability, whose capacity to teach their children is really being called into question.

SAMUEL BERGER, National Security Adviser

militaries that can maintain stability, whose capacity to teach their children is really being called into question... In fact indeed their capacity to govern ultimately being called into question, a few ounces of prevention at this point will be I think well spent compared with what we could face in the future if we don't deal with it.

RAY SUAREZ: As with government reports on other crisis abroad this one contains "best case" and "worst case" scenarios, epidemiological reports, health statistics. In a country, individual country let's say like Zimbabwe, which is so heavily affected by this disease, how would it become unstable from within when it has a lot of its people sick?



SAMUEL BERGER: Well, the countries, for example, that have had enjoyed solid growth in Africa now are beginning to see that growth erode because its work force is not able anymore to function in the economy and the cost of the disease to the government is becoming overwhelming. What happens? Those countries begin to unravel. They are unstable. They're more likely to engage in conflict with their neighbors. And before long, we have something, a situation which is really tumultuous. And so the most important thing we can do is first of all, work with other countries to try to apply collective resources; two, work with the leaders of these countries to try to change the dynamic. For example, in Uganda where President Musaveni has been a real leader here and has been out front in terms of talking about this problem, dealing with education, dealing with prevention, the rates have begun to go down. So there are things we can do about this. And we've also finally tried to stimulate our pharmaceutical companies to develop the kinds of vaccines for problems in the developing world where the money is not there to buy the drugs and, therefore, justify the research for vaccines on certain strains of AIDS, tuberculosis and malaria.

RAY SUAREZ: Do you expect to face skepticism on this? You heard Senator Lott before we began to talk.

SAMUEL BERGER: I think the facts speak for themselves. I think that the fact that 50 million people in the world now are effected by this epidemic; the facts that 2.2 million people last year died in Africa alone; the fact that this is now a growing problem in Asia, in India and elsewhere ... India a country in South Asia with great potential and great promise but also in a very unstable area of the world, I think that as people look at the facts and as senators look at the facts you'll realize that a national response together with other countries is appropriate.

RAY SUAREZ: Samuel Berger, thanks for being with us.

SAMUEL BERGER: You're welcome.

U.S. treating AIDS as a threat to global security

By Steve Sternberg
USA TODAY

Worried that AIDS threatens global stability, White House officials say they will use a U.S.-European Union summit this month and a July meeting in Japan of major industrialized nations to plead for a unified fight against the disease.

The decision, announced Sunday, is the latest in a flurry of federal efforts to focus global attention and resources on a disease estimated to affect 34 million people, 95% of them in poor countries. Each day, 15,000 people are newly infected with HIV, the virus that causes AIDS, and more than 11 million have died over the past two decades, the United Nations joint AIDS program reports.

"We'll ask the nations to increase their financial commitments to the fight against AIDS," White House AIDS policy director Sandra Thurman says. "We'll need billions if we're going to have an impact. The U.S. cannot, and should not, do that alone."

Worldwide, 21 countries have adult infection rates nearing 10%. U.S. officials have become particularly concerned about a looming crisis in India, a nuclear power with an infection rate approaching 5%.

In the USA, the infection rate is estimated at one-third of 1%.

Federal health officials have regarded AIDS as a threat to U.S. national security for more than a year, Thurman says. And in January, Vice President Gore told a National Security Council session on AIDS that the disease had become "a security threat of the greatest magnitude."

However, Senate Majority Leader Trent Lott, speaking on the television program *Fox News Sunday*, said he did not agree that AIDS poses a threat to U.S. security.

"No. I guess this is just the president trying to make an appeal to certain groups, but no, I don't view that as a national security (threat), not to our national security interests," Lott said.

