SECURITIZING THE HIV/AIDS PANDEMIC IN

U.S. FOREIGN POLICY

By

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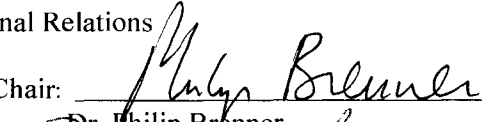of American University

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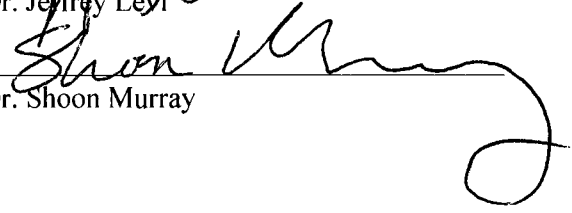the Requirements for the Degree

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ABSTRACT

The post-Cold War era in U.S. foreign policy abounds with claims that so-called

new or nontraditional issues represent threats to security, but how can one know when an

issue has reached the point where it can be considered a security issue. This dissertation

sought to understand under what conditions and to what extent the security label can lead

an issue not traditionally categorized in the realm of security to become transformed into

a security issue in U.S. foreign policy. In order to address these issues the dissertation

specifically analyzed the securitization process of the HIV/AIDS pandemic in U.S.

foreign policy asking to what extent HIV/AIDS was securitized and what, if any, were

the impacts of securitization on U.S. policy. Furthermore, the dissertation was an attempt

to validate and refine the criteria provided by Buzan, Wæver and de Wilde in their

securitization framework by applying the criteria empirically using HIV/AIDS in U.S.

foreign policy as a case study. Through a method of interpretive policy analysis, the

dissertation analyzed the language and policies in the U.S. regarding the HIV/AIDS

pandemic from 1986 through the beginning of 2004. First, analyzing the framing of

HIV/AIDS as a global issue in the U.S., the dissertation found that HIV/AIDS was

framed as a health, development and security issue over the period of study. Second, through an application of the securitization framework the dissertation found that HIV/AIDS was partially securitized since the full sequence of securitizing moves, emergency actions and changes in inter-unit relations while present was weak. There were many attempts to securitize HIV/AIDS (securitizing moves) through the use of security language. However, there were fewer emergency actions and effects on inter-unit relations. Furthermore, the consequences of securitizing HIV/AIDS were modest. The dissertation validated the criteria of the securitization framework, but also suggested some refinements to the framework in the context of the U.S. policy process.

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grandparents, Arthur and Santa, though no longer with us, are proud of this

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helped me put all things great and small in perspective. Thanks to all of you . . . I did it!

CONTENTS

Chapter

TABLES

ILLUSTRATIONS

CHAPTER 1

INTRODUCTION

Introduction

HIV/AIDS has been an urgent and devastating problem for the world community.

Since the first known cases of AIDS, through the time of this writing, there were large

numbers of individuals living with the disease and there was no cure. In 2005 it was

estimated that cumulatively 28.9 million individuals had died of AIDS.[1] As of December

2007, it was estimated that there were 33.2 million people living with HIV/AIDS

worldwide, up from approximately 20 million in 1996.[2] In 2007 alone, AIDS claimed the

lives of 2.1 million people and 2.5 million people were infected with HIV; 330,000 of

them children.[3] In the developing world and especially in sub-Saharan Africa the

devastation was particularly pronounced: in 2007 22.5 million were living with

HIV/AIDS and there was a 5% adult prevalence rate for HIV.[4]

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[1] USAID, "HIV/AIDS: Frequently Asked Questions," available from http://www.usaid.gov/our_work/global_health/aids/News/aidsfaq.html; accessed 11 February 2005.

[2] UNAIDS/WHO, "AIDS Epidemic Update: December 2007," UNAIDS/07.27E (Geneva: UNAIDS/WHO, 2007), 1, 4; available from http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf; accessed 5 January 2008.

[3] Ibid., 1.

[4] UNAIDS/WHO, "Slides and Graphics, AIDS Epidemic Update: December 2007," (Geneva: UNAIDS/WHO, 2007), 5, 6; available from http://data.unaids.org/pub/EPISlides/2007/071119_epigraphics_en.pdf; accessed 5 January 2008.

In addition to the human costs of the HIV/AIDS pandemic, there were high economic and financial costs. Many development gains of the past fifty years were being reversed due to the effects of HIV/AIDS, with average life expectancies dropping each year. Also from 2001 to 2003, the number of AIDS orphans increased from 11.5 million to 15 million and these numbers continued to increase.[5] While medications were developed to control the disease, the high cost of these treatments made its widespread use in resource-poor countries difficult to implement. There was thus an extreme urgency attached to the fight against HIV/AIDS. The dire impact of the HIV/AIDS pandemic increased at a swift pace. Even early on in the history of the pandemic there was understanding of the devastating effects the pandemic was causing on multiple levels.

Over time, one finds increasing emphasis by the U.S. government in addressing the international / foreign policy components of HIV/AIDS.[6] As the impact of the HIV/AIDS pandemic on the developing world became increasingly alarming, debates ensued in the U.S. on how best to deal with this global policy problem. HIV/AIDS was initially examined almost exclusively within the health sector by public health professionals.[7] Over time, a broader examination of the pandemic and its implications — looking at the larger social, economic, political and *security* effects of the virus gained prominence. Within the U.S., the HIV/AIDS pandemic began to be framed as more than

[5] UNAIDS, UNICEF and USAID, *Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action* (New York: UNICEF, July 2004), 7; available from http://pdf.dec.org/pdf_docs/PNACY333.pdf; accessed 16 April 2006.

[6] This is discussed more thoroughly in chapters 2 and 3.

[7] *See* Leon Gordenker, Roger A. Coate, Christer Jönsson, and Peter Söderholm, *International Cooperation in Response to AIDS* (London: Pinter Publishers, 1995).

just an international health issue, but also increasingly as a development issue.[8]

Furthermore, as HIV prevalence rates increased in sub-Saharan Africa, concern ensued

that since HIV/AIDS was spreading in their militaries and the upper echelons of

government, entire nations would collapse under the weight of the toll of HIV/AIDS.

HIV/AIDS began to be publicly framed as a security issue for the United States and the

world.

The increased understanding of the HIV/AIDS pandemic's devastating global

impact coincided with the end of the Cold War. The end of the Cold War seemed to have

generated increased attention to whether "traditional" notions of security that are state-

centered and militarily focused had become anachronistic.[9] The so-called "new"[10]

notions of security discussed not only disease epidemics, but also mass migrations, drug

trafficking, and global warming, among other issues, as threats to international security

generally, and U.S. national security, more specifically.[11] In some instances the re-

framing of these issues as properly security issues was seen as part of a strategy to get

more attention and funding to other issues of great concern to U.S. foreign policy and

international relations. With the end of the Cold War and the large sums appropriated for

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[8] Ibid.

[9] For example see Peter J. Katzenstein, ed., *The Culture of National Security: Norms and Identity in World Politics* (New York: Columbia University Press, 1996).

[10] These threats to security are really not "new." Disease epidemics, mass migrations, and other events were seen as threatening to state stability, however, the language of security was not used until recently. One example in the health arena is William McNeill, *Plagues and People* (New York: Doubleday, 1976).

[11] A few examples on migration and security include Myron Weiner, ed., *International Migration and Security* (Boulder: Westview Press, 1993); Nana Poku and David T. Graham, eds., *Redefining Security: Population Movements and National Security* (Westport: Praeger, 1998). Some examples on the environment and security include Thomas Homer-Dixon, "Environmental Scarcities and Violent Conflict," *International Security* 19, no.1 (1994): 5-40; Norman Myers, "Environment and Security," *Foreign Affairs* 70, no. 3 (1991): 115-131.

military spending, many saw an opportunity to allocate this money to other areas.

HIV/AIDS became discussed as one of these "new" security issues deserving of more

funding and attention.

The dissertation seeks to understand under what conditions and to what extent the

security label can lead a nontraditional issue to become transformed into a security issue.

In order to address these issues the dissertation specifically analyzes the securitization

process of the HIV/AIDS pandemic in U.S. foreign policy asking to what extent

HIV/AIDS was securitized and what if any were the impacts of securitization on U.S.

policy.[12] The dissertation examines U.S. foreign policy towards HIV/AIDS from 1986

through the beginning of 2004 mainly through an analysis of primary source documents

consisting largely of publicly available reports, studies, speeches and official U.S.

government documents.[13] The dissertation analyzes the different language that is

deployed to describe the policy responses to the HIV/AIDS pandemic and compares how

often a security rationale is used as opposed to a health or a development rationale both

over time and by different groups of actors in the U.S. government, research

organizations, think tanks, non-governmental organizations (NGOs) and international

organizations (IOs). In addition, it examines funding levels, sources, and recipients, the

changing constellation of government agencies responsible for HIV/AIDS policy

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[12] This term was coined by Ole Wæver, see Ole Wæver, "Securitization and Desecuritization" in *On Security*, ed. Ronnie Lipshutz (New York: Columbia University Press, 1995).

[13] 1986 is chosen as the start date for the study because while the first known cases of HIV came to light in 1981, and Department of Health and Human Services agencies began to be involved in international research in Zaire in 1983, it is not until 1986 that the U.S. government began providing funds for overseas HIV/AIDS programming through the U.S. Agency for International Development.

internationally, and U.S. Public Laws and Executive Orders concerning HIV/AIDS from 1986-2004 in a foreign policy context.

Barry Buzan, Ole Wæver and Jaap de Wilde in their book *Security: A New Framework for Analysis* developed a conceptualization in order to determine whether and at what point an issue has become securitized or transformed into a security issue.[14] This securitization framework includes three criteria that must be fulfilled in order for an issue to become fully securitized: 1) the issue must be presented as an existential threat; 2) emergency actions must be taken to resolve the issue; and 3) changes in inter-unit relations must also occur. Furthermore, the securitization framework includes three elements that need to be analyzed: referent objects (that which is being threatened); securitizing actors (those who securitize issues), and functional actors (those who affect the dynamic of a sector). The framework also includes conditions that should facilitate securitization: the speech act or the use of the language of security; a high position of authority for the securitizing actor(s); and features of the alleged threats that either facilitate or impede securitization.[15]

By applying the criteria of the securitization framework empirically through a case study of the securitization process of the HIV/AIDS pandemic in the U.S., the dissertation will contribute to a greater understanding of what needs to occur in order for an issue that is not traditionally categorized in the realm of security to become (or not become) successfully securitized in the U.S. context. If the criteria are fulfilled and lead to a full securitization of HIV/AIDS then the dissertation findings would support the

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[14] Barry Buzan, Ole Wæver and Jaap de Wilde, *Security: A New Framework for Analysis* (Boulder: Lynne Rienner, 1998).

[15] Ibid., 33.

validity of the framework. If, however, the dissertation finds that HIV/AIDS was not

fully securitized, but the criteria for securitization existed, the dissertation findings may

contribute to refinements of the securitization framework. Thus the dissertation will

further contribute to our knowledge of a method for assessing whether a policy issue has

become securitized. The process of securitizing so-called "new" security issues is

prevalent in contemporary U.S. foreign policy and understanding under what conditions

such issues are likely to be successfully treated as bona fide security issues should make

an important contribution to our knowledge.

Literature Review

The dissertation focuses on the process of a policy becoming securitized. It does

not address the question of whether HIV/AIDS is actually a security issue, which is how

nearly all of the work in the traditional field of security studies examines issues that are

not traditionally categorized in the realm of security[16], including the threat of infectious

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[16] For example, see Jessica T. Mathews, "Redefining Security," *Foreign Affairs* 68, no. 2 (1989): 162-176; Joseph Romm, *Defining National Security: Non-military aspects* (New York: CFR, 1993).

diseases more generally[17] and the HIV/AIDS pandemic specifically.[18] Much of the

existing scholarship focuses on whether or not health and/or HIV/AIDS represents a

threat to security without exploring *how* it becomes defined and labeled as a security

threat. Thus much of the security studies literature does not ask questions that can help

us understand the process of transforming an issue into a security issue.

A different approach to security studies is put forth by Barry Buzan, Ole Wæver

and Jaap de Wilde in their book *Security: A New Framework for Analysis* which focuses

on processes of securitization, i.e. *how* problems become defined and labeled as security

threats. It directly addresses the process of making an issue one of security in any given

country's foreign policy. Unlike other approaches to nontraditional security studies, their

securitization framework allows them "to provide a classification of what is and what is

not a security issue, to explain how issues become securitized, and to locate the relevant

security dynamics of the different types of security on levels ranging from local through

regional to global."[19] Thus the securitization framework focuses on the processes of

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[17] See Jack Chow, "Health and International Security," *The Washington Quarterly* 19, no. 2 (1996): 63-77; Christopher F. Chyba, *Biological Terrorism, Emerging Diseases, and National Security: Project on World Security Rockefeller Brothers Fund* (New York: Rockefeller Brothers Fund, Inc., 1998); available from http://www.rbf.org/pdf/Chyb_Bioterrorism.pdf; accessed 1 January 2003; Paul Farmer, "Social Inequalities and Emerging Infectious Diseases," *Emerging Infectious Diseases* 2, no.4 (1996): 259-269; David P. Fidler, "The Globalization of Public Health: Emerging Infectious Diseases and International Relations," *Indiana Journal of Global Legal Studies* 5, no. 1 (1997): 11-52; Laurie Garrett, "The Return of Infectious Disease," *Foreign Affairs* 75, no. 1 (1996): 66-79; Dennis Pirages, "Microsecurity: Disease Organisms and Human Well Being," *The Washington Quarterly* (1995): 5-17; Andrew T. Price-Smith, "Infectious Disease and Global Stability at the Turn of the Century," *International Journal* 54, no. 3 (1999): 426-442; Andrew T. Price-Smith, *The Health of Nations: Infectious Disease, Environmental Change, and their Effects on National Security and Development* (Cambridge, MA: MIT Press, 2002).

[18] See Andrew Price-Smith, *The Health of Nations: Infectious Disease, Environmental Change, and Their Effects on National Security and Development* (Cambridge: MIT Press, 2002); Stefan Elbe, "HIV/AIDS and the Changing Landscape of War in Africa," *International Security* 27, no. 2 (2002): 159-177; Robert L. Ostergard, Jr., "Politics in the hot zone: AIDS and national security in Africa," *Third World Quarterly* 23, no. 2 (2002): 333-350.

[19] Buzan, Wæver and de Wilde, 1.

securitization of issues in foreign policy analysis and develops criteria to assess whether or not an issue becomes fully securitized.

Ole Wæver, who first coined the term securitization, labels the "opening" of security literature, which was just discussed, the "traditional progressive approach," defined by the tendency "to argue why security should encompass *more* than is currently the case, including not only 'xx' but also 'yy,' where the latter is environment, welfare, immigration and refugees, etc. . . . With this approach, one accepts the meaning of 'security' as uncontested, pushing instead in the direction of securitizing still larger areas of social life."[20] In contrast to the traditional progressive approach, securitization focuses on how the definition of security acts is more important than a debate over whether an issue or problem objectively represents a security threat.[21]

For securitization theorists, "'Security' is thus a self-referential practice, because it is in this practice that the issue becomes a security issue – not necessarily because a real existential threat exists but because the issue is presented as such a threat."[22] As argued by Wæver: "Use of the security label does not merely reflect whether a problem *is* a security problem, it is also a political choice, that is, a decision for conceptualization in a special way."[23] Securitization theorists do not attempt to determine whether an issue is *really* one of security. Rather they offer a constructivist approach to studying security. A

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[20] Wæver, "Securitization and Desecuritization," 46-47.

[21] Another approach to security studies (sometimes referred to as critical security studies) takes the argument of the subjective nature of security much further. It is well represented by David Campbell who deconstructs security and argues that the identity of the U.S. is 'written and rewritten' through its foreign policies. See David Campbell, *Writing Security: United States Foreign Policy and the Politics of Identity* (Minneapolis: University of Minnesota Press, 1992).

[22] Buzan, Wæver and de Wilde, 24.

