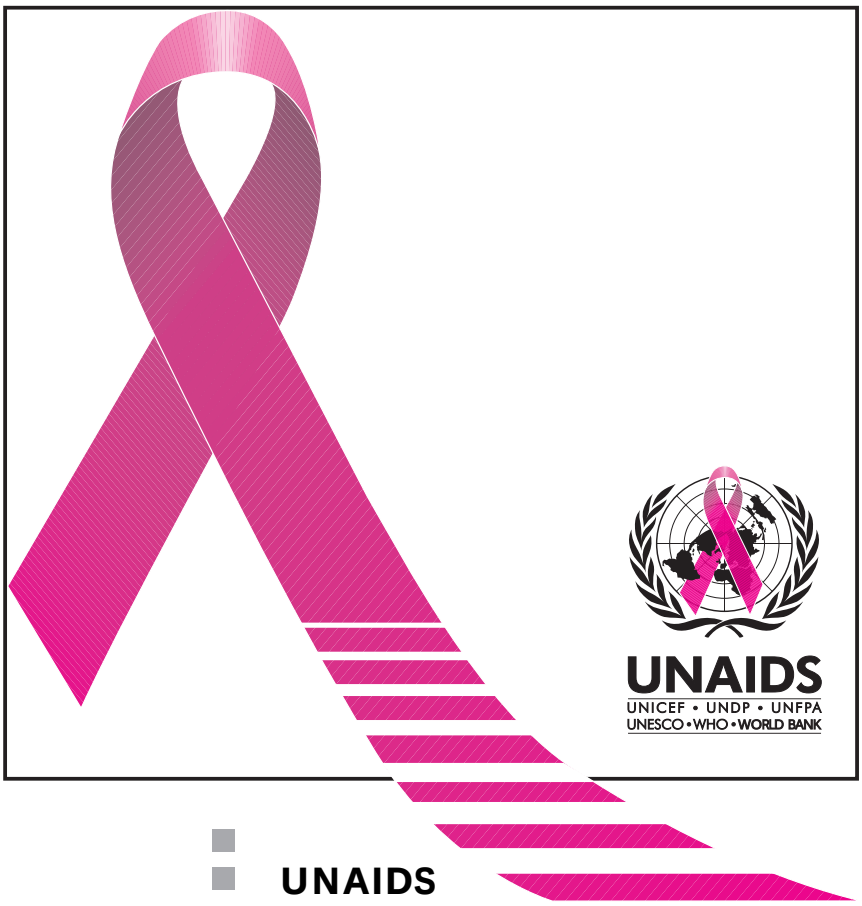
AIDS and the military



UNAIDS point of view

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UNAIDS *Best Practice* Collection

Facts and Figures

- Military personnel have a high risk of exposure to sexually transmitted diseases (STDs), including HIV. In peacetime, STD infection rates among armed forces are generally 2 to 5 times higher than in comparable civilian populations. The difference can be even greater in times of conflict.

- Studies in the USA, the UK, and France show that soldiers from these countries have a much higher risk of HIV infection than equivalent age/sex groups in the civilian population. Recent figures from Zimbabwe and Cameroon show military HIV infection rates 3 to 4 times higher than in the civilian population.

- Although military personnel are highly susceptible to STD and HIV infections as a group, military service is also a unique opportunity in which HIV/AIDS prevention and education can be provided to a large "captive audience" in a disciplined, highly organized setting.

- Soldiers on deployment regularly have sexual contacts with sex workers (prostitutes) and the local population. For example, 45% of Dutch navy and marines personnel on peacekeeping duty in Cambodia had sexual contact with sex workers or other members of the local population during a five-month tour. Often condoms are not used consistently.

- Like women everywhere, female military personnel are especially vulnerable. As well as being at higher risk of HIV for physiological reasons that all women share, they are often at a disadvantage in sexual negotiations, including negotiations for condom use.

- HIV is a threat not only to military personnel but also to their families and community. Military HIV programmes are most effective if there is close collaboration with civilian health authorities.

- Probably the single most important factor leading to high rates of HIV in the military is the practice of posting personnel far from their accustomed communities and families for varying periods of time. As well as freeing them from traditional social controls, it removes them from contact with spouses or regular sexual partners and thereby encourages growth of sex industries in the areas where they are posted.