The Washington Post

View Related Topics

April 30, 2000, Sunday, Final Edition

SECTION: A SECTION; Pg. A01

LENGTH: 2389 words

HEADLINE: AIDS Is Declared Threat to Security; White House Fears Epidemic Could Destabilize World

BYLINE: Barton Gellman , Washington Post Staff Writer

BODY:

Convinced that the global spread of **AIDS** is reaching catastrophic dimensions, the Clinton administration has formally designated the disease for the first time as a threat to U.S. national security that could topple foreign governments, touch off ethnic wars and undo decades of work in building free-market democracies abroad.

The National Security Council, which has never before been involved in combating an infectious disease, is directing a rapid reassessment of the government's efforts. The new push is reflected in the doubling of budget requests--to $ 254 million--to combat **AIDS** overseas and in the creation on Feb. 8 of a White House interagency working group. The group has been instructed to "develop a series of expanded initiatives to drive the international efforts" to combat the disease.

Top officials and some members of Congress contemplate much higher spending levels. The urgency of addressing **AIDS** has also touched off internal disputes over long-settled positions on trade policy and on legal requirements that **aid** contractors buy only American supplies.

The new effort--described by its architects as tardy and not commensurate with the size of the crisis--was spurred last year by U.S. intelligence reports that looked at the pandemic's broadest consequences for foreign governments and societies, particularly in Africa. A National Intelligence Estimate prepared in January, representing consensus among government analysts, projected that a quarter of southern Africa's population is likely to die of **AIDS** and that the number of people dying of the disease will rise for a decade before there is much prospect of improvement. Based on current trends, that disastrous course could be repeated, perhaps exceeded, in south Asia and the former Soviet Union.

"At least some of the hardest-hit countries, initially in sub-Saharan Africa and later in other regions, will face a demographic catastrophe" over the next 20 years, the study said. "This will further impoverish the poor and often the middle class and produce a huge and impoverished orphan cohort unable to cope and vulnerable to exploitation and radicalization."

Dramatic declines in life expectancy, the study said, are the strongest risk factor for "revolutionary wars, ethnic wars, genocides and disruptive regime transitions" in the developing world. Based on historical analysis of 75 factors that tend to destabilize governments, the authors said the social consequences of

AIDS appear to have "a particularly strong correlation with the likelihood of state failure in partial democracies."

Another mobilizing factor is American politics. African American leaders, such as former representative Ron Dellums (D-Calif.) and Rep. Jesse L. Jackson Jr. (D-Ill)., have adopted the cause of **AIDS** in Africa. Their interest is converging with that of long-standing **AIDS** activists in the United States and Europe, where the course of the epidemic has been slowed by preventive efforts and life-saving combinations of anti-retroviral drugs. They are angry at policies that price those medicines beyond the reach of the developing world.

In June, those activists disrupted Vice President Gore's presidential campaign announcement in Carthage, Tenn., and two other speeches that week--"blindsiding us completely," as one senior adviser put it. The activists, and several senior Clinton administration officials, say that pressure accelerated the White House's response.

There is no recent precedent for treating disease as a security threat. So unfamiliar are public health agencies with the apparatus of national defense that one early task force meeting was delayed when Co-chairwoman Sandra Thurman, whose Office of National **AIDS** Policy is across the street from the White House, could not find the Situation Room.

For all the stakes they now describe, Clinton administration officials do not contemplate addressing them on a scale associated with traditional security priorities. Gore's national security adviser, Leon Fuerth, freely acknowledged that the 2001 budget request of $ 254 million to combat **AIDS** abroad--a sum surpassed, for example, by drone aircraft in the Pentagon budget--provides "resources that are inadequate for the task." He called the work of the task force "an iterative process" aimed at slowing the plague's rate of increase and alleviating some of its effects. Before this year, federal spending on **AIDS** overseas remained relatively flat.

Other officials noted that the United States has endorsed U.N. Secretary General Kofi Annan's declared five-year goal of reducing the rate of new infections by 25 percent. That falls close to the CIA's best-case, and least probable, scenario. Because such a turn of events would demand resources from U.S. allies and multinational bodies, the new White House group has been instructed to "develop a series of expanded initiatives to drive the international efforts."