[23] Wæver, "Securitization and Desecuritization," 65.

constructivist approach to studying security is attractive because, "It is not easy to judge the securitization of an issue against some measure of whether that issue is "really" a threat; doing so would demand an objective measure of security that no security theory has yet provided."[24]

The securitization framework divides security into five different sectors; these are military, environmental, economic, societal, and political.[25] Other literature in securitization studies have argued for the inclusion of gender into the framework[26] or have explored how to incorporate religion into the framework.[27] Missing from this list is the health sector of security. Securitization studies have by and large not focused on health issues which are deserving of a separate category of analysis; they are being presented as security issues and represent a distinct sector. This dissertation remedies this omission by focusing on the health sector generally and the case of HIV/AIDS specifically.[28]

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[24] Buzan, Wæver, de Wilde, 30.

[25] There has been some consideration of how to incorporate religion into the framework through an exploration of the logic of securitization of objects that are of a religious nature. *See* Carsten Bagge Lausten and Ole Wæver, "In Defense of Religion: Sacred Referent Objects for Securitization," *Millennium: Journal of International Studies*, Vol. 29, No. 3 (2000): 705-739.

[26] See Lene Hansen, "The Little Mermaid's Silent Security Dilemma and the Absence of Gender in the Copenhagen School," *Millennium: Journal of International Studies* 29, No. 2 (2000): 285-306.

[27] See Lausten and Wæver, "In Defense of Religion."

[28] One recent exception is Stefan Elbe, "Should HIV/AIDS be Securitized? The Ethical Dilemmas of Linking HIV/AIDS and Security", *International Studies Quarterly*, 50, No. 1 (March 2006), which focuses on whether it is a good idea for HIV/AIDS to be securitized.

Furthermore, there has been a lack of empirical work on securitization.[29] Buzan et. al. present a single incomplete illustrative case study on the European Union by conducting discourse analysis of one year's worth of documents.[30] In fact Buzan et. al. state that the "credibility [of the securitization framework] demands more detailed empirical studies of the way units securitize."[31] Additionally, there has been a lack of empirical work on securitization in the context of U.S. policy. This dissertation begins to remedy this by providing such a study.

The dissertation also draws from and contributes to the public policy literature on problem definition and agenda setting. Insights from scholarship on problem definition and framing in the U.S. policy process complement the securitization framework.[32] Also because the securitization framework describes a process for any given country's foreign

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[29] Two recent exceptions are work on migration in the EU, Jef Huysman, *The Politics of Insecurity: Fear, Migration and Asylum in the EU* (New York: Routledge, 2006) and studies on securitization in Asia see Mely Cabellero-Anthony, Ralf Emmers, and Amitav Acharya, *Non-Traditional Security in Asia: Dilemmas in Securitisation* (Burlington, VT: Ashgate, 2006).

[30] Buzan, Wæver, de Wilde, 35, 164, 176.

[31] Ibid., 175.

[32] A frame provides an image or definition of a particular issue or problem by selecting certain aspects of an issue in order to cue a specific response. An issue frame is a form of problem representation. The concept of framing is found in various studies of political science. Some examples in the political communications literature are: Shanto Iyengar and Donald Kinder, *News That Matters: Television and American Opinion* (Chicago: University of Chicago Press, 1987); William A. Gamson, "News As Framing," *American Behavioral Scientist* 33 (Winter 1989): 157-161; Robert Entman, "Framing U.S. Coverage of International News: Contrasts in Narrative of the KAL and Iran Air Incidents," *Journal of Communication* 4, No. 4 (Winter 1991): 6-27; Robert Entman, *Projection of Power: Framing News, Public Opinion, and U.S. Foreign Policy* (Chicago: University of Chicago Press, 2004). In addition, *The Frameworks Institute* whose goal "is to advance the nonprofit sector's communications capacity by identifying, translating and modeling relevant scholarly research for framing the public discourse about social problems," has produced some interesting research for NGOs to re-frame how issues are understood by the elite and mass publics. *See* http://www.frameworksinstitute.org/. Also there are framing studies in the social movements literature for example see: David A. Snow, E. Burke Rochford, Jr., Steven K. Worden, Robert D. Benford, "Frame Alignment, Processes, Micromobilization, and Movement Participation," and Stephen Ellington, "Understanding the Dialectic of Discourse and Collective Action: Public Debate and Rioting in Antebellum Cincinnati," in *Social Movements: Readings on Their Emergence, Mobilization, and Dynamics,* eds. Doug McAdam and David A. Snow (Los Angeles: Roxbury Publishing, 1997).

policy, this literature is helpful in explaining some factors that may be unique to the U.S. and can thus further refine the process. Specifically, the work of John Kingdon and Deborah Stone provide valuable insights that in part explain the importance of a process such as securitization in the context of U.S. policy.

Kingdon's theory of public policy making focuses on agenda setting and alternative specification, and on two categories that affect them: the participants who are active and the processes by which agenda items and alternatives come into prominence.[33] Kingdon's research found that certain participants in U.S. policymaking are most instrumental in agenda-setting and in the specification of policy alternatives. His findings serve as the basis for which actors and agencies to include in this analysis of U.S. foreign policy towards HIV/AIDS. His research finds that "the administration -- the president and his appointees-- is a particularly powerful agenda setter, as are such prominent members of Congress as the party leaders and key committee chairs."[34] Furthermore, his research finds a role for participants outside government who try to affect policy. According to interview data, Kingdon finds in the policy areas he studied that interest groups were important 84% of the time, and academics, researchers and consultants 66% of the time.[35] Both the mass media and election-related participants such as party platforms and campaigns were much less important. Following Kingdon's cue, the dissertation pays particular attention to those actors both inside and outside

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[33] John W. Kingdon, *Agendas, Alternatives, and Public Policies*, 2nd Edition (Harper Collins, 1995). Kingdon's garbage can model of agenda access analyzes the merging of policy streams in a favorable environment to create policy decisions. His model analyzes three streams of processes: problems (problem recognition), policies (proposal formation), and politics. His research finds that when all three streams come together in a single package, one has an ideal setting for a decision agenda.

[34] Ibid., 199.

[35] Ibid., *see* Chapter 3: Outside of Government, But Not Just Looking In.

government who have been found to be important. In addition, Kingdon places important

emphasis on the policy entrepreneurs (in any of these capacities), i.e., those who push for

one kind of problem definition rather than another.[36] In this study the policy

entrepreneurs that receive particular attention are the "securitizers" -- those who push for

understanding the problem of global HIV/AIDS as a security issue for the United States.

Kingdon analyzes three streams of processes in U.S. policy: problems, policies,

and politics. Most important for the research presented here is the "problem stream."

Kingdon notes that there are several different ways that problems become discovered;

these include indicators (i.e. data), focusing events, crises and symbols, policy feedback

and budgets. The problem stream examines the process of problem recognition and

definition in agenda setting for U.S. policy. Kingdon argues that "classifying a condition

into one category rather than another may define it as one kind of problem or another.

The lack of public transportation for handicapped people, for instance, can be classified

as a transportation problem or as a civil rights problem, and *the treatment of the subject is

dramatically affected by category*" (emphasis mine).[37] Furthermore, his research finds

that "problem recognition is critical to agenda setting. . . . The recognition and definition

of problems affects outcomes significantly."[38]

Also, Kingdon does not focus on tracing the origins of initiatives for three

reasons: "(1) ideas can come from anywhere; (2) tracing origins involves one in an

infinite regress; and (3) nobody leads anybody else."[39] He argues that "the key to

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[36] Ibid., 204.

[37] Ibid., 198.

[38] Ibid.

[39] Ibid., 71.

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understanding policy change is not where the idea came from but what made it take hold

and grow. It *is* critical that an idea starts somewhere, and that it becomes diffused in the

community of people who deal with a given policy domain."[40] Thus, it is more important

that the idea that HIV/AIDS is a security issue takes hold, grows and becomes diffused

than who was the first to come up with the idea. The dissertation examines public

documents and the public record for evidence of when this issue becomes diffused. If an

idea has not yet been diffused it will not appear in the public record, but only in private.

The dissertation examines the people and places that discuss the idea of HIV/AIDS being

a security issue throughout the period of study without trying to determine the very first

to do so.

Deborah Stone highlights the importance of how goals, problems and solutions

are defined by political actors in her study of U.S. public policy.[41] Stone defines policy-

making as a political process in which competitive interests vie to control the policy

process by controlling the language and definition of events. Stone argues that "political

reasoning is reasoning by metaphor and analogy. It is trying to get others to see a

situation as one thing rather than another."[42] Also she argues that policy making "is a

constant struggle over the criteria of classification, the boundaries of categories, and the

definition of ideals that guide the way people behave."[43] Such problem definition is

important "because politics is driven by how people interpret information, much political

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[40] Ibid., 72.

[41] Deborah A. Stone, *Policy Paradox and Political Reason* (HarperCollins Publisher, USA (no city listed), 1988).

[42] Ibid., 6.

[43] Ibid., 7.

activity is an effort to control interpretations."[44] In examining the role of problem

definition in public policy Stone argues that

> Problem definition is never simply a matter of defining goals and measuring our
> distance from them. It is rather the *strategic representation* of situations. Problem
> definition is a matter of representation because there is no objective description of a
> situation; there can only be portrayals of people's experiences and interpretations.
> Problem definition is strategic because groups, individuals, and government
> agencies deliberately and consciously design portrayals so as to promote their
> favored course of action. . . . Representations of a problem are therefore
> constructed to win the most people over to one's side and the most leverage over
> one's opponents.[45]

Stone analyzes several factors -- symbols (including metaphor), numbers, causes,

interests and decisions -- as part of the representation of problems. As for the importance

of metaphor, Stone argues that "in policy discourse, names and labels are used to create

associations that lend legitimacy and attract support to a course of action," and that "the

very labels in policy discourse evoke different stories and prescriptions. In the world of

politics, language matters."[46] However, this does not mean that all policy discourse is an

effort to confuse or manipulate or act in a disingenuous manner. "This strategic concept

of problem definition does not mean there is a conspiracy or that every policy argument

we read and hear is an attempt to dupe us."[47]

The securitization framework seems to provide a promising set of criteria for

determining when an issue has reached the point at which it can be considered a security

issue. Despite the promise of the securitization framework, one glaring omission from

the securitization literature is empirical verification of the process, especially in the

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[44] Ibid., 21.

[45] Ibid., 106.

[46] Ibid., 121.

[47] Ibid., 122.

context of U.S. policy. Furthermore, while the securitization framework addresses conditions that facilitate securitization it is largely silent on those that impede securitization.

Research Questions

The securitization framework seems to provide an appropriate framework to examine the transformation of U.S. policy issues that are not traditionally categorized in the realm of security into security issues. However, there has not been empirical verification of this process demonstrating that the criteria can be applied to a U.S. foreign policy issue. In order to evaluate the securitization framework, the case of global HIV/AIDS in U.S. foreign policy was chosen. The case of HIV/AIDS was ripe to be securitized and makes an excellent case to evaluate the securitization framework. Buzan et. al. argue that there are three conditions that facilitate securitization, the speech act or the use of the language of security, a high position of authority for the securitizing actor(s) and features of the alleged threats that either facilitate or impede securitization.[48] In the case of HIV/AIDS, the use of the security language was prevalent. Also there were actors who held high positions of authority securitizing HIV/AIDS including President William J. Clinton. There are also features of HIV/AIDS (the alleged threat) that would tend to facilitate securitization. Furthermore, a priori, one might have expected that HIV/AIDS policy actors would securitize HIV/AIDS as a way of increasing funding and attention directed towards HIV/AIDS prevention, treatment and research -- as has been the case in other nontraditional security issues where policy actors have used the

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[48] Buzan, Wæver, de Wilde, 33.

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language of security to enhance their capacity for action.[49] All these factors made global HIV/AIDS in U.S. foreign policy the right case for this investigation.

The broader concern of the dissertation is to address under what conditions and to what extent the security label can lead a nontraditional issue to become transformed into a security issue for U.S. foreign policy. The dissertation seeks to answer how one knows when an issue has reached the point where it can be considered a security issue. Buzan et. al.'s securitization framework provides a set of criteria for determining when one can say an issue can be considered one of security. The dissertation is an attempt to validate and refine the criteria provided by Buzan et. al. in their securitization framework by applying the criteria empirically using HIV/AIDS in U.S. foreign policy as a case study. In order to do so the dissertation poses the following subsidiary research questions:

- How can one understand the process of securitization of HIV/AIDS?

- To what extent was HIV/AIDS securitized?

- What, if any, were the impacts of the securitization process on U.S. foreign policy?

By conducting an in-depth empirical case study of the securitization process this dissertation will assist in answering whether securitization is a valid framework of the conditions which are necessary for the re-framing of a nontraditional issue as a security issue and of the necessary criteria for a nontraditional issue to be considered a security issue. The next section explains the securitization framework in further detail. It also discusses how insights from Kingdon and Stone are used to add additional rigor to the

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[49] Romm.

securitization framework by comparing and contrasting major frames of the HIV/AIDS pandemic.

Securitization Framework

The securitization framework focuses on the processes of securitization of issues in foreign policy analysis and develops criteria to assess whether or not an issue becomes fully securitized. This framework allows one to examine whether HIV/AIDS has become conceptualized and treated as a security issue for U.S. foreign policy. This section explains the securitization framework in detail. In order for HIV/AIDS (or any issue) to become securitized, first, HIV/AIDS must be called a security issue; it must be presented as an existential threat. Then there must be emergency actions taken by the U.S. government to deal with HIV/AIDS and changes made in the institutional make-up and relationships of those dealing with HIV/AIDS. Traditional security actors and institutions need to become involved in HIV/AIDS and those who would traditionally not be involved in security issues, but are involved in HIV/AIDS, need to accept that it is a security issue.

In the securitization framework there are three elements that need to be analyzed: referent objects (that which is being threatened); securitizing actors (those who securitize issues), and functional actors (those who affect the dynamic of a sector). The traditional referent object of security is the state. Generally, the state is being threatened by something and requires protection, most often by the military, the traditional sector of security studies. Other referent objects discussed by Buzan, Wæver and de Wilde are

religion, tribes, and nations, and there could be others as well. The dissertation uncovers the various referent objects that are invoked in the case of HIV/AIDS.

The securitizing actors are those who draw attention to an issue as one of security. Traditionally, these securitizing actors are political leaders, bureaucracies and other players inside the government.[50] Nevertheless, they can include actors outside of the government who exert influence on policy. The functional actors are those who affect the dynamics of a sector; these include a host of actors inside and outside government that focus on the particular issue being securitized. The functional actors in this dissertation are those actors who affect the dynamics of the issue of HIV/AIDS as a foreign policy issue. These actors include those who attempt to impact U.S. foreign policy through their scholarship and advocacy, and those organizations which provide services to people living with HIV/AIDS in the developing world. Included among these actors are those that both support/reinforce and those that oppose securitizing moves. A functional actor might come to be perceived as a securitizing actor through his or her acceptance and support of securitizing moves by other actors.

In addition to analyzing these three elements (referent objects, securitizing actors and functional actors), the dissertation follows through each of the three components (or steps) to an issue becoming successfully securitized as outlined by Buzan, Wæver and de Wilde: (1) whether the issue is presented as an existential threat (2) whether it results in emergency action and (3) whether it has effects on inter-unit relations.[51] The first part of the securitization process is presenting an issue as an existential threat which consists of

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[50] Buzan, Wæver, de Wilde, 40.

[51] Ibid., 26.

the securitizing moves. In other words, in order for an issue to be securitized it needs to be presented as an existential threat requiring emergency measures and justifying actions outside the normal bounds of political procedure.[52] The second part of the process is emergency action, or moving things beyond politics as usual. According to Buzan, et. al., if a securitization is successful, such a mobilization of the state should occur, noting that "the invocation of security has been the key to legitimizing the use of force, but more generally it has opened the way for the state to mobilize, or take special powers, to handle an existential threat."[53] The third part of the process is effects on inter-unit (institutional) relationships by breaking free of rules or procedures. In this process new procedures are developed, new institutions created, new positions within government agencies devised. Furthermore, while Buzan et. al. argue that securitization can be ad hoc or institutionalized, the dissertation examines the institutionalization of these new ways of addressing the issue as an important component of knowing whether HIV/AIDS was securitized. In order for there to be a full securitization, all three steps need to have occurred.