- According to an international survey done in 1995-96, HIV testing is carried out in some form by 93% of reporting militaries. About 80% of the military establishments that conduct pre-recruitment HIV screening reject candidates who test HIV-positive, and an equal percentage restrict HIV-positive personnel from combat, overseas deployment and piloting aircraft.

- UNAIDS believes that HIV-positive individuals in the military should be given every opportunity to do the tasks for which they have been trained and which they are still fit to perform. As well, armed forces should prepare to provide care and support for personnel and family members living with HIV and AIDS, including continuity of care as they return to civilian life.

Are military and civilian populations really that different when it comes to AIDS?

Military personnel are a population group at special risk of exposure to sexually transmitted diseases (STDs), including HIV. In peace time, STD infection rates among armed forces are generally 2 to 5 times higher than in civilian populations; in time of conflict the difference can be 50 times higher or more. Paradoxically — and fortunately — strong traditions of organization and discipline give the military significant advantages if they move decisively against HIV/AIDS.

Recently, comparative studies of sexual behaviour in France, the UK and the USA showed that military personnel (both career and conscripted personnel) have a much higher risk of HIV infection than groups of equivalent age/sex in the civilian population. Armed forces in other parts of the world reflect the same phenomenon. A 1995 estimate of HIV in Zimbabwe, for instance, places the infection rate for the armed forces at 3 to 4 times higher than the level in the civilian population.

What is there in the military environment that raises the risk of HIV infection?

- Military and peacekeeping service often includes lengthy periods spent away from home, with the result that personnel are often looking for ways to relieve loneliness, stress and the building up of sexual tension.
- The military's professional ethos tends to excuse or even encourage risk-taking.
- Most personnel are in the age group at greatest risk for HIV infection — the sexually active 15–24-year age group.
- Personnel sent on peacekeeping missions often have more money in their pockets than local people, giving them the financial means to purchase sex.
- Military personnel and camps, including the installations of peacekeeping forces, attract sex workers and those who deal in illicit drugs.

Opportunities for risky behaviour

The number of sex partners that a person has is a key factor in the risk of STD infection, especially HIV. The chances of encountering someone with prior exposure to HIV go higher as the number of sex partners goes up. The risk is particularly high with partners who are "one-night stands" or sex workers when no condom is used.

Military personnel on deployment often indulge in risky activities. For example, a study of Dutch sailors and marines on peacekeeping duty in Cambodia found that 45% reported having sexual contact with sex workers or other members of the local population during a five-month tour. Another study indicated that 10% of US naval personnel and marines contracted a new STD during trips to South America, West Africa and the Mediterranean during 1989-91.

War itself offers a particularly rich breeding ground for HIV infection. The mobilization of large numbers of young men (already a high-risk group for STDs), the practice of intimidation through rape, and displacement of refugees (a highly vulnerable group) — all these factors increase the virus' prevalence. To make matters worse, war is often accompanied by the breakdown of health and educational infrastructures, crippling efforts to minimize the spread of HIV during or following conflict.

The risk-taking ethos and other attitudinal factors

Military personnel are not only a special group because of objective factors such as their relative youth, but also because of their attitudes. Some attitudes include both those purposefully inculcated by the armed forces in training and those which are learnt informally as part of military "culture" and strongly encouraged through peer pressure.

For instance, willingness to accept risk is highly important in combat, but off the battlefield it may increase soldiers' willingness to engage in needlessly risky behaviour (sex without a condom, purchased sex, etc.) A high value placed on aggressiveness may make soldiers prone to pursuing sex with many different partners as a type of "conquest". Finally, the sense of prestige that comes with being part of the uniformed armed forces, reinforced by bonding within units, may tempt soldiers to view civilians — especially women — as people over whom power can be exerted. This may increase the likelihood of soldiers engaging in anonymous, purchased or even coercive sex.

Separation from accustomed community

Probably the single most important factor leading to high rates of HIV in the military is the practice of posting personnel far from their accustomed community or their families for long periods of time. Aside from the emotional stress this places on individuals, the practice encourages use of commercial sex. As a result, local sex industries grow in response to demand from military bases and units. It is a prime challenge to military establishments to re-think this traditional feature of operational practice in the light of health and social issues, both of which suggest the high value of finding ways to support stable family relationships and marriages. (Note that these issues must also be faced in relation to other people such as long-distance truck drivers, migratory workers and labourers, prisoners and refugees. For more information, see UNAIDS *Best Practice* documents "Prisons and AIDS" and "Refugees and AIDS".)