Fuerth, a member of the "principals committee" that takes up the most important foreign policy questions, told representatives from 16 agencies on Feb. 8 that the panel wanted a package of proposals for Clinton within a several weeks. The working group is scheduled to finish drafting its proposals in May. Fuerth said the government is looking for "the kind of focus and coordination on this issue that we normally strive for on national security issues."

"The numbers of people who are dying, the impact on elites--like the army, the educated people, the teachers--is quite severe," he said. "In the end it was a kind of slow-motion destruction of everything we were trying, in our contact programs and our military-to-military programs, to build up, and would affect the viability of these societies, would affect the stability of the region. . . . In the world that we're facing, the destiny of the continent of Africa matters. And it isn't as if this disease is going to stay put in sub-Saharan Africa."

Twenty-three million people are infected in sub-Saharan Africa, with new infections coming at the rate of roughly 5,000 a day, according to World Health Organization figures. Of 13 million deaths to date, 11 million have been in sub-Saharan Africa. In the developing world, the disease spreads primarily through

heterosexual contact.

The intelligence estimate portrays the pandemic as the bad side of globalization. Accelerating trade and travel--along with underlying conditions favorable to the disease--are pushing much of Asia, and particularly India, toward "a dramatic increase in infectious disease deaths, largely driven by the spread of HIV/**AIDS,**" the intelligence report said. "By 2010, the region could surpass Africa in the number of HIV infections." The number of infections now is relatively low, but the growth rate is high and governments have been slow to respond.

Infections are also growing rapidly, and largely unchecked, in the former Soviet Union and Eastern Europe. The intelligence estimate said this growth will "challenge democratic development and transitions and possibly contribute to humanitarian emergencies and military conflicts to which the United States may need to respond." The report also anticipates that "infectious disease-related trade embargoes and restrictions on travel and immigration also will cause frictions among and with key trading partners and other selected states."

"The thing that's most staggering, and people are just beginning to grasp, is that Africa is the tip of the iceberg," Thurman said. "We are just at the beginning of a pandemic the likes of which we have not seen in this century, and in the end will probably never have seen in history."

Senior administration officials, some of them apparently frustrated, said that the government does not dispute estimates by the Joint United Nations Program on HIV/**AIDS** that it would take nearly $ 2 billion to fund adequate prevention in Africa, and a like sum for treatment. What the United States has been spending, by contrast, "is a rounding error for county budgets" in Fairfax and Montgomery counties, said one disgusted official.

"I don't have a fantasy that we're going to go to the Hill and get $ 5 billion to build Africa's health care infrastructure," said one senior Africa policymaker. "We're trying to determine effective steps that need to be taken, and can be taken, right now."

After initial resistance from U.S. Trade Representative Charlene Barshefsky, the government has agreed in principle to encourage cheaper access to life-saving drugs by relaxing hard-line positions that protect U.S. drugmakers' intellectual property. Gore has said publicly that the United States does not rule out the use by afflicted countries of locally made or imported generics of drugs under patent by American companies. Assistant Trade Representative Joseph Papovich has written to the governments of Thailand and South Africa with new formulas for resolving intellectual property disputes on such medicines.

But several participants in the government effort said the practical meaning of the change, if any, will have to be decided at the Cabinet level or by Clinton personally. An early test comes in May, when Barshefsky's office decides whether South Africa should be removed from the "watch list" of countries facing potential trade sanctions. South Africa is on that list because it passed a law the United States initially described as threatening to the intellectual property of American drug manufacturers.

With the prospect of substantial new spending, agencies ranging from the Centers for Disease Control and Prevention (CDC) and National Institutes of Health to the Labor Department are fighting over the allocation of funds. Undersecretary of State Frank Loy, meanwhile, is said by participants to be resisting the emerging consensus that the international **AIDS** effort should be centered in Thurman's office.