In addition to these three steps the dissertation includes the criterion of audience acceptance of the securitization as one of the components for a successful securitization. It is not enough for an issue to be presented as one of security for an issue to be successfully securitized. Rather, "a discourse that takes the form of presenting something as an existential threat to a referent object does not by itself create securitization - this is a *securitizing move*, but the issue is securitized only if and when the audience accepts it as

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[52] Ibid., 23.
[53] Ibid., 21.

such."[54] The acceptance of AIDS as a legitimate security issue is important for

sustaining securitization, especially in a democracy. Members of the audience are those

who care about the direction of U.S. foreign policy toward HIV/AIDS. The audience is

defined as "those the securitizing act attempts to convince to accept exceptional

procedures because of the specific security nature of some issue."[55] In the case of

HIV/AIDS and U.S. foreign policy, the audience is therefore quite large and stretches

from specialized groups and agencies with a particular interest in HIV/AIDS and/or U.S.

national security to citizens of the United States. There is substantial overlap between the

functional actors and the audience members. For the purposes of this dissertation the

audience is operationalized as the functional actors for U.S. foreign policy towards

HIV/AIDS. Once an issue has become securitized it can remain in a situation of

securitization or a process of desecuritization can occur. Desecuritization is defined as

"the shifting of issues out of emergency mode and into the normal bargaining process of

the political sphere."[56] Thus in desecuritization an issue moves from a crisis mode into

one of "politics as usual."

At the broadest level of inquiry, securitization of *any* nontraditional security issue,

including the HIV/AIDS pandemic could: (1) create a sense or urgency about an issue

and concomitant emergency action (including, but by no means limited to, increased

attention and funding) and/or (2) place the issue in a security context, bringing with it the

relevant actors and policies, allowing security personnel and actors to gain control over

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[54] Ibid., 25.

[55] Ibid., 41.

[56] Ibid., 4.

an issue. Securitization could also potentially lead to the militarization of an issue. In the case of HIV/AIDS this could create a particular focus on the pandemic's impact on the military. If it occurred, such a militarization could (1) focus U.S. government programs on foreign militaries as opposed to other high risk groups such as women and children and (2) focus U.S. government programs on countries of traditional security concern to the U.S. such as those with nuclear weapons which also have an HIV/AIDS problem.

While at times the research may suggest that security arguments were used to intentionally bring the HIV/AIDS pandemic to the top of the policy agenda, this is not a main focus of the dissertation. The securitization framework highlights that policymakers may feel they can better pursue their goals by widening the security agenda and securitizing issues while NGOs and activist organizations may feel they will be heard more clearly (and loudly) by the U.S. government if they sell their issue as one involving security. As argued by Buzan, Wæver and de Wilde, "this behavior is a vital part of the securitization process despite the fact that in the discourse it often reflects impulsive or superficially tactical moves designed to raise the priority of a given issue in the general political melee. These moves can, if successful, *nevertheless generate deeper political consequences.* (emphasis mine)"[57] It is not the goal of this project to determine the motivations behind the framing of HIV/AIDS, but in part to determine if regardless of motivations the securitization process of HIV/AIDS generated political consequences.

The securitization framework is refined by Stone's and Kingdon's theoretical understanding of framing and problem definition. Insights from both Kingdon and Stone point to the fact that placing HIV/AIDS within the "security" realm should lead to a

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[57] Ibid., 196.

different treatment than when it is placed within the realm of "public health" or "development." Defining HIV/AIDS as a security issue is a process whereby one brings the issue within a particular group of policy experts concerned with security policy such as the Central Intelligence Agency (CIA), the Department of Defense (DOD) and the State Department (DOS) in the case of the United States. Likewise, when HIV/AIDS is discussed in the language of international development, groups concerned with U.S. international development policy such as the United States Agency for International Development (USAID) and relief and development Private and Voluntary Organizations (PVOs) are brought in to the policymaking process.

Prior to HIV/AIDS being dealt with as an issue of security, it must first be defined or framed as a security issue. It is a key assumption of the dissertation research that classifying AIDS as a security issue is a particular type of category that is different from classifying AIDS as a development issue or a health issue. In addition, part of the goal of the dissertation is to determine the extent to which securitization occurred and whether the securitization process of HIV/AIDS affected the treatment of the issue.

Furthermore, in the realm of foreign policymaking placing AIDS as a security issue is akin to placing it within crisis or strategic policy, where the president and his staff often have more control over policies that are deemed urgent in nature.[58] When AIDS is a health or a development issue it is more likely to be treated as a structural

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[58] For the distinction between these policy types (crisis, strategic and structural) in foreign policymaking see: Randall B. Ripley and Grace A. Franklin, *Congress, the Bureaucracy and Public Policy*, 5th ed. (Pacific Grove, CA: Brooks / Cole, 1991); James M. Lindsay, *Congress and the Politics of U.S. Foreign Policy* (Baltimore: Johns Hopkins University Press, 1994), esp. chapter 7.

policy where a variety of foreign policy actors can exert influence, including those in

Congress and those outside of government.

Research Design, Data Sources and Methods

The dissertation analyzes the framing of HIV/AIDS as a health, development and

security issue in U.S. foreign policy circles and the process of securitization of the

HIV/AIDS pandemic in the U.S. from 1986 through the beginning of 2004.[59] The

research design is a single in-depth case study. It uses a method of interpretive policy

analysis to examine the problem definition of HIV/AIDS as a security issue and process

tracing to analyze the securitization of HIV/AIDS. According to Yanow, "the role of the

interpretive policy analyst is to map the 'architecture' of debate relative to the policy

issue under investigation, by identifying the language and its entailments (understanding,

actions, meanings) used by different interpretive communities in their framing of the

issue."[60] In the dissertation, some of these different interpretive communities are

international public health professionals, international development practitioners and

international security specialists. It is important to examine individuals in these different

communities since for example, a staff member of the Centers for Disease Control and

Prevention (CDC) and an employee of an international development non-governmental

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[59] 1986 was chosen as the start date for the study because while the first known cases of HIV came to light in 1981, and Department of Health and Human Services agencies began to be involved in international research in Zaire in 1983, it was not until 1986 that the U.S. government began providing funds for overseas HIV/AIDS programming through the U.S. Agency for International Development.

[60] Dvora Yanow, *Conducting Interpretive Policy Analysis*, Qualitative Research Methods Series 47 (Thousand Oaks, CA: Sage Publications, 2000), 13.

organization (NGO) may have differing views of HIV/AIDS and may therefore frame the issue differently.

The dissertation analyzes the different language deployed to describe the policies necessary to respond to the HIV/AIDS pandemic. It compares how often the security rationale is used compared to that of health and development both over time and among different groups of actors in government, think tanks, the activist community, health and development NGOs, and UN agencies.

The dissertation pays particular attention to those individuals and institutions (securitizing actors) in the United States who made major securitizing moves regarding HIV/AIDS. The research traces the language of security as it moves from different actors and institutions and ebbs and flows through these communities in their discourse. Having examined the discourse of HIV/AIDS and security, the research then uses a method of process tracing to examine the process of securitization, ending with an assessment of whether the securitizing moves impacted those actors involved in U.S. foreign policy and the actual policies developed.[61] It also examines whether these securitizing moves affected the implementation of U.S. foreign policy towards HIV/AIDS. Part of the goal of the dissertation is to determine whether securitization impacted the institutional arrangements, types of programs implemented, and lastly funding of "security" institutions. The research reports changes over the period of study in the constellation of government agencies responsible for HIV/AIDS policy globally, U.S. Public Laws and

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[61] See Alexander L. George and Andrew Bennett, *Case Studies and Theory Development in the Social Sciences* (Boston: MIT Press, 2005).

Executive Orders concerning HIV/AIDS, and funding levels for different recipient

government agencies, as well as other possible securitization effects of HIV/AIDS.

For each of the different interpretive communities, the research relies on different

data sources and methods of analysis. The research strategy employed is one of

triangulation of both data and methods.[62] The majority of the data sources are primary

sources that are publicly available reports, studies, speeches and official U.S. government

documents. Also, a limited number of interviews are conducted both in-person and over

the telephone with actors who discuss HIV/AIDS as a security threat as part of the public

record and are (or were) involved in either making or trying to influence U.S. foreign

policy towards the HIV/AIDS pandemic. In addition, secondary sources which analyze

U.S. foreign policy towards HIV/AIDS are also consulted.

Content Analysis

In order to examine the framing of HIV/AIDS as a security issue and the process

of the securitization of HIV/AIDS, comparing the security frame to the health and

development frames should strengthen the analysis. Content analysis is used to examine

the framing of the HIV/AIDS pandemic in two key documentary sources for the years

1986-2003: U.S. congressional hearings and *The Public Papers of the President*. These

two sources were chosen to examine the changing ways that HIV/AIDS was framed as a

foreign policy issue within the U.S. government.

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[62] See Robert K. Yin, *Case Study Research: Design and Methods, 2nd Edition* (Thousand Oaks, CA: Sage, 1994).

The overall purpose of the content analysis is to discover the meaning of what kind of issue HIV/AIDS represents internationally to the United States and how this has changed over time. This is done by comparing the three major frames of the issue -- the health, development and security frames. Through content analysis of these primary source documents the research demonstrates how frequently and with what magnitude the three frames for defining the problem of HIV/AIDS internationally - health, development and security - are deployed over the period of 1986-2003.

The findings from the content analysis are reported in chapters 2 and 3. Chapters 2 and 3 analyze the framing of the HIV/AIDS pandemic in U.S. foreign policy circles from 1986-2003. Specifically, they compare and contrast the framing of the HIV/AIDS pandemic as an issue of health, development, and security. As discussed in this chapter the framing of an issue as one type of problem rather than another may lead to a different outcome. The purpose of chapters 2 and 3 is to analyze whether and how the frames of the HIV/AIDS pandemic have changed over time in order to then assess whether the definition of the AIDS problem as a security issue is correlated with different outcomes for the U.S. policy process.

Process Tracing

A variety of sources were used to trace the securitization process and impact on U.S. foreign policy towards HIV/AIDS. In addition to providing information on the problem definition and framing of HIV/AIDS as a foreign policy issue, the congressional hearings show which actors and organizations defined HIV/AIDS as a security issue over the entire period of study. This information is used in the detailed examination of those

individuals securitizing HIV/AIDS in chapters 4, 5 and 6. The hearings also discuss

concrete policy changes, and successes and problems in the implementation of U.S.

government global HIV/AIDS policies which is analyzed in chapters 7 and 8. In

addition, the attachments to the hearings were often important General Accounting Office

(GAO) reports, Congressional Research Service (CRS) issue briefs, Joint United Nations

Program on HIV/AIDS (UNAIDS) updates, and other primary source documents which

discuss policy outputs and implementation of HIV/AIDS programs. This data serves an

important purpose in the analysis of the securitization process and securitization effects

discussed in chapters 4-8.

Additional primary source documents are consulted and analyzed in order to trace

the securitization process and outcomes. The findings from these data sources are

reported exclusively in narrative form. This includes analysis of public transcripts of

meetings, interviews of participants in HIV/AIDS policy by reporters and information

gathered during the author's attendance at HIV/AIDS talks and symposia. Also included

is the analysis of information about HIV/AIDS policies and programs provided by the

U.S. government and PVOs which implemented U.S. HIV/AIDS programs

internationally. Interview data from both secondary sources and personal interviews by

the author are analyzed.[63] Personal interviews are conducted by the author with a

handful of participants to clarify the record in the public sources and in those instances

where interviews were not part of the public record. The interviewees were chosen based

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[63] A useful secondary source is Greg Behrman, *The Invisible People: How the U.S. Has Slept Through the Global AIDS Pandemic, the Greatest Humanitarian Catastrophe of Our Time.* (New York: Free Press, 2004) which used extensive interviews to evaluate U.S. foreign policy towards AIDS. Another useful source is the interviews and discussions with policy makers web cast on Kaisernetwork.org. Rather than re-interview these participants in the U.S. foreign policy process towards HIV/AIDS, these secondary source accounts are sometimes relied on.

on their expertise of HIV/AIDS as a security issue. One purpose of the interviews was to gain information and insight that was not gathered from the analysis of the primary source documentary accounts and/or to confirm or deny these accounts. Also the interviews focus in part on audience acceptance that HIV/AIDS was a security issue. The personal interviews are semi-structured, either in-person or over the telephone and last anywhere from thirty minutes to an hour.[64]

Conclusion

The dissertation seeks to determine the validity and applicability of the securitization framework to issues not generally categorized in the realm of security. It does so through a detailed empirical examination over an eighteen year period of the HIV/AIDS pandemic in U.S. foreign policy -- a case particularly well-suited for this investigation. The dissertation will thus further contribute to our knowledge of a method for assessing whether a policy issue that is not traditionally categorized as one of security can be transformed into a security issue.

The dissertation chapters to follow analyze the securitization process of the HIV/AIDS pandemic in U.S. foreign policy from 1986 through the beginning of 2004. Chapters 2 and 3 analyze the framing of HIV/AIDS from 1986-2003 in two key documentary sources respectively: the congressional hearings and *The Public Papers of the President*. In order to determine the level to which HIV/AIDS was being presented as a security issue, a content analysis compares security to the health and development

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[64] All interviewees were given the option to have all or a portion of their remarks remain confidential. Notes were taken during the interview and then immediately following the interview, the notes were typed while the interview was still fresh.

frames. Using insights from Kingdon and Stone, this step may provide additional rigor to the approach by providing a way to compare the strength of the security rationale.

Chapters 4-8 analyze the securitization of HIV/AIDS in U.S. foreign policy. In order for HIV/AIDS to have become securitized it should first be demonstrated that HIV/AIDS was framed as a security issue and was presented as a threat within the U.S. government. Chapters 4-6 concern the first component in the securitization framework: the presentation of the issue as a threat. If it is found that HIV/AIDS is framed as a security issue and has been presented as an existential threat, a few more steps should follow. HIV/AIDS must be treated as a security issue, resulting in emergency actions. Next, there must be changes in institutional relationships and other security-type impacts or effects, including acceptance of HIV/AIDS as a security issue by the audience. If all these things occur, then HIV/AIDS has been securitized. Chapter 7 analyzes the next two components in the securitization process -- the extent to which such emergency actions and changes in inter-unit relations occurred. If the full sequence is not present then HIV/AIDS can be partially securitized. Either way, there may be impacts from the securitization process on how HIV/AIDS is addressed concretely in the implementation of U.S. foreign policy, which is analyzed in chapter 8. If HIV/AIDS is securitized it could create a sense of urgency and concomitant emergency action (including, but by no means limited to, increased attention and funding) and/or place HIV/AIDS in a security context and possibly allow security personnel and actors to gain control over HIV/AIDS. If HIV/AIDS continues to be treated as a security issue over time then it remains securitized; otherwise, a process of desecuritization could be occurring. Chapter 9 concludes the dissertation and discusses the implications of the research findings.

Abridged History of U.S. Policy on
HIV/AIDS and Security

A highly abridged version of the history of U.S. policy on HIV/AIDS and security

follows and sets the context for the remainder of the dissertation chapters. Starting in

1986 USAID began to fund and implement HIV/AIDS projects overseas. However,

increasing concern with the virus' U.S. national security implications did not begin until

1990, and even then was the concern of only a few select members of the U.S.

intelligence community. Then in 1995 and 1996 there was a flurry of activity about the

link between HIV/AIDS and national security, culminating with the release of the

HIV/AIDS Strategy for the United States by the U.S. Department of State. This was the

first time an explicit published link was made between HIV/AIDS and national security

by an Administration. However, following its release, interest and funding for

HIV/AIDS and U.S. foreign policy flattened until late 1999/early 2000.