Are there especially vulnerable groups within the military?

Young, unattached men are a highly susceptible group both inside and outside the military. Typically, the young recruit on a weekend pass has both the time and motivation, particularly under the influence of peer pressure, to indulge in high-risk behaviour. However, there are other groups within the military whose vulnerability should be addressed.

The increasing participation of women in the military in various parts of the world underlines the special vulnerability of women to STD and HIV transmission. Women are more likely to acquire any kind of STD from a single sexual exposure than men, and to have more asymptomatic STDs that are difficult to diagnose. (For more information, see UNAIDS Point of View "Reducing women's vulnerability to HIV infection".) Female military personnel are often at a disadvantage in sexual negotiations, including those for condom use. They are also subject to sex under duress and sometimes to outright rape.

The fact that in the military there are men who have sex with men is a sensitive issue in many countries. Some sexual contacts occur between men who identify themselves as homosexual or bisexual. In some cases there is coerced sex (rape) among men. Finally, men who identify themselves as heterosexual may experiment with male-to-male sexual activity (for example, during periods of isolation from female companionship). Little research has been done on this, but recent studies suggest that such activity may be more widespread than generally assumed. (See UNAIDS *Technical Update* and *Point of View* on "AIDS and men who have sex with men".)

UNAIDS *Best Practice* Collection

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is preparing materials on subjects of relevance to HIV infection and AIDS, the causes and consequences of the epidemic, and best practices in AIDS prevention, care and support. A *Best Practice* Collection on any one subject typically includes a short publication for journalists and community leaders (Point of View); a technical summary of the issues, challenges and solutions (Technical Update); case studies from around the world (*Best Practice* Case Studies); a set of presentation graphics; and a listing of key materials (reports, articles, books, audiovisuals, etc.) on the subject. These documents are updated as necessary.

Technical Updates and Points of View are being published in English, French, Russian and Spanish. Single copies of *Best Practice* publications are available free from UNAIDS Information Centres. To find the closest one, visit UNAIDS on the Internet (http://www.unaids.org), contact UNAIDS by email (unaids@unaids.org) or telephone (+41 22 791 4651), or write to the UNAIDS Information Centre, 20 Avenue Appia, 1211 Geneva 27, Switzerland.

Journalists seeking more information about a UNAIDS Point of View are invited to contact the UNAIDS Geneva Press Information Office (tel: +41 22 791 4577 or 791 3387; fax: +41 22 791 4898; e-mail: wintera@unaids.org).

The female condom and AIDS: UNAIDS Point of View (UNAIDS *Best Practice* Collection: Point of View).
Geneva: UNAIDS, April 1998.

1. Acquired immunodeficiency syndrome—transmission
2. Acquired immunodeficiency syndrome—prevention and control
3. Military Medicine

WC 503.71

What impact can HIV/AIDS have on the military?

Effects on military preparedness

Many countries are concerned that the armed forces' readiness can be compromised by HIV/AIDS. Commanders from some countries with high HIV prevalence worry about being able to "field" a full contingent for deployment on relatively short notice as the infection affects rising numbers of personnel. Even if new recruits can be found, readiness and smooth teamwork are compromised if absences are filled in by people who have not served together previously. Preparedness is also affected as the skills and experience of highly trained individuals are lost due to AIDS and its opportunistic infections.

Impacts on infected individuals and families

Apart from illness and death due to AIDS, the greatest impacts on armed force personnel who are known or even suspected to be HIV-positive may be on their career advancement and social lives, especially in societies or workplaces where there are no measures to protect them from stigmatization. They will often be discriminated against in different ways in both operational and social settings.

Opportunistic infections such as tuberculosis or pneumonia or conditions such as Kaposi sarcoma may not appear in a person with HIV for many years after the original infection. Onward transmission of the virus to spouses (and children), partners, sex workers, and other members of the community is therefore a serious risk, particularly in those in the early stages of HIV infection before symptoms appear. The virus can be passed unknowingly between husband and wife, and to infants if a pregnant woman is infected (for more information on this topic, see the *Technical Update* "Mother-to-child transmission of HIV").

Risk of transmission to civilian populations

HIV/AIDS in the armed forces is a threat not only to military personnel and their families but also to the wider community. In many countries, a large proportion of the nation's young adults spends one or more years in the military either through conscription or high rates of volunteering. This means that the number of people who return to civilian life is large both numerically and in its potential impact on all parts of society.