The task force has also battled over proposals to amend the Foreign Assistance Act, which requires all taxpayer-funded **aid** to come from American suppliers. Public health agencies want exceptions for

condoms and **AIDS** test kits, which can be acquired more cheaply overseas. Congress willing, the task force is likely to recommend that change.

The high-profile attention from the top is "raising this issue in ways that leaders [of afflicted nations] can't ignore it," one White House official said. Richard C. Holbrooke, the U.S. ambassador to the United Nations, used his rotation as Security Council president in January to declare a month on Africa. He made **AIDS** the subject of the first Security Council meeting of 2000 and invited Gore to speak. When Clinton traveled to India in March, he successfully pressed the government to issue a joint declaration on **AIDS.**

Pervading the recent U.S. effort is a strong sense among participants of time misspent. The virulence of the pandemic was accurately foreseen, and "the United States didn't exactly cover itself with glory," said one close adviser to Clinton.

"We saw it coming, and we didn't act as quickly as we could have," said Helene D. Gayle, a physician who directs **AIDS** prevention at the CDC. "I'm not sure what that says about how seriously we took it, how seriously we took lives in Africa."

Peter Piot, a virologist who heads the United Nations **AIDS** efforts in Geneva, said "the good news is that the U.S. government is mobilizing. The bad news is that it took so long. This is not a catastrophe that came out of the blue. It has been clearly coming for at least 10 years."

Asked about those comments, Thurman looked pained.

"Oh yeah," she said softly. "It's very late. But better late than never. You rarely ever get a second chance in an epidemic."

Staff researcher Robert Thomason contributed to this report.

THE IMPACT OF **AIDS**

More than 16 million people have died from **AIDS** since the 1980s, 60 percent of them in sub-Saharan Africa. Not since the bubonic plague ravaged Europe in the Middle Ages has there been as devastating a disease. U.S. officials have reached the conclusion that the impact of **AIDS** will be so vast that it has become a threat to U.S. national security.

Percentage of adult population infected with HIV or suffering from **AIDS.** Selected countries

Zimbabwe: 25.9%

Botswana: 25.1

Namibia: 19.4

Zambia: 19.1

Swaziland: 18.5

Malawi: 14.9

Mozambique: 14.2

South Africa: 12.9

Rwanda: 12.8

Kenya: 11.6

Central African Rep.: 10.8

Ivory Coast: 10.1

India: .82

U.S.: .76

AIDS already has significantly shortened life expectancy and will cut more years off people's lives by 2010.

Namibia

Life expectancy without **AIDS** (years): 70.1

Life expectancy with **AIDS** (years): 38.9

Change: 44.5% drop

Zimbabwe

Life expectancy without **AIDS** (years): 69.5

Life expectancy with **AIDS** (years): 38.8

Change: 44.2

Botswana

Life expectancy without **AIDS** (years): 66.3

Life expectancy with **AIDS** (years): 37.8

Change: 42.9

Swaziland

Life expectancy without **AIDS** (years): 63.2

Life expectancy with **AIDS** (years): 37.1

Change: 41.3

Malawi

Life expectancy without **AIDS** (years): 56.8

Life expectancy with **AIDS** (years): 34.8

Change: 38.7

Zambia

Life expectancy without **AIDS** (years): 60.1

Life expectancy with **AIDS** (years): 37.8

Change: 37.1

Lesotho

Life expectancy without **AIDS** (years): 65.9

Life expectancy with **AIDS** (years): 44.7

Change: 32.1

South Africa

Life expectancy without **AIDS** (years): 68.2

Life expectancy with **AIDS** (years): 48.0

Change: 29.6

Tanzania

Life expectancy without **AIDS** (years): 60.7

Life expectancy with **AIDS** (years): 46.1

Change: 24.0

AIDS has left about 9 million children without their mothers or both parents, the vast majority in sub-Saharan Africa.