In January 2000 a declassified National Intelligence Estimate (NIE) examining

the link between infectious diseases and national security was released and in an

unprecedented move, Vice President Al Gore chaired a UN Security Council session on

the link between HIV/AIDS and security. Then in April 2000, President Bill Clinton

announced that HIV/AIDS was a threat to U.S. national security. Soon after President

Bush came to office, several officials in his administration including Secretary of State

Colin Powell and CIA Director George Tenet affirmed that HIV/AIDS was a threat to

security, even while President Bush himself did not refer to HIV/AIDS as such. In 2002,

another NIE was published, this time on the "2nd wave" of HIV/AIDS and its impact on

security. Finally, in January 2003, President Bush announced his plans for the

President's Emergency Plan for HIV/AIDS Relief (PEPFAR) a $15 billion program over

five years calling it not a security program, but a "a work of human mercy" to help the

people of Africa.

CHAPTER 2

FRAMING HIV/AIDS IN U.S. CONGRESSIONAL HEARINGS

This chapter examines the language used in all U.S. congressional hearings that refers to HIV/AIDS as an international or global issue during the period of 1986-2003.[1] The congressional hearings may provide an indication of shifts in the framing of HIV/AIDS as a U.S. foreign policy issue.[2] In these hearings there is testimony and information from many different sources -- those who make and implement policy from inside the government and those who try to change policy from outside government. The fact that different participants in the policy process are represented in the hearings is one of its major strengths. The hearings give a voice for members of Congress, members of the Administration, and those outside of government who are asked to testify. Also in testimony, debate and discussion these actors may engage in strategic representation of HIV/AIDS in order to steer policy toward his or her favored course of action.[3] Furthermore, the hearings provide a venue for examining Kingdon's problem stream in the policy process.[4]

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[1] The terms international and global are used interchangeably throughout the dissertation.

[2] The terms AIDS, HIV, and HIV/AIDS are used interchangeably throughout the dissertation.

[3] Stone, 106.

[4] Kingdon, 198.

There are various factors that could impact why an individual chooses to publicly frame an issue in a particular way. For example, a member of Congress who was concerned about HIV/AIDS as a health issue, but was responsible for USAID funding through his assignment on the Foreign Relations appropriations subcommittee, might frame AIDS in terms of development in order to claim a legitimate role for himself in the debate. As another example, an official from a nongovernmental organization who is searching for increased funding for HIV/AIDS may use multiple frames in the hopes that at least one will be effective and convincing to members of Congress. Individuals may frame an issue in a way publicly, but not hold those opinions in private. What is relevant for the research here is that they were framed in this manner in public and became part of the public record. The research focuses on whether these framings occur and whether they have consequences without focusing on possible motivations behind the choice of particular frames.

In addition to its strengths there are also some limitations to this data source for tracking shifts in framing. First, since certain committees claim jurisdiction over HIV/AIDS, these particular committees set the hearing schedule and the parameters for debate. Thus a hearing on HIV/AIDS before an appropriations subcommittee that funds HHS could focus only on HIV/AIDS as a health issue. Furthermore, since members of Congress invite organizations and individuals to testify before their committees, individual congress members can further focus the debate on only certain view points.

The hearings also provide information of the different actors involved in global HIV/AIDS policymaking, as well as changes in policy. The hearings include statements by members of Congress, executive branch department officials, experts from

international organizations and nongovernmental organizations (NGOs) as well as

foreign leaders and U.S. citizens. They provide the viewpoints of a broad spectrum of

participants (both securitizing actors and functional actors) who are interested in U.S.

foreign policy towards HIV/AIDS. Many of the attachments and appendices to the

hearings are formal policy documents by various executive branch agencies involved in

executing U.S. foreign policy towards HIV/AIDS.

This chapter evaluates the relative strength of the different major framings of

HIV/AIDS over the period of study. According to framing theory, how an issue is

framed is important to how it is dealt with in the policy process. When HIV/AIDS is

seen as a health issue, a development issue and/or a security issue different

actors/agencies become involved and different policies are developed. This chapter

reports on the framing in these congressional hearings and provides a baseline from

which to compare the importance of each of these frames. It is rare that a single framing

of an issue will ever prevail; there will always be a variety of frames which vie to define

an issue. This chapter shows how HIV/AIDS is no different. HIV/AIDS is framed as a

health issue, a development issue and a security issue in addition to simply a global

threat. These different understandings ebb and flow throughout the period of study. For

securitization theory it is not necessary for security to be the only important frame;

however, it is a prerequisite for the theory that there are securitizing moves, i.e. that

HIV/AIDS is framed as a security issue.

The chapter begins by explaining the process of data collection and analysis. It

then provides an analysis of the amount of attention given to HIV/AIDS over the time

period, as well as an examination of the shift in focus from HIV/AIDS as a domestic

policy issue to HIV/AIDS as a foreign policy issue. The chapter then goes on to review the majority of the findings for this chapter by comparing the prevalence of the health, development, and security frames in those hearings that concern international or global HIV/AIDS. It references and elaborates on specific content of the hearings when particularly noteworthy, paying special attention to those hearings which are categorized as major hearings. Also, the chapter provides examples of what the health frame, development frame, or security frame looks like. Since securitization is a self-referential process, the more that elites use the language of security to discuss the HIV/AIDS pandemic, the more successful this rationale has become in understanding the issue. Before narrowing in on the security frame in chapters 4-6, this chapter analyzes the strength of the security frame compared to other frames as found in U.S. congressional hearings from 1986-2003.

Data Collection and Analysis

In order to determine which congressional hearings to include in the content analysis, the Congressional Information Service (CIS) index of *Lexis-Nexis* was searched for all congressional documents indexed under "Acquired Immune Deficiency Syndrome" for the years 1986-2003. This search resulted in 330 congressional hearings.[5] For each hearing the indices and summaries provided by CIS was read to determine whether or not the hearing concerned international aspects of the HIV/AIDS pandemic.

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[5] The search also resulted in seven documents, forty-one legislative histories, thirty-three prints, and eighty reports for a total of 491 congressional "AIDS" documents.

Thus for each hearing that was clearly international in focus or was ambiguous[6] as to its

content, the full hearing was obtained.[7] Most of the hearings were read in their entirety

to isolate those sections that pertained to HIV/AIDS as an international issue. More

detailed information on data collection and analysis procedures can be found in appendix

A.

   After collecting all of the congressional hearings data on U.S. foreign policy

towards HIV/AIDS, the hearings were analyzed. A variety of summary information was

recorded about each hearing. It was recorded whether the hearing was a major hearing on

HIV/AIDS, and, if so, whether it focused on domestic policy, international policy or

some combination of the two (e.g., mixed). If the hearing was solely focused on the

domestic aspects of HIV/AIDS, it was noted and no further analysis was conducted on

the hearing. For example, hearings about the Ryan White CARE Act and its

reauthorization focus exclusively on HIV/AIDS within the U.S. domestic context and

were not analyzed. However, annual hearings concerning the appropriations for the

National Institutes of Health (NIH), while focusing predominantly on U.S. domestic

policy, often included HIV/AIDS research and trials conducted internationally or the

projects of the Fogarty International Center at NIH and thus were included in the sample.

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[6] When it could not be determined from the index or the summary whether the hearing was solely focused on domestic politics and policy, the full document was obtained and read. When reading ambiguous hearings the researcher sometimes noted information that concerned HIV/AIDS domestically in the U.S. military. For example, there was information in some appropriations hearings for U.S. Department of Defense funding concerning whether HIV in the U.S. military was a threat to military readiness or could affect base rights. However, these hearings were not used to conduct detailed content analysis since they did not focus on HIV/AIDS internationally.

[7] All hearings from 1986-1999 were consulted in hard copy or on microfiche, while most hearings from 2000-2003 were accessed online in PDF format.

Next, content analysis was conducted on only those congressional hearings that focused, at least in part, on the international aspects of the HIV/AIDS pandemic. A coding sheet was developed to record information for each congressional hearing that concerned international HIV/AIDS at least in part (see appendix A).[8] After recording the identifying information on the coding sheet, the photocopied pages of each hearing were read and detailed notes were recorded on the coding sheet for each hearing detailing the definition of the problem that HIV/AIDS represents globally and for U.S. foreign policy, as well as important information about U.S. HIV/AIDS policies and programs. After all the notes were completed, the coding sheets were re-read and the frequencies of words that connote health, development, security, and an unspecified threat/problem were counted and recorded on the coding sheet. The hearing data was divided in two parts: the first part comprises the actual transcript of the hearing; the second part comprises the statements and documents that were submitted for the record and questions that were submitted by committee members and answered by those providing testimony after the hearing.[9]

The attachments submitted for the record were varied and in many instances provided more detailed information than the hearing transcript. Furthermore, the attachments submitted for the record were more lengthy and contained more framing references than the hearing itself. In some cases testimony was submitted for the record

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[8] Klaus Krippendorff, *Content Analysis; An Introduction to Its Methodology* (Beverly Hills, CA: Sage Publications, 1980).

[9] In some cases the statement read during the hearing and the one submitted for the record were exactly the same while other times the read statement was a shortened version of the testimony or completely different altogether with certain ideas included in the attachment but not read aloud. When a statement submitted for the record was the same as the statement read before the committee or subcommittee the word counts are repeated for the purpose of the content analysis.

by persons who did not attend the hearing. Also, formal reports and other attachments were submitted for the record such as budget justifications, newspaper articles, and UNAIDS reports to name a few that may or may not be referred to in passing during the course of the hearing. Also often times there are questions and answers submitted for the record because a person testifying was unable to produce some facts and figures he was asked during the hearing by a committee member or because the committee ran out of time to ask all the questions it desired. All of this information is included in the content analysis.

Several different words are counted as representing each of the three frames as well as a fourth frame of unspecified threat. Initially, the researcher planned to count the words health, development and security only. However, while doing the initial read through and notes of the hearings, it became evident that there were several words for each of these frames. Because of this finding, additional words were added as noted below. For the health frame the words health, science, scourge, epidemic, medical and plagues are counted. For the development frame the words development, economics and socio-economics are counted. For the security frame the words security and political (or regional) instability are counted. In addition, through the course of the research, it was noted that HIV/AIDS was often called a global "crisis," "emergency," "threat," or other term emphasizing the emergency nature of the issue. Thus, when HIV/AIDS was called a major problem, threat, crisis, or emergency without a descriptor for what type of crisis it was (other than a global or international one) those references were summed as unspecified in a fourth frame. It was unclear whether calling HIV/AIDS simply a threat connotates a threat to security, health, development or even something else. While the

phrases do not define the type of issue international HIV/AIDS represents, they do stress

the urgent nature of the issue which is important for securitization theory. Rather than

using a computer program to sum the word frequencies, all notes were read, which

allowed for an examination of the context in which each of the key words was used and

omitted some accidental counting of words.

In addition to providing information on the problem definition and framing of

HIV/AIDS as a foreign policy issue, the detailed notes of the hearings show which actors

and organizations defined HIV/AIDS as a security issue over the entire period of study.

Because there were relatively few actors in any given year that framed HIV/AIDS as a

security issue, it did not make sense to provide summary statistics of this information by

organization type. However, this information is important in the analysis of the

securitization process of HIV/AIDS which is presented in the later chapters of the

dissertation.

Summary Statistics

This section reports and discusses summary statistics of all congressional hearings

concerning HIV/AIDS for the years 1986 through 2003. The data which is presented by

calendar year provides several measures of the amount of attention placed on HIV/AIDS

within the U.S. Congress and compares the level of attention placed on HIV/AIDS as a

domestic and international issue.[10]

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[10] In a couple of cases a hearing spanned two calendar years. In these instances the hearing is recorded in the year it started.

One measure of the amount of attention spent on the issue of HIV/AIDS in the

U.S. Congress is the number of congressional hearings that mention or discuss

HIV/AIDS in a given year.[11] The content of these hearings varied tremendously -- from a

single page concerning HIV/AIDS of a 200 page hearing to an entire hearing devoted to

the topic. These hearings included authorizing, appropriations, and special hearings

before various committees and subcommittees of the House and Senate. The hearings

included those focused on HIV/AIDS as a domestic issue, those focused on both

domestic and international HIV/AIDS, and those focused on international HIV/AIDS.

Figure 2.1 shows the number of hearings for the years 1986 through 2003 that at least

mention HIV/AIDS.

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[11] For Appropriations Committee hearings due to their length and the variety of topics covered, each volume of a hearing was counted as a separate hearing.
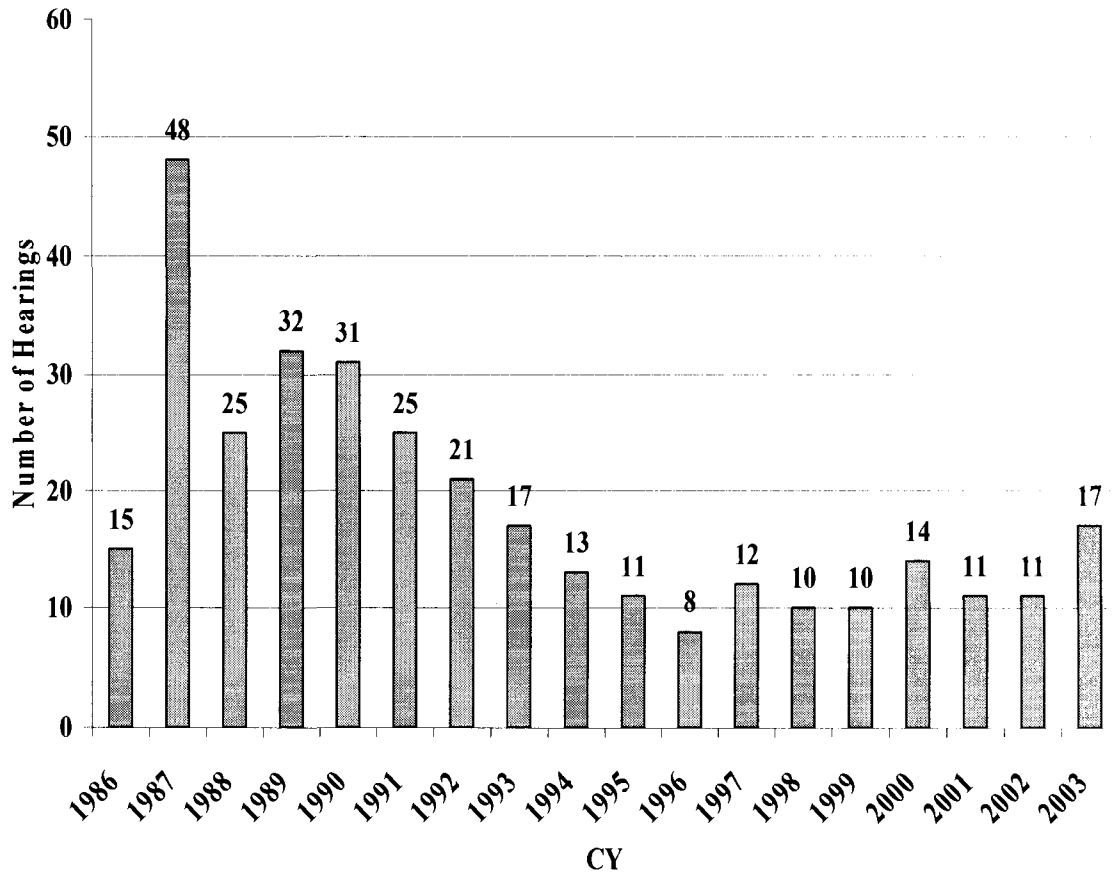
Figure 2.1. Congressional hearings which discuss HIV/AIDS

Figure 2.1 shows how following a peak in the number of hearings in 1987 (forty-eight hearings), there was a gradual drop in attention in the halls of Congress regarding HIV/AIDS, hitting a low in 1996 (eight hearings). Beginning in 1997 attention climbed slightly and then more or less leveled off with slight peaks in interest in the years 2000 and 2003. In the late 1980s and early 1990s there were the largest numbers of congressional hearings that included HIV/AIDS over the period of study. The

information about the total number of hearings becomes more relevant when looking at

the changes in the topics of the hearings from domestic to international over time which

is analyzed later in the chapter.