At risk from transmission by sexual intercourse are regular and casual sex partners and sex workers. As well, infected military personnel may also transmit the disease to the wider community through unscreened blood donations, sharing of infected needles, and to medical personnel who accidentally come into contact with their blood.

"Our study of the epidemiological data on HIV infection in French military personnel has shown us that tours of duty overseas multiply the risk of infection by a factor of 5. In spite of our prevention efforts, some individuals remained impervious to the usual preventive messages, although there has been a significant downturn in new infections in recent years. Nevertheless, the number of new (HIV) seropositive cases and of sexually transmitted diseases as a whole remains higher overseas than in mainland France, which means that the preventive message targeted to overseas staff must be more insistent and more repetitive."

— General Jacques Abgrall, Deputy Director, Scientific and Technical Action, Central Directorate of French Army Health Services

What concrete actions should be taken?

Seize the opportunity for HIV prevention

As mentioned earlier, large proportions of young adults in many countries spend one or more years in the military. While this may be seen as a potential threat to civil society in terms of HIV transmission after they leave the military, it must also be seen as a unique opportunity since military service provides a disciplined, highly organized environment in which HIV/AIDS prevention and education can be provided to a large "captive audience".

In some ways, such efforts fit perfectly with the ethos of a profession that places a high value on loyalty to comrades and the tradition of officers looking out for the well-being of those under their responsibility. From this perspective, HIV prevention and education are every bit as important to life and health as rescuing a wounded colleague on the battlefield or securing a position once taken.

While some armed forces have been slow to create policies and implement HIV/AIDS programmes, others have moved with all the energy and decisiveness of which the military is capable when faced with a serious and clearly defined mission. Most programmes aim to change high-risk behaviours practised by many military personnel, while others attempt to deal with the factors underlying the military's special vulnerability.

At the same time, the evolution of international power politics, advances in military technology and social changes within countries are pushing many armed forces to rethink their roles and missions. For instance, relatively new missions such as peacekeeping, drug interdiction and disaster response all require soldiers to have skills and attitudes considerably different from previous generations of military personnel. All these contextual changes provide opportunities (as well as challenges) to armed forces' HIV/AIDS responses.

Approaches addressing risk behaviour

Operational measures aimed at prevention have been instituted successfully in the armed forces of an increasing number of countries including Botswana, Chile, the Philippines, Thailand, Zambia and many NATO members. Among the measures taken are:

- *Improved or expanded prevention education*, including training of armed forces' medical and nursing staff, and regular briefing of the troops themselves with specific HIV-related information.
- *Condom education and distribution*, an essential element in HIV prevention. Education must be explicit and repeated to be effective.
- *Expanded STD treatment,* which, as has been demonstrated in civilian populations, has a significant impact on HIV transmission rates when strongly promoted and made widely available.
- *Provision of counselling and voluntary testing services*, with regular encouragement to the personnel to take advantage of these services. (In many cases, troops headed for overseas deployment may be strongly advised to undergo HIV testing, or obliged to do so by the country to which they are deployed.)

Approaches addressing underlying vulnerability factors

In addition to measures aimed at changing risk behaviour in the short term, armed forces are implementing or experimenting with activities that address the underlying factors that contribute to the high vulnerability of military personnel. These include:

- *Changes to posting practices,* including an emphasis on maintaining family life. Examples include shortening tours of duty away from home, and finding ways of helping soldiers to bring their families with them if long-term postings are unavoidable. Botswana, for instance, has begun to shorten the length of time between visits home for troops stationed at remote border posts.
- *Changes to military culture.* The risk-taking ethos will probably always be a necessary part of the military mind, but the increasing complexity of war will require soldiers to calculate risks better than previously and take increasing initiative for neutralizing or reducing their risk. This fits in with the messages of HIV/AIDS campaigns, which emphasize understanding risks and taking personal responsibility for both one's own health and that of others.

What concrete actions should be taken?

• *Changes to military attitudes towards civilian populations.* With more missions bringing soldiers into contact with civilian populations, particularly foreign populations, soldiers are learning new skills for dealing with people — particularly people in crisis such as refugees, war-ravaged populations, and disaster victims. Concerns for human rights and the development of codes of conduct are taking on ever-greater importance. However, these can only work effectively if military attitudes to civilians place greater value on protection, providing security, communication, compassion and understanding. These qualities will also help improve the military response to HIV/AIDS, both within the armed forces and in their relations with civilian groups.