Number of 15-year-olds per 10,000 of that age group who have lost their mothers or both parents to **AIDS.**

Uganda: 1,100

Zambia: 890

Zimbabwe: 700

Malawi: 580

Togo: 400

Botswana: 390

Burundi: 390

Ivory Coast: 380

Thailand: 30

U.S.: 10

U.S. assistance to combat **AIDS** has stayed around $ 120 million for the past seven years. But officials believe much more is needed to halt the disease and treat those infected.

2001 budget request: $ 264 million

SOURCE: World Bank, WHO, UNICEF, USAID

GRAPHIC: IG,,TWP

LANGUAGE: ENGLISH

LOAD-DATE: April 30, 2000

Regional Sections
Africa-At-Large
Central Africa
East Africa
North Africa
Southern Africa
West Africa

Panafrican News Agency
News Updates
Sports Updates
Environment
Economics
Science/Health
Press Review

Topical Sections
Arts & Entertainment
Business/Finance
Companies
Markets
Education & Religion
Environment & Development
Health/Medicine
Media
Under Fire
Women & Media
Science & Technology
Sports | Soccer
U.S. & Africa
Women/Gender

For contact information on publications participating in AFRICA NEWS ONLINE, including email and Web addresses, click here.

Health and Medicine

60% Of SA Army May Be HIV-Positive

The Mail & Guardian (Johannesburg)
March 31, 2000
By Paul Kirk

Johannesburg - The rate of HIV/Aids infection in the South African National Defence Force may be as high as 60% to 70% while in at least one military un 90% of the troops are infected with the virus. These extraordinary figures, leak this week, were taken from preliminary HIV testing being conducted by the SANDF.

The 90% infection rate was found at a military police base in northern KwaZulu Natal, and its infection status was discovered by accident. As part of a study in malaria drugs, the military recruited the soldiers to try out new medicines. The unit, based at Josini, was chosen as the town is a high-risk malaria area. But before the soldiers could be given the drugs they had to submit to a comprehensive medical evaluation, including an Aids test. Thirty out of the 33 members of the unit tested HIV- positive and the test had to be abandoned.

It is understood this unit was not the only one to test high. Some units around Pietermaritzburg and on the South Africa/Mozambique border have posted rat of well over 70%.

At present all members of the defence force are being given medical examinations, including HIV tests, to check on their operational readiness. In terms of United Nations regulations, HIV- infected troops may not be sent on international peacekeeping operations.

At this stage the figures for all military units are not known. Brigadier General Prem Naicker of the Military Health Service said the exact figures will only be known in two months and the available figures are not accurate. He said high figures posted by isolated units are not necessarily indicative of the situation in the rest of the country.

Some two years ago, Metropolitan Life Aids researcher Dr Thomas M hr claim that about 40% of the SANDF were HIV- positive. At the time the military believed the figure was far lower, but was not conducting tests for HIV/ Aids. M hr said he based his initial estimate on statistics from other African states where men in the military were twice as likely as the civilian population to contract HIV/Aids.

M hr pointed out that the areas mentioned by the Mail & Guardian were high- r areas anyway and the general population would have a high incidence of HIV infection. Nonetheless, he said the figures were worrying.

The rate of HIV infection being found in the SANDF at present compares favourably to that of the military in Malawi (75%) and Zimbabwe (80%), but it is

worse than in many other African countries, including Angola and the Democra Republic of Congo.

Disarray in SA's HIV/Aids policy, PAGES 30 to 31

Send your thoughts to **readers@africanews.org** for our **Readers' Forum**.
If you are commenting on a story, please indicate the article name and date.