In another cut at the data, figure 2.2 charts the number of major HIV/AIDS

hearings per year. A major hearing was classified as one where HIV/AIDS is

approximately 50% (or more) of the focus of the hearing. This excluded most of the

appropriations hearings which by their very nature deal with a plethora of topics in a

given hearing (and even in a given volume of a hearing).[12]

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[12] This designation of major hearing could be debated. Some of the appropriations hearings could be deemed major by some policymakers if they had an important impact on HIV/AIDS funding even if HIV/AIDS represented only a fraction of the hearing. However, this is but one cut at the data. It is worth reiterating that all hearings whether major or minor were included in the content analysis.
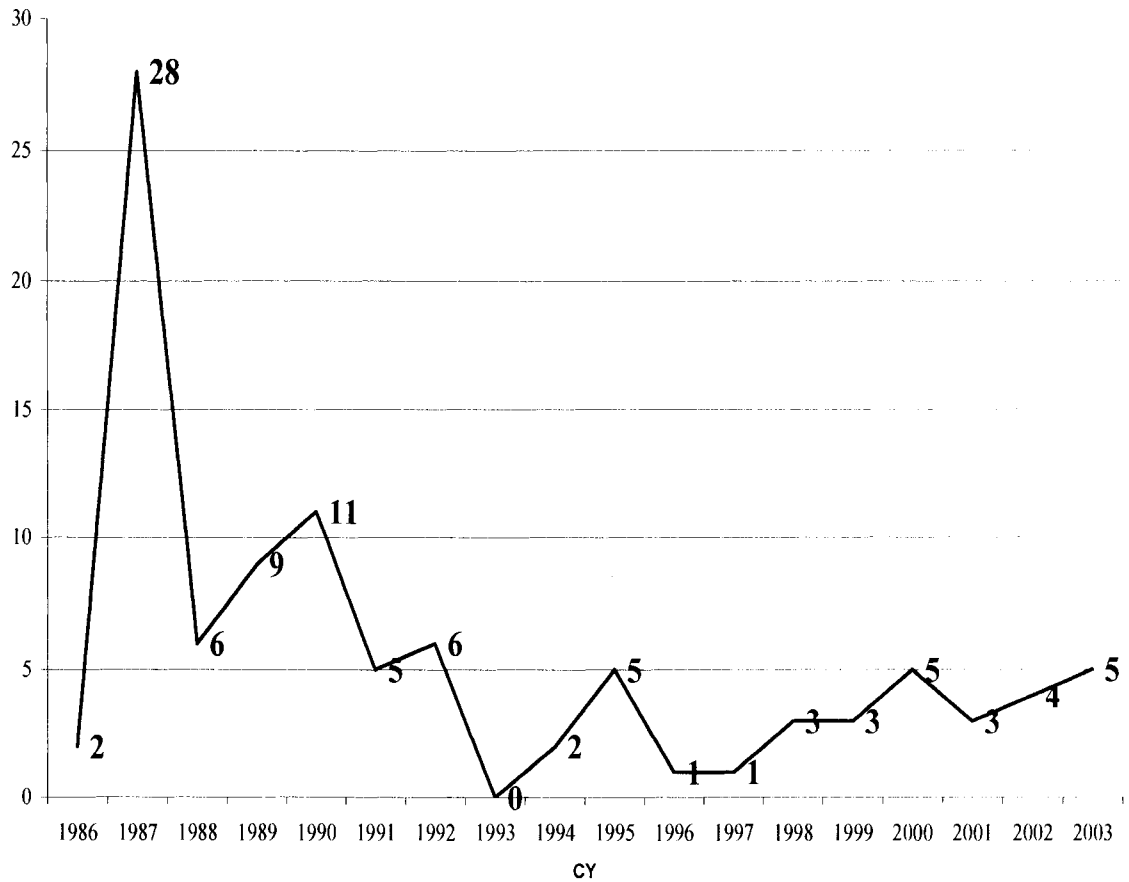
Figure 2.2. Major hearings on HIV/AIDS

As in figure 2.1, figure 2.2 includes hearings focused on domestic and

international HIV/AIDS. Figure 2.2 has a similar trend to figure 2.1 which examines all

of the hearings. One exception is the year 1993, which had seventeen hearings overall,

but no major hearings; it is the only year under study that had no major hearings on

HIV/AIDS. Figure 2.2 shows that there were zero to six major hearings in all the years

of study except for 1987, 1989 and 1990 when there were larger numbers of major

hearings. In the period of 1998-2003 where international HIV/AIDS emphasized there

were three to five major hearings per year.

Figure 2.3 below categorizes the major hearings as those that primarily deal with domestic policy, those that primarily deal with international policy and those that are mixed in emphasis referencing both domestic and international aspects of HIV/AIDS policy.

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
– – – Domestic	2	24	5	8	10	1	5	0	2	5	1	1	2	1	2	0	0	0
▪ ▪ ▪ International	0	2	1	1	0	3	0	0	0	0	0	0	1	2	2	3	4	5
Mixed	0	2	0	0	1	1	1	0	0	0	0	0	0	0	1	0	0	0

CY

Figure 2.3. Major hearings on HIV/AIDS by policy arena

Figure 2.3 shows the type of major hearings shifted from domestic policy to

international policy over the period of study. While international policy towards

HIV/AIDS was an area of focus in major HIV/AIDS hearings during the period of 1987-

1991, there were no major international or mixed hearings during the period of 1992-

1997. Then in the period from 1998 through 2003 there was a resurgence in major

hearings on international HIV/AIDS policy climbing to four and five major hearings in

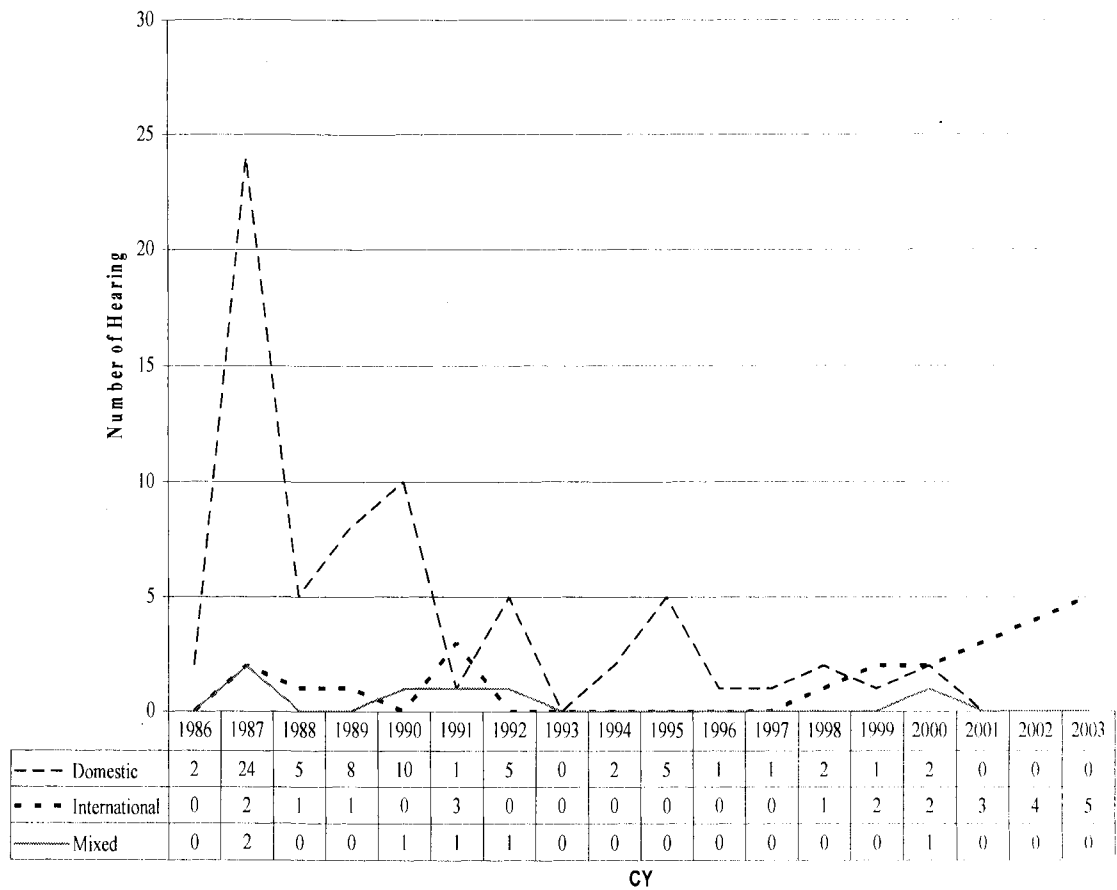2002 and 2003 respectively. In addition, during the period of 2001-2003 there ceased to

be major hearings on domestic HIV/AIDS. From 2001-2003, the only major hearings

concerning HIV/AIDS were international in focus, providing one indication of the

decrease in attention by the U.S. Congress to domestic policy towards HIV/AIDS. In

combination with the information provided in figures 2.1 and 2.2, figure 2.3 demonstrates

that as HIV/AIDS became more of an international concern to the U.S. Congress the

number of hearings devoted to HIV/AIDS decreased. This provides an indication that

overall attention to the issue decreased in the Congress as AIDS moved from the realm of

domestic to foreign policy. There was less attention to HIV/AIDS as a domestic issue

and more to HIV/AIDS as an international issue over the period of study.[13]

The percentage of "HIV/AIDS hearings" that mentioned and recognized that

HIV/AIDS was a global problem is another measure of the amount of congressional

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[13] There were many reasons for this change. As HIV rates began to decline in the U.S. it was easier to see the problem as being solved (or at least moving in the right direction). The introduction of anti-retroviral drugs provided an effective way to treat (though not cure) HIV/AIDS, which also lent credence to the issue being solved domestically. Furthermore, the passage of the Ryan-White CARE Act and its subsequent reauthorizations helped to settle domestic policy. This also could have limited the number of new initiatives that were being introduced domestically.

emphasis placed specifically on international policy towards the HIV/AIDS pandemic.[14]

Some of these hearings were primarily focused on domestic policy but still recognized

that HIV/AIDS was a global issue, while others focused exclusively on the issue of

HIV/AIDS internationally.

Figure 2.4 below shows the percentage of all HIV/AIDS hearings in each year

that included HIV/AIDS as an international issue or problem. For the entire period of

1986-2003, fully 44% of the HIV/AIDS hearings included international aspects of

HIV/AIDS. The findings in figure 2.4 demonstrate that HIV/AIDS was always both a

domestic issue and an international issue for the United States; it suggests that HIV/AIDS

is an intermestic issue. In addition, figure 2.4 shows a clear break in the percentage of

HIV/AIDS hearings that included global HIV/AIDS in 1997. From 1986-1996 the

percentage of HIV/AIDS hearings that included international HIV/AIDS varied from a

low of 18% in 1995 to a high of 53% in 1986. Most years international HIV/AIDS was

included in less than a third of all HIV/AIDS hearings except for the years 1986, 1988

and 1991. From 1997-2003 the percentage of HIV/AIDS hearings that included

international HIV/AIDS varied from a low of 58% (1997) to a high of 82% (2002).

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[14] HIV/AIDS hearings are those congressional hearings that were indexed in CIS under "Acquired Immune Deficiency Syndrome."
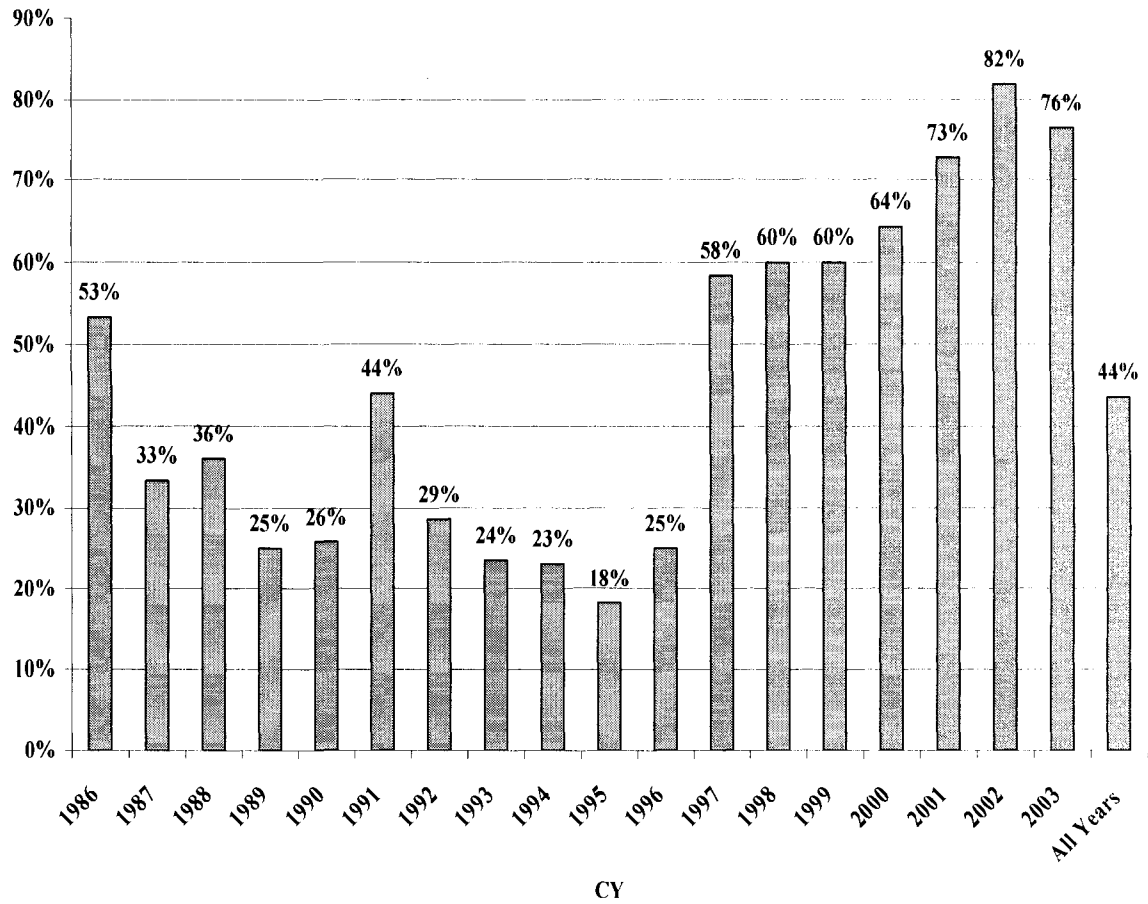
Figure 2.4. Percentage of congressional hearings that discuss
HIV/AIDS as an international issue

The topics of international AIDS hearings change over the course of the period of

study as the face of global AIDS changes and U.S. policy changes and new international

organizations and programs are developed. For more information regarding the topics of

the HIV/AIDS congressional hearings and how they change over time see appendix B.

As shown in figure 2.4 over the period of study the congressional hearings

became less focused on domestic policy and more focused on international policy.

Concurrently, as shown in figures 2.2 and 2.3 the number of congressional hearings

concerning HIV/AIDS fell. This drop in attention in the Congress is similar to a trend

found in the U.S. media coverage of HIV/AIDS. A major study of the framing of

HIV/AIDS in the U.S. media found that media coverage of HIV/AIDS in major U.S. print

and broadcast media also moved away from a focus on the domestic impact of the disease

to recognition of the international impact of the disease. This joint study by the Kaiser

Family Foundation and the Princeton Survey Research Associates of media coverage of

the HIV epidemic from 1981-2002 found that "beginning in the late 1990s, there was a

significant increase in coverage presenting a global perspective, with a simultaneous

decline in coverage of the domestic story."[15] For example, between 2000 and 2002 the

focus shifted to international topics, such as HIV/AIDS in Africa (peaking at 14% in

2000). Furthermore, as the emphasis in media reporting clearly shifts from a domestic

focus to an international focus, there was an overall decrease in HIV/AIDS reporting in

the media.[16] Thus beginning in the late 1990s HIV/AIDS became a global story, but was

less reported in the U.S. media.

The summary data presented thus far shows how the focus shifted from

HIV/AIDS as a domestic issue to HIV/AIDS as a global issue. Also, with the shift from

domestic to global HIV/AIDS there were fewer U.S. congressional hearings on

HIV/AIDS and also fewer news stories in U.S. media outlets. As HIV/AIDS became

considered less of a problem for the U.S. inside its borders there was less emphasis

overall on the issue.