Partnerships with the civilian sector

All HIV/AIDS prevention and care efforts must recognize the constant interaction between the military and civilian populations. The traditional separation of the military medical services from civilian input has been counterproductive in many countries. AIDS prevention and care programmes in the armed forces will be less effective than if there is more active collaboration between the Ministry of Defence and the Ministry of Health or other civilian health authorities.

One approach is to have full participation by appropriate defence and military officials as members of the civilian National AIDS Programme and its committees charged with planning and management. A second is to have health-system officials participate directly in training, prevention education and care for the military.

Acceptance and care of HIV-positive military staff

Given the high rates of HIV infection in many military forces, an increasing priority is the creation of a non-stigmatizing and non-discriminatory environment within the military population for those who are HIV-positive. This must begin with full confidentiality for HIV testing. As they pursue their careers, HIV-positive individuals should be given every opportunity to carry out the tasks for which they have been trained and which they are still fit to perform. Finally, armed forces should prepare to provide care and support for those who live with HIV and AIDS, including continuity of care for them and their families as they return to civilian life. This may include provision for home-care services and support of widows and orphans in places where civilian social services are inadequate.

> "AIDS in the military, as well as in the national environment, is no longer an academic issue; it is a reality that has to be tackled with all the vigour and effort that is commensurate with its ramifications"
>
> *— Major General Matshwenyego Fisher, Chief of Staff, Botswana Defence Force*

Why don't they just make all personnel take an HIV test?

Mandatory testing for the military was first established in the USA in 1985. By 1995, according to a survey carried out by UNAIDS and the Civil-Military Alliance to Combat HIV and AIDS, HIV testing was carried out in some form by 93% of reporting militaries (58 of 62 countries responding to the question).

Some 43 of the reporting countries stated that they impose mandatory HIV testing in some situations: pre-recruitment (25 countries); before foreign deployment (24 countries); before separation from active duty (12 countries), periodically (9 countries); and before a new assignment (8 countries). Rejection of candidates for recruitment based on a positive HIV test is the rule for 45 of 54 respondents, while 44 out of 56 impose restriction of duties for those who are known to be HIV-positive (for example, banning them from combat or from piloting aircraft). Finally, 37 of 41 respondents exclude HIV-positive personnel from overseas deployment.

Pressure to test

Military authorities in many parts of the world are under considerable pressure to institute or maintain mandatory HIV testing, whether before recruitment, prior to foreign deployment, or at regular intervals. At the same time, this policy has been criticized from various points of view. It is argued that mandatory testing is a violation of individual rights that cannot be justified by military-specific demands; that testing is not cost-effective. It is also argued that a positive test in an asymptomatic individual does not bear on that person's right to work or "fitness for work." Another argument is that a strongly promoted and fully financed voluntary testing programme would be as effective as mandatory testing — and possibly more so.

The role of the soldier is a special one, and the debate over voluntary testing must take this into account. Military policy-makers must consider not only the demands of combat but also the fact that soldiers cannot question superiors' orders the way most civilians can.

UNAIDS believes that voluntary testing accompanied by counselling has a vital role within a comprehensive range of measures for HIV/AIDS prevention and support. It also believes that mandatory testing without informed consent is a violation of human rights, and there is no evidence that it achieves public health goals. In order to justify mandatory testing (with its inevitable invasion of privacy and differential or discriminatory treatment), military forces should have to:

- demonstrate compelling aspects of the military workplace that make it different from other workplaces;
- show that HIV/AIDS is not being singled out for such treatment as compared with similar diseases that raise comparable issues; and/or
- show that mandatory testing and its consequences (rejection, limitation on deployment, dismissal) is the least restrictive means available and actually achieves the goals being sought; i.e. that mandatory testing *achieves goals more effectively* than voluntary testing, counselling and prevention programmes.

"The first reaction of many organizations — not just the military — is to test in order to keep people who are HIV-positive from being recruited. But the fact is that most infections occur after people have been recruited. So testing isn't the answer to everything. In fact, it's doubtful that involuntary testing is the answer to anything."

— Peter Piot,
Executive Director, UNAIDS

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See page 4 for further information