Regional Sections
Africa-At-Large
Central Africa
East Africa
North Africa
Southern Africa
West Africa

Panafrican News Agency
News Updates
Sports Updates
Environment
Economics
Science/Health
Press Review

Topical Sections
Arts & Entertainment
Business/Finance
Companies
Markets
Education & Religion
Environment & Development
Health/Medicine
Media
Under Fire
Women & Media
Science & Technology
Sports | Soccer
U.S. & Africa
Women/Gender

For contact information on publications participating in AFRICA NEWS ONLINE, including email and Web addresses, click here.

Health and Medicine

South Africa: Shocking HIV Figures In Defence Forc

WOZA Internet (Johannesburg)
April 3, 2000
By Marjolein Harvey

Johannesburg - Sixty to Seventy percent of SA National Defence Force (SAND members are HIV positive, according to statement from the New National Part (NNP) Defence Spokesperson, Hennie Smit at the weekend.

"Highest level decisions will have to be made on whether we can expose our troops to any more high-risk zones during deployment elsewhere in Africa," sa Smit.

The NNP says troops should not be further exposed and decisions will have to be made on the treatment of those already infected with the virus.

"The SANDF faces the dilemma that the United Nations demands that only HIV-free soldiers be deployed elsewhere, while SA does not have sufficient measures for compulsory testing of SANDF staff," says Smit.

Democratic Party (DP) Deputy Spokesperson on Defence, Andries Botha also shared his party's concern with revelations that between 60% and 90% of the members of some units of the SANDF are HIV positive.

"I will be speaking to the head of the joint standing committee on defence, JN Mashimbye, to ask him to convene a meeting of the committee at which the SANDF is required to put before parliament a strategic management plan to de with the situation," says Botha.

The incidence of HIV/AIDS in the military gives rise to a host of problems.

"Given that the primary role of the SANDF in future is foreseen to be peace-keeping in foreign countries and given that the terms of the UN regulatio bar soldiers who are HIV positive from participating in such missions, how doe the SANDF plan to use HIV positive soldiers?" asks Botha.

He also questions what will the impact be on the role of the South African Medical Health Service, and whether it is prepared to deal with a massive medical crisis.

"Given that soldiers receive free medical treatment, does the SANDF have enough capacity in military hospitals to deal with this situation? How does the SANDF plan to manage the very necessary down-sizing of the force in light of the incidence of AIDS? "What programmes does the SANDF have in place to make soldiers aware of the risks and consequences of AIDS and if such programmes exist, what is being done to improve their effectiveness?" These some of the questions the DP feels the SANDF needs to answer as a matter o

urgency if SA is to avoid chaos in the future management of the force.

"I intend to make full use of parliament's oversight role to ensure that this trage is dealt with properly," says Botha.

The SANDF was not available for comment at the time of writing.

THE WHITE HOUSE
WASHINGTON

April 21, 1999

Maria—

We have cleared this memo with NSC African Affairs folks and checked in with all of the agencies and individuals we intend to include in our future conversations and recommendations —

Thanks so much for your help on this —

Sandy

I have forwarded it to the Staff Secretary for review —

y AIDS in sub-

a Presidential

g one or both

l society.
, including per

05, more than 100

dren orphaned by
ıg mission to the
From March 27
Africa. I was
staff from the off-
ere also joined by
kins, Bishop

ntify promising
/ of government
ntry we visited a
AIDS, and talked with donors, experts, providers, and consumers about actions taken, lessons learned, and barriers to further progress.

THE WHITE HOUSE
WASHINGTON

April 21, 1999

John,
We have cleared this memo with the NSC African Affairs folks and checked in with all of the agencies and individuals we intend to include in future conversations and recommendations— I have forwarded it to the staff Secretary for review.

Thanks,

Sandy

y AIDS in sub-

a Presidential

g one or both

l society.
including per

05, more than 100

dren orphaned by
g mission to the
From March 27
Africa. I was
staff from the off-
ere also joined by
kins, Bishop

ıtify promising
of government
ıtry we visited a
JDS, and talked

with donors, experts, providers, and consumers about actions taken, lessons learned, and barriers to further progress.