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[15] Mollyann Brodie, et. al., "AIDS at 21: Media Coverage of the HIV Epidemic 1981-2002," *Columbia Journalism Review* (Supplement to the March/April 2004 issue), 4. In the news outlets they examined there were over 39,000 print stories and 2,000 broadcast stories over this period.

[16] Ibid. Coverage increased during the early 1980s, peaked at over 5,000 stories in 1987 and then decline steadily to fewer than 1,000 stories in 2002.

Committee Jurisdiction

The hearings also show which committees and subcommittees claimed

jurisdiction over international HIV/AIDS during the period of study. Table 2.1 lists all

the major international and mixed congressional hearings during the period of study and

is sorted by calendar year. The chart shows the various committees that took up the issue

of international AIDS over the period of study. One can see how in addition to the

Committee on International Relations in the House and the Committee on Foreign

Relations in the Senate there were various committees that were involved with U.S.

foreign policy towards HIV/AIDS. These other committees include the House

Committee on Energy and Commerce, the Select Committee on Hunger, the House

Committee on (Banking) and Financial Services, and the Senate Committee on Health,

Education, Labor and Pensions.[17] The topics of these major hearings are mostly evident

from the title. A quick glance at the table shows the emphasis on AIDS scientific

research, AIDS in Africa, and children with AIDS over the period of study. Most of the

major international hearings on AIDS, discussed U.S. international AIDS programs

through the NIH, CDC and USAID and international organizations' AIDS programs.

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[17] The Committee on Banking and Financial Services changed to the Committee on Financial
Services during the period of study.

Table 2.1. Major International and Mixed Hearings by Year

YEAR	TITLE	COMMITTEE	CHAMBER	INT'L or MIXED
1987	Opportunities for International Scientific Cooperation To Control AIDS	Committee on Science Space and Technology	House	International
1987	U.S. Role in International Efforts To Control and Prevent the Global Spread of the AIDS Epidemic on U.S. Foreign Policy	Committee on Foreign Relations	Senate	International
1987	AIDS Epidemic	Committee on Labor and Human Resources	Senate	Mixed
1987	AIDS Issues (Part 3)	Committee on Energy and Commerce	House	Mixed
1988	AIDS and the Third World: The Impact on Development	Committee on Hunger Select	House	International
1989	Coping with AIDS in Africa: Three Years into the W.H.O. Program on AIDS	Committee on Foreign Affairs	House	International
1990	HHS Authority over Immigration and Public Health	Committee on Energy and Commerce	House	Mixed
1991	Impact of HIV/AIDS on the Social and Economic Development in Africa	Committee on Foreign Affairs	House	International
1991	Prevention of HIV Transmission	Committee on Energy and Commerce	House	International
1991	Hearing on AIDS: Threat to the Developing World's Children	Committee on Hunger Select	House	International
1991	Ten Years of AIDS	Committee on Energy and Commerce	House	Mixed
1992	AIDS Research Opportunities	Committee on Energy and Commerce	House	Mixed
1997	Oversight of NIH and FDA: Bioethics and the Adequacy of Informed Consent	Committee on Government Reform and Oversight	House	International
1998	Spread of AIDS in the Developing World	Committee on International Relations.	House	International
1999	What Is the U.S. Role in Combating the Global HIV/AIDS Epidemic	Committee on Government Reform	House	International
1999	The Child Survival and Infectious Disease Program: Achievements and Challenges for the Future	Committee on International Relations	House	International
2000	HIV/AIDS in Africa: Steps to Prevention	Committee on International Relations	House	International
2000	H.R. 3519: The World Bank AIDS Prevention Trust Fund Act	Committee on Banking and Financial Services	House	International
2000	Acquired Immune Deficiency Syndrome Prevention Special Hearing	Committee on Appropriations	Senate	Mixed
2001	Amending the Foreign Assistance Act of 1961 To Authorize Assistance To Prevent Treat and Monitor HIV/AIDS in Sub-Saharan Africa and Other Developing Countries and Expressing the Sense of Congress in Support of Victims of Torture	Committee on International Relations	House	International
2001	U.S.' War on AIDS	Committee on International Relations	House	International
2001	World Bank and IMF Activities in Africa	Committee on Financial Services	House	International
2002	HIV/AIDS in China: Can Disaster Be Averted	Congressional-Executive Commission on China	N/A	International

Table 2.1 continued

YEAR	TITLE	COMMITTEE	CHAMBER	INT'L or MIXED
2002	AIDS Orphans and Vulnerable Children in Africa: Identifying the Best Practices for Care Treatment and Prevention	Committee on International Relations	House	International
2002	Capacity To Care in a World Living with AIDS	Committee on Health Education Labor and Pensions	Senate	International
2002	Halting the Spread of HIV/AIDS: Future Efforts in the U.S. Bilateral and Multilateral Response	Committee on Foreign Relations	Senate	International
2003	Fighting AIDS in Uganda: What Went Right	Committee on Foreign Relations	Senate	International
2003	Global HIV/AIDS and Severe Acute Respiratory Syndrome (SARS) Special Hearing	Committee on Appropriations	Senate	International
2003	U.S. Leadership Against HIV/AIDS Tuberculosis and Malaria Act of 2003	Committee on International Relations	House	International
2003	AIDS Crisis in Africa: Health Care Transmissions	Committee on Health Education Labor and Pensions	Senate	International
2003	HIV/AIDS TB and Malaria: Combating a Global Pandemic	Committee on Energy and Commerce	House	International

In addition to the committees listed in table 2.1 with jurisdiction for these major hearings, various appropriations subcommittees also focused on international HIV/AIDS. There were Committee on Appropriations hearings for the Department of Health and Human Services (HHS) in both the House and the Senate on the work of and funding for the various HHS agencies involved in international research and training on HIV/AIDS: the Centers for Disease Control and Prevention (CDC), the National Institutes of Allergies and Infectious Diseases (NIAID), the Fogarty International Center (FIC) and some years the Secretary of HHS. There are other subcommittees in the Appropriations Committee in the House and Senate which held hearings that referenced HIV/AIDS as an international issue including, Defense, Labor, and Foreign Assistance.

<u>Content Analysis</u>

This section analyzes the content of those congressional hearings that discussed international aspects of HIV/AIDS. Specifically, this section compares the framing of HIV/AIDS as a health issue, development issue, security issue and an unspecified threat or crisis in the U.S. congressional hearings that referenced HIV/AIDS as an international issue. Examples of these frames demonstrate both how the frames were coded and some of the rationale behind each of these frames. There were changes in the framing of HIV/AIDS as an international issue over the period of study. Examining the language in the congressional hearings provides a way to compare each of three major frames of HIV/AIDS -- health, development and security -- over the period of study.

There was extensive variation in the amount of attention global AIDS received in the hearings each year. There was also extensive variation in the number of framing references in each calendar year. Figure 2.5 below reports the total number of framing references that were counted in the hearings for each calendar year.
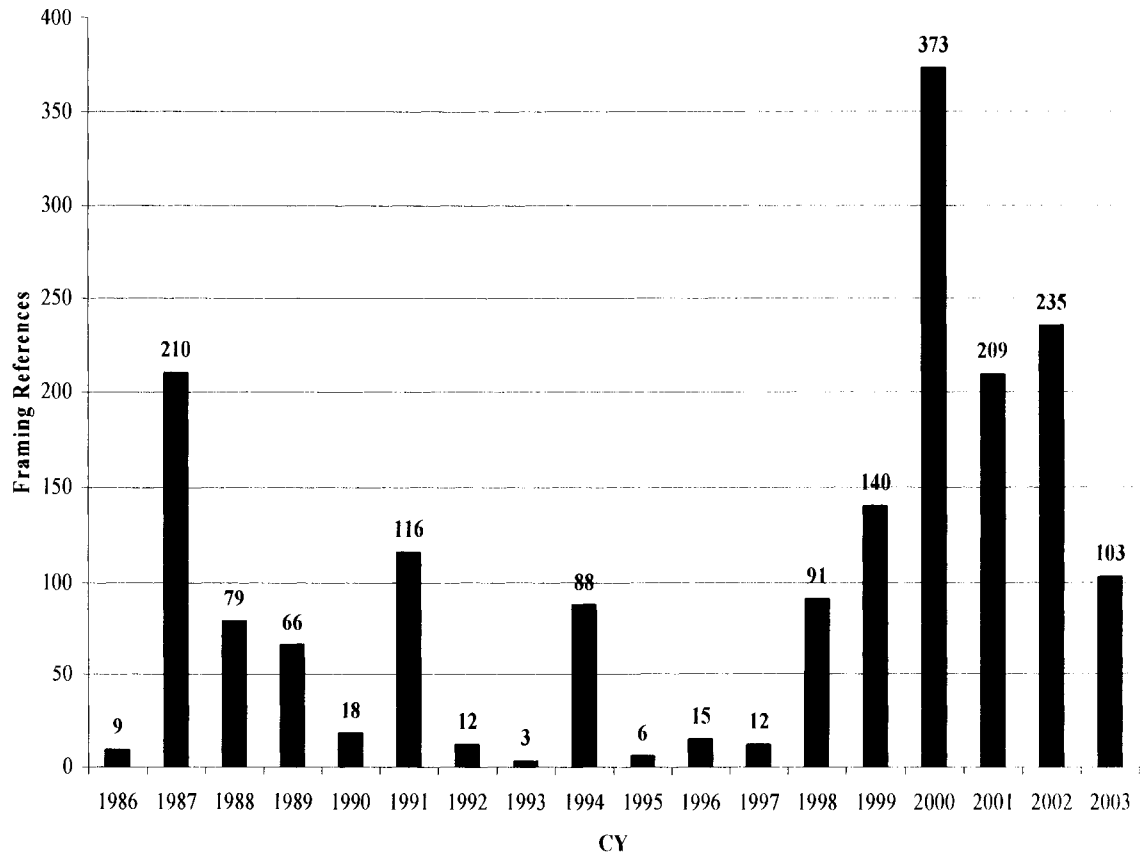
Figure 2.5. International HIV/AIDS framing references in congressional hearings

The number of framing references varied greatly from year to year. Some, but not all of this variation was due to the number of congressional hearings in a given year. However, in many of the hearings that were read and analyzed HIV/AIDS was mentioned but not framed as a particular type of issue or problem, which accounts for some of the variation as well. Much of the time the talk of HIV/AIDS in the hearings was about the technical aspects of projects and programs by U.S. government agencies or HIV/AIDS

global statistics such as prevalence rates for HIV or the sheer numbers of people infected. In the years where there were few framing references, little inference can be made about how HIV/AIDS was understood. Thus, figure 2.5 is important because it shows which calendar years have the most number of data points with which to compare the information.

The years 1986, 1990, 1992, 1993, 1995, 1996, and 1997 all have less than twenty framing references which make the percentages reported for those years less convincing than those for the other years as an indication of the strengths of different frames. However, these years do show that there was little effort on the part of the Congress and those testifying before it (including administration witnesses and witnesses outside government) to frame AIDS as a particular type of problem or crisis for the United States.

Figure 2.6 below provides an overall picture of the framing of HIV/AIDS as a security issue in the congressional hearings.[18] Figure 2.6 charts the number of times HIV/AIDS was framed as a security issue in the hearings for each calendar year. The security references prior to 1998 were scattered and few. There were eight references in 1987, one and two in 1991 and 1992 respectively and six in 1994. Beginning in 1998 there were references to HIV/AIDS and security for each subsequent year, though the majority occur in 2000 with seventy-one references.[19] Still there were a relatively large number of security references in the years 2001-2003.

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[18] In some instances there were multiple references by a single witness while in others there were multiple references by multiple witnesses. Detailed examination of the actors who frame HIV/AIDS as a security issue both during congressional testimony and in other data sources is found in later chapters.

[19] The change that occurs in 1998 is used as a basis to divide the analysis of the beginning of the process of securitization of HIV/AIDS into chapter 4 (1986-1997), and chapters 5 and 6 (1998-2003).

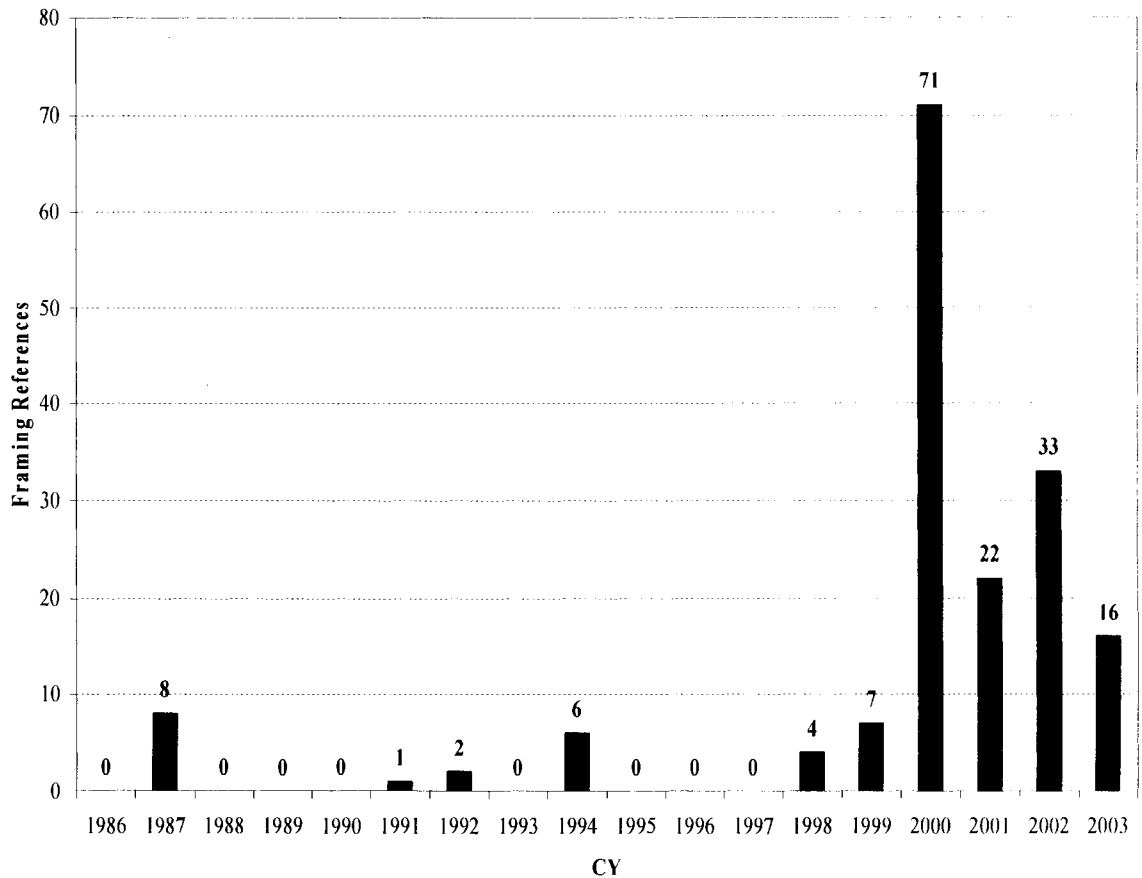Figure 2.6. Framing international HIV/AIDS as a security issue
in congressional hearings

Figures 2.7 and 2.8 examine all the major frames for HIV/AIDS as an

international issue and compare the security frame to the other frames. Figure 2.7 shows

how HIV/AIDS was framed as a foreign policy issue in U.S. congressional hearings

during the period of 1986-2003.   It records the percentage of the time HIV/AIDS was

framed as a health, development, security, and unspecified problem, threat or crisis for

each calendar year.

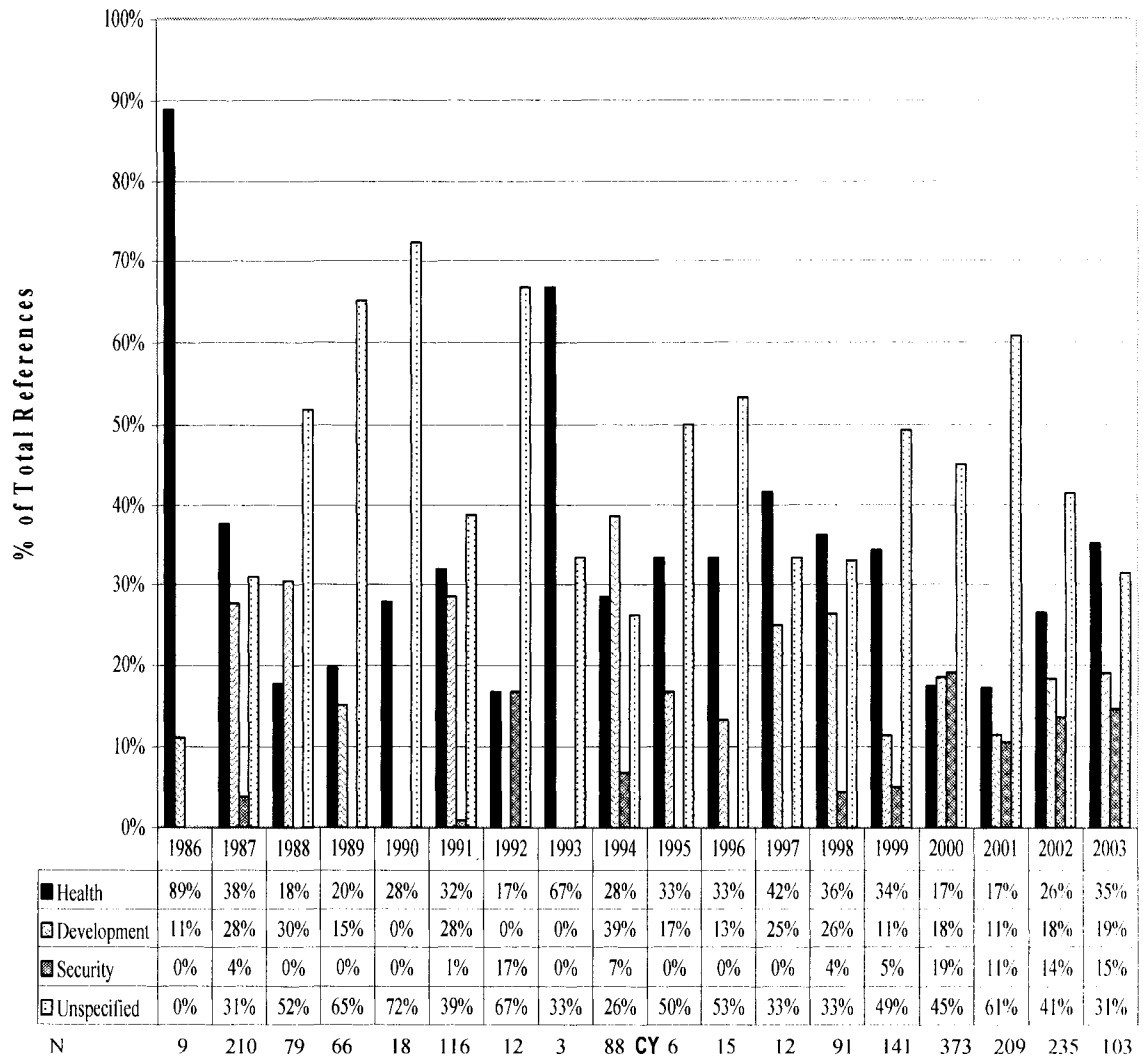|	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
■ Health	89%	38%	18%	20%	28%	32%	17%	67%	28%	33%	33%	42%	36%	34%	17%	17%	26%	35%
▣ Development	11%	28%	30%	15%	0%	28%	0%	0%	39%	17%	13%	25%	26%	11%	18%	11%	18%	19%
▨ Security	0%	4%	0%	0%	0%	1%	17%	0%	7%	0%	0%	0%	4%	5%	19%	11%	14%	15%
▢ Unspecified	0%	31%	52%	65%	72%	39%	67%	33%	26%	50%	53%	33%	33%	49%	45%	61%	41%	31%
N	9	210	79	66	18	116	12	3	88 CY 6	15	12	91	141	373	209	235	103

Figure 2.7. Framing global HIV/AIDS in congressional hearings
(Includes references to unspecified threats or crises)

Many times HIV/AIDS was referred to as a major international problem or a

threat without specifying what type of threat. Thus HIV/AIDS was often framed as

simply a global threat or a global crisis. In figure 2.7 these extensive references are included in the analysis. It is important that AIDS was seen as a threat. Because securitization theory asks whether an issue is being presented as an existential threat, these general references to the HIV/AIDS threat are important even though they do not specify HIV/AIDS as a security threat. Because it is difficult, if not impossible, to determine whether calling AIDS a threat is "existential," in order to be more certain the analysis narrows in on calling AIDS a security threat in the securitization chapters. Nevertheless, it seemed important to include these unspecified references as part of an overall gauge of the urgency placed on HIV/AIDS in the speeches and writings of these key foreign policy actors in U.S. policy towards HIV/AIDS internationally.

In the period of study the phrases "AIDS crisis," "AIDS threat" and "combat the threat of AIDS" appeared often throughout the hearings and were classified as references to HIV/AIDS as an unspecified threat. Other times these general threat references framed HIV/AIDS as a general international problem, referring to it as a "global challenge," "an international tragedy," "a major problem," "a serious problem," and "enormous threat," among other descriptions.

In figure 2.7 the unspecified category accounts for at least 30% of all references in each year except for the years 1986 (0%) and 1994 (26%). Overall the unspecified category ranges from a low of 0% in 1986 to a high of 72% in 1990. With these threats included, the security frame accounts for just 0-19% of all references and the development frame for just 0-39% of all references in any given year examined while the health frame accounts for 17-89%.

Figure 2.8 below eliminates all references to HIV/AIDS as an unspecified

problem, threat or crisis and recalculates the percentages comparing only the health,

development and security frames. Figure 2.8 allows for a more easy comparison between

the three major framings of HIV/AIDS internationally. By eliminating all of the

unspecified threat references the security frame varied from 0-50% and the development

frame varied from 0-63% in any specific year, while the health frame varied from 32-

100%.[20] The health frame was most prevalent for the entire period of study. This is

followed by the development frame second and the security frame last.

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[20] The year 1992 with 50% framing references for security is a bit deceiving due to the very few framing references counted that year (twelve) most of which were in the unspecified category.
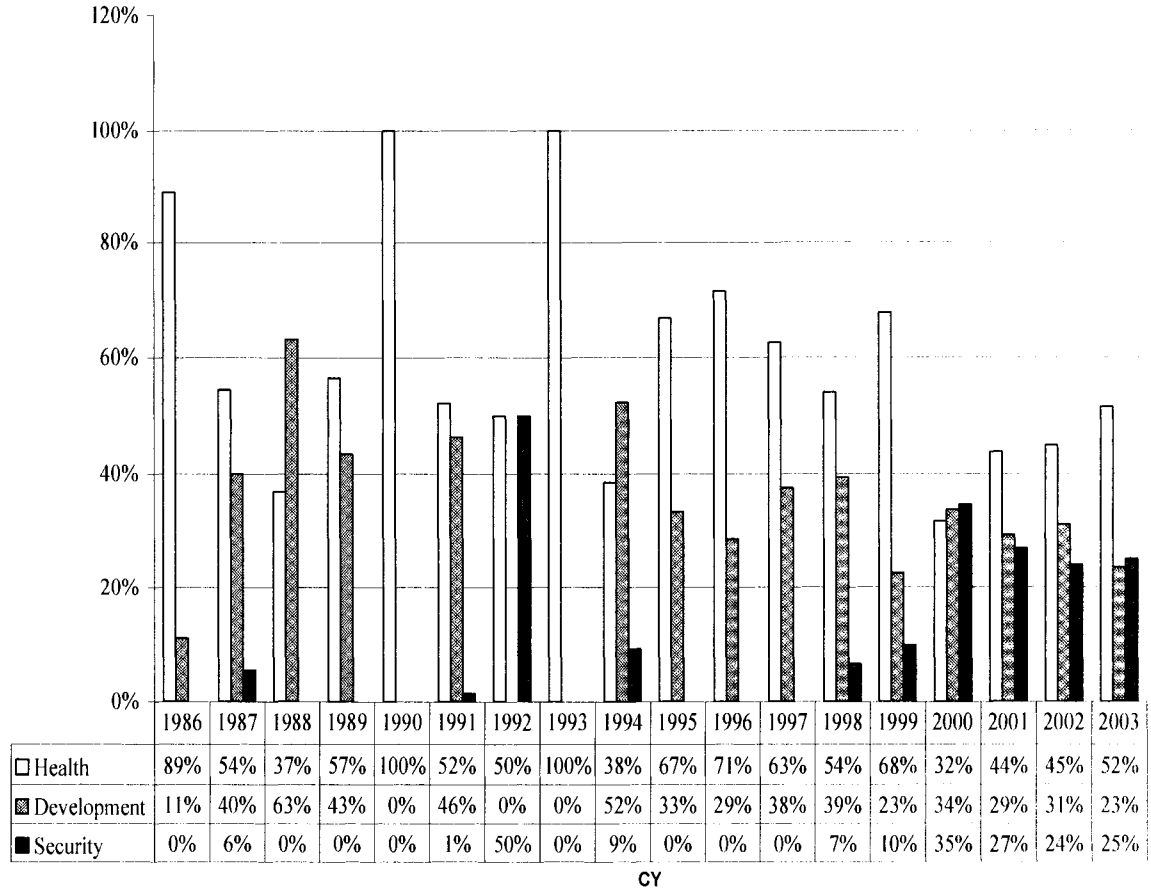
	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
☐ Health	89%	54%	37%	57%	100%	52%	50%	100%	38%	67%	71%	63%	54%	68%	32%	44%	45%	52%
▦ Development	11%	40%	63%	43%	0%	46%	0%	0%	52%	33%	29%	38%	39%	23%	34%	29%	31%	23%
■ Security	0%	6%	0%	0%	0%	1%	50%	0%	9%	0%	0%	0%	7%	10%	35%	27%	24%	25%

CY

Figure 2.8. Framing global HIV/AIDS in congressional hearings
(Excludes references to unspecified threats or crises)

In the period of 1986-1997 HIV/AIDS was framed mostly as a health issue and

secondly as a development issue. The health frame was dominant for most years. In

hearings in the 1980s and early 1990s HIV/AIDS was called (among other health frame

references) a "public health problem," "similar to the bubonic plague," "a public health

problem unprecedented in recent history," and a "worldwide health crisis." For example,

in a 1994 hearing, Dr. Schambra, Director, FIC in his prepared statement noted that "AIDS tops the list of global health threats of concern to the Fogarty Center."[21]

The development frame had the second most references and it was the dominant frame in the years 1988 and 1994. When there was framing of AIDS as a development issue, it was most often by those testifying on behalf of WHO/Special Programme on AIDS (SPA) later changed to WHO/Global Programme on AIDS (GPA) and/or USAID. For example, documents submitted for the record for a 1987 hearing by USAID and the WHO/SPA both extensively framed AIDS as a development issue.[22] Another example of the development frame is found in the opening statement of Congressman Mickey Leland (TX) in a 1988 hearing, he stated, "AIDS in the Third World affects not only those who carry the virus. AIDS endangers the overall development of countries, which is our primary concern here today."[23] In the early 1990s HIV/AIDS was defined as a development issue especially for Africa because of the cost of the epidemic in terms of the dollars spent, GDP losses, and losses in the labor force.

In the period of 1986-1997 there were few security references. Early references were to the threat of HIV/AIDS to the readiness of the U.S. Armed Forces and possibly to U.S. base rights in foreign countries. AIDS was also framed as a nontraditional security

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[21] Congress, Senate, Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, *Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations, FY 95, Part 2.* 16, 17, 22, 24 March 16 and 13 May 1994 (Y4.Ap6/2:S.Hrg.103-696/Pt.2), 387.

[22] Congress, House, Committee on Science, Space, and Technology. Subcommittee on Natural Resources, Agriculture Research and Environment, *Opportunities for International Scientific Cooperation to Control AIDS,* 17 September 1987 (Y4.Sci2:100/65). These documents are titled: 1) A.I.D. Policy Guidance on AIDS, 2) Special Programme on AIDS, Progress Report Number 1, April 1987, 3) SPA: Strategies and Structure, Projected Needs, March 1987.

[23] Senate, House, Select Committee on Hunger, *AIDS and the Third World: The Impact on Development,* 30 June 1988 (Y4.H89:100-29), 1.

issue during the later part of the time period (in the mid-1990s). In addition, in the mid-1990s there were several references to emerging and reemerging infectious diseases (of which AIDS is one) and their impact on security.

The period from 1998-2003 shows a different picture; each of the three major frames had a strong showing.[24] For those years the health frame varied from 32-54%, the development frame varied from 23-39%, and the security frame varied from 7-35%. For the years 2000-2003 the security frame received 24-35% of framing references while the development frame received 23-34% of the framing references. Thus, for these years these two frames of development and security are more or less on equal footing. Also, it is not until 2000 that the security frame gained prominence in the hearings.

Thus AIDS was framed as a health, development and a security issue in the early 2000s. In the year 2000 all three frames received considerable emphasis. Following the 10 January 2000 United Nations Security Council (UNSC) meeting HIV/AIDS was often called a health, development and security issue all in one breath, often beginning with the phrase, "AIDS is not *just* a health issue, but also. . .(emphasis mine)." For example, in many statements before the Congress in 2000, Sandra Thurman, Director, Office of National AIDS Policy (ONAP), said, "Clearly, AIDS is not just a health issue. It is an economic issue. It is a fundamental development issue, and it is a security and stability issue."[25] Also, depending on which committee held the hearing there was a tendency to

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[24] Beginning 1999, HIV/AIDS is sometimes called a trade issue and sometimes a humanitarian issue. Humanitarianism becomes a catch word around this time of humanitarian interventions and the fight over pharmaceutical patents and pricing for AIDS medications made AIDS a trade issue for many. However, these are not included as part of the word counts since the numbers were few.

[25] Congress, Senate, Committee on Foreign Relations, *2000 Foreign Policy Overview and the President's Fiscal Year 2001 Foreign Affairs Budget Request*, 8, 9, 10, 24, 25, 29 February and 8, 23 March 2000 (Y4.F76/2:S.HRG. 106-599), 209.

focus more on one frame than another. For example, the 2001 appropriations hearings

for foreign operations contained more references framing HIV/AIDS as a development

and security issue than in the 2001 appropriations hearings for HHS, which focused more

on AIDS as a health issue.

An example of the health frame includes the 2000 testimony of Dr. Neal

Nathanson, Director, Office of AIDS Research (OAR) who called AIDS, "one of the

greatest threats to global health and one of the most destructive scourges in human

history."[26] Likewise in a day of hearings focused on "The AIDS Crisis in Africa," in

2000 Surgeon General Dr. David Satcher spoke of AIDS as "a unique kind of public

health challenge."[27]   Similarly in a 2001 appropriations hearing Dr. Anthony Fauci,

Director of NIAID referred to HIV/AIDS as "a global scourge."[28]

There were also many examples of HIV/AIDS being framed as a development

issue during the 2000-2003 hearings. For example, in a 2003 hearing Congressman Ed

Towns (D-NY) defined HIV/AIDS as a development security issue in his opening

statement, saying, "huge numbers of deaths have caused hardships on social systems,

national growth, economic development because those most likely to be affected are

[26] Congress, Senate, Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education and Related Agencies, *Departments of Labor, Health and Human Services, Education and Related Agencies Appropriations, FY 2001*, 28 February and 30 March 2000 (Y4.AP6/2:S. Hrg. 106-817), 153.

[27] Congress, Senate, Committee on Foreign Relations, *2000 Foreign Policy Overview and the President's Fiscal Year 2001 Foreign Affairs Budget Request*, 8, 9, 10, 24, 25, 29 February and 8, 23 March 2000 (Y4.F76/2:S.HRG. 106-599), 202.

[28] Congress, House, Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, *Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations for 2002. Part 4A: National Institutes of Health*, 28 March, 4, 16 April, and 16 May 16 2001 (Y4.AP6/1:L11/2002/PT.4A), 289.

adults under 50."[29] Lastly, there were many references to AIDS as a security issue as

well as infectious diseases writ large as security issues. The hearing on 29 June 2000

before the House International Relations Committee, *Infectious Diseases: A Growing

Threat to America's Health and Security,* concerned the threat of infectious diseases in

general, though some statements did single-out HIV/AIDS for special treatment.[30]

Also, beginning in 2002 HIV/AIDS was referred to as a moral issue. In the early

years of the epidemic, HIV/AIDS was often framed in moral terms as a U.S. domestic

issue, by some who argued that HIV/AIDS was the result of "deviant behavior."[31] In

2002 HIV/AIDS was seen as a moral issue because of the enormous suffering of those in

Africa and beyond. With this change in language, the number of representatives of Faith-

Based Organizations (FBOs) who testified before Congress also increased.

Overall HIV/AIDS was seen as multi-sectoral throughout the period of study. As

shown in figures 2.7 and 2.8 HIV/AIDS quickly became framed as more than just a

health issue. The importance of bringing in development rationales and security

rationales were argued by many. For example, Hon. Richard Holbrooke, U.S.

Ambassador to the UN, was one such proponent of the multi-sectoral nature of

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[29] Congress, House, Committee on Energy and Commerce, Subcommittee on Health, *HIV/AIDS, TB, and Malaria: Combating a Global Pandemic,* 20 March 2003 (Y4.C73/8:108-10), 7.

[30] Congress, House, Committee on International Relations, *Infectious Diseases: A Growing Threat to America's Health and Security,* 29 June 2000 (Y4.IN8/16:D63), 3.

[31] See Patricia D. Siplon, *AIDS and the Policy Struggle in the United States* (Washington, DC: Georgetown University Press, 2002); Shalini Chiyyarath Vallabhan, "Creating a Crisis: AIDS and Cancer Policymaking in the United States," (Ph.D. diss., Texas A&M University, 1997).

HIV/AIDS. He argued that by expanding the dimensions of HIV/AIDS to the economy and security it sent an unambiguous signal that "AIDS is not just a health issue."[32]

Conclusion

The data analyzed demonstrate some broad trends in the framing of U.S. HIV/AIDS policy during the period of 1986-2003. Throughout the period of study HIV/AIDS was often called simply a threat, crisis, emergency, or major problem. This varies from 31-72% of all references in a given year from 1987-2003. Thus, many times there was an urgency attached to the global AIDS issue without defining the type of threat that HIV/AIDS represented.

In the early years from 1986-1989 the congressional hearings focused on HIV/AIDS primarily as a domestic issue. When the international dimensions of HIV/AIDS was a topic it was primarily framed as a health issue and secondarily as a development issue. In these early years, HHS officials primarily defined HIV/AIDS as a health issue, while USAID officials primarily defined HIV/AIDS as a development issue; both of which makes intuitive sense. Also WHO/GPA defined HIV/AIDS as both a health and a development issue given their dual mandate to focus on international health and assist developing nations most hit by the HIV/AIDS pandemic. Security was not emphasized during these early years, though there were a few exceptions.

In the early-to-mid 1990s AIDS was likewise framed mostly as a health and a development issue. There was some discussion of AIDS and security due to a report

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[32] Congress, House, Committee on Banking and Financial Services, *H.R. 3519: The World Bank AIDS Prevention Trust Fund Act*, 8 March 2000 (Y4.B22/1:106-47), 13.

underway by the U.S. Department of State that was broadly examining the effects of

HIV/AIDS on U.S. foreign policy to create an international strategy on HIV/AIDS for the

United States. It was not until 1998 that HIV/AIDS was framed consistently as a security

issue, though in none of the years was it the dominant frame.

The year 2000 received the most references to HIV/AIDS as a security issue.

HIV/AIDS was called a security issue not only by Clinton Administration officials, but

also by members of Congress and many non-departmental witnesses who testified from

international organizations (IOs), NGOs and professional societies. Following the 2000

UNSC meeting, the NGO community and professional societies, including the Global

Health Council, Constituency for Africa and ASTMH, seized on the declaration of AIDS

as a security issue and used this rationale in their statements before the Congress.[33] Also

health professionals and development professionals framed AIDS as a security issue in

addition to a health or development issue. For example, the UN Security Council

meeting was raised by Dr. Fauci, Director, NIAID and Dr. Nathanson, Director, OAR in

all the HHS appropriations hearings in 2000.

However, under the Bush 43 administration the security rationale was used less

often in congressional hearings by Departmental and some Administration officials than

in the peak period of 2000. Nevertheless the security frame remained popular with

members of Congress, the NGO community and representatives from UNAIDS and other

international organizations.

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[33] Congress, House, Committee on Appropriations, Subcommittee on Foreign Operations, Export Financing, and Related Programs, *Foreign Operations, Export Financing, and Related Programs Appropriations for 2002, Part 4: Testimony of Members of Congress and Other Interested Individuals and Organizations*, 28 March 2001 (Y4.AP6/1:F76/6/2002/PT.4), web .txt. version, no page numbers.

The analysis of congressional hearings on HIV/AIDS during the period provide a starting point from where one can locate the agencies, groups and individuals that have been prominent in defining the problem of HIV/AIDS and compare their definition over time. Because securitization is a self-referential process, the more that elites used the language of security to discuss the HIV/AIDS pandemic, the more successful this rationale had become in understanding the issue. These references to HIV/AIDS as a security issue by members of Congress and others testifying are included in the analyses in chapters 4, 5 and 6 which examine the process of securitization.

Before examining the securitization process in chapters 4-7, chapter 3 examines the framing of HIV/AIDS in presidential documents. Chapter 3 examines presidential documents and the ideas of the President and his administration. While the congressional hearings included the ideas of members of Congress, departmental witnesses, administration officials, and non-departmental witnesses from NGOs, IOs, and others; chapter 3 focuses exclusively on the president's framing of the HIV/AIDS pandemic.

CHAPTER 3

FRAMING HIV/AIDS IN U.S. PRESIDENTIAL DOCUMENTS

This chapter examines the language used in all U.S. presidential documents that

discussed HIV/AIDS as an international or global issue during the years 1986-2003. The

bully pulpit of the presidency provides an important tool for setting the agenda and

making foreign policy.[1] In U.S. foreign policy making the president has a special role to

play. As discussed in chapter 1 placing AIDS as a security issue is akin to placing it

within crisis or strategic policy, where the president and his staff can often exert more

control over policy deemed urgent in nature.[2] Furthermore, the president can be a

particularly powerful agenda-setter for U.S. policy.[3] Thus, examining these documents is

important to show presidential involvement in defining the HIV/AIDS issue. Because of

the preeminent role of the president in creating U.S. foreign policy, how the president

framed HIV/AIDS is important to evaluate. Also by comparing the three dominant

frames of HIV/AIDS in these presidential documents, it places the security frame (and

the securitizing moves) in context. These documents provide cues to how and when the

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[1] For example, see Richard E. Neustadt, *Presidential Power and the Modern Presidents: The Politics of Leadership from Roosevelt to Reagan* (New York: The Free Press, 1990).

[2] For the distinction between these policy types (crisis, strategic and structural) in foreign policymaking *see*: Randall B. Ripley and Grace A. Franklin, *Congress, the Bureaucracy and Public Policy*, 5*th* edition (Pacific Grove, CA: Brooks / Cole, 1991) and James M. Lindsay, *Congress and the Politics of U.S. Foreign Policy* (Baltimore: Johns Hopkins University Press, 1994), esp. chapter 7.

[3] Kingdon, 199.

language of security was employed by different U.S. administrations over the period of study which is analyzed more extensively in chapters 4, 5, and 6.

As in chapter 2, chapter 3 begins with an explanation of the data collection and analysis. It then goes on to analyze the level of attention placed on HIV/AIDS as a measure of its importance over the period of study. This includes visual presentation of summary statistics for all U.S. presidential documents, as well as a more detailed analysis of the annual state of the union addresses. Next in order to examine the framing of HIV/AIDS as an international issue the chapter compares the prevalence of the health, development and security frames in presidential documents that concern global HIV/AIDS. It also provides examples of each of the frames in practice by each of the presidents.

Data Collection and Analysis

All U.S. presidential documents from 1986-2003 in *The Public Papers of the President*, which made mention of HIV/AIDS and were under the President's signature, were collected, read and analyzed.[4] U.S. presidential documents in this study include both publicly delivered addresses and written documents produced by the White House under the name of the President of the United States.[5]

In order to gather the documents for the period most efficiently and accurately, an online data source was used to collect the data. For consistency the database of the

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[4] White House press briefings from the President's Press Secretary were omitted from the analysis.

[5] The publicly delivered documents included: remarks, addresses, speeches, radio addresses, news conferences, interviews, informal exchanges with reporters, and question-and-answer sessions with members of the public. The written documents included: statements, press releases, messages to the Congress and proclamations.

public papers of the president of *The American Presidency Project*

(http://www.presidency.ucsb.edu/ws)[6] was consulted for the entire period of 1986-2003.[7]

For each year a keyword search for "AIDS" was conducted and then each of these

records were consulted and it was determined whether the document concerned

HIV/AIDS. (For example, sometimes the document was really about hearing aids or

military raids as opposed to AIDS.)

A spreadsheet was created to record all pertinent information. The spreadsheet

recorded the title of the document, the date, whether it was domestic, international or

mixed, and whether it was a major or minor document. For those presidential documents

that focused at least in part on HIV/AIDS, similar to the process conducted for the

congressional hearings, each document was classified as either focused on domestic

HIV/AIDS, international HIV/AIDS, or mixed in emphasis on both domestic and

international aspects of HIV/AIDS. Next, certain presidential documents were classified

as major; those where either the entire document or at least three paragraphs focused on

HIV/AIDS. Lastly, all documents classified as either international or mixed were read

and closely analyzed for references framing HIV/AIDS as a health, development, or

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[6] John T. Woolley and Gerhard Peters, *The American Presidency Project* [online] (Santa Barbara, CA: University of California (hosted), Gerhard Peters (database)); available from http://www.presidency.ucsb.edu/ws.

[7] While *The Public Papers of the President* is currently available online beginning with the year 1991 for George W. Bush 41, it is not available for the years 1986-1990. I conducted a comparison for the year 2001 of *The Public Papers of the President* data from the American Presidency Project and GPO Access. There were a few minor differences. Included in GPO Access are documents such as "Appendix D - Presidential Documents Published in the Federal Register" which was just a listing of the documents and "Appendix A - Digest of Other White House Announcements" which mentioned meetings of the president. These are not included in the American Presidency Project database. Thus all Appendices in *The Public Papers of the President* are not included. Also omitted were documents from the Statements of Administration Policy since these are included in the American Presidency Project but are not included in the GPO online compilation of *The Public Papers of the President.*

security issue or a general threat/crisis/problem. The same keywords used in the analysis of the congressional hearings were used for the presidential documents. The frequencies of the frames were recorded for each document and were then summed by calendar year. Unlike in the U.S. congressional hearings, all framing references were attributed to the president. Thus, the analysis concentrates on the different frames used by each president over the time period.

Summary Statistics

This section analyzes all U.S. presidential documents from 1986-2003 and also, as a special subset, all presidential state of the union addresses from 1986-2004. The data provides measures of the level of attention by U.S. presidents toward HIV/AIDS as a domestic and foreign policy issue.

All Presidential Documents

One measure of presidential attention is the number of presidential documents that concerned HIV/AIDS at least in part in a given year. The content and context of the documents varied tremendously -- from minor press releases to major public addresses. However, overall, the greater number of documents, the greater amount of presidential attention given to HIV/AIDS.

Figure 3.1 below shows the number of presidential documents for the years 1986 through

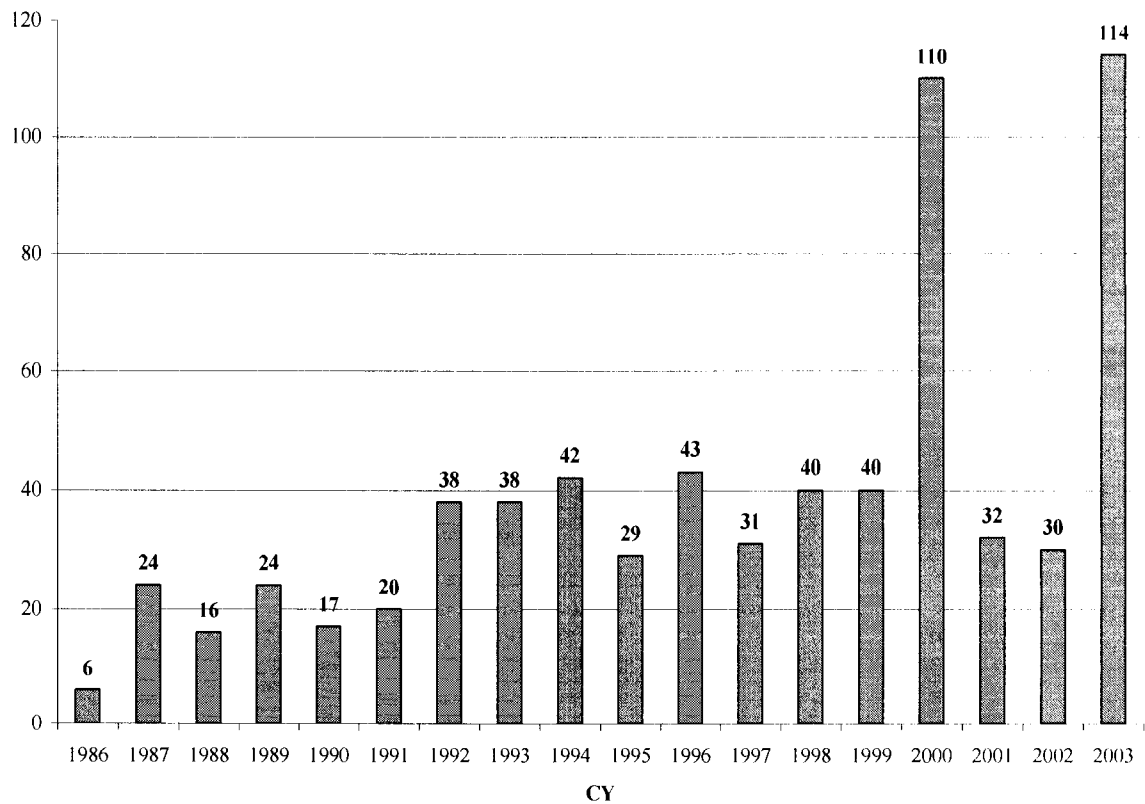2003 that at the very least mentioned HIV/AIDS.[8]

Figure 3.1. Presidential documents which mention HIV/AIDS

In contrast to the congressional hearings, figure 3.1 shows an increase in the

number of presidential documents over the period of study.[9] This contrasts with the

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[8] A Note on ACT-UP: Starting with President Bush, AIDS activists often interrupted public speeches made by the U.S. president. While occasionally these interruptions occurred during a speech which is already focused on HIV/AIDS, more often the president was not intending to speak about HIV/AIDS, but did so in response to the interruption. These transgressions are noted since it can make it appear as if AIDS was of more importance to the President than it actually was. There were two in 1990, one in 1991, six in 1992, one in 1993, one in 1996 and one in 1997.

number of congressional hearings which decreased over the period of study. Starting in 1992 during President Bush 41's last year in office (and an election year), the number of documents leaped to thirty-eight, which remained relatively steady during the Clinton presidency until the year 2000 when the attention jumped dramatically with 110 documents. Under President Bush 43 the number of documents dropped off in years 2001 and 2002 to pre-2000 levels. The number then increased dramatically again to 114 in 2003.

Some of the increases in the number of documents were artificially high due to the repetition of some statements by the presidents. An increase in the number of documents regarding HIV/AIDS occurred during years of presidential campaigns in 1992 and 1996 when there was more mention of HIV/AIDS and there was an increase in the

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[9] There are several years of presidential transition represented in the chart. 1989 was a year of presidential transition from the Reagan administration to the Bush administration. The first four documents were from Reagan and the remaining 21 documents were from Bush 41. These four Reagan administration documents did not concern international AIDS. While 1993 was a year of presidential transition from Bush to Clinton, there were no AIDS documents for President Bush 41 in 1993. The year 2001 marked the end of the second term of the Clinton administration and the beginning of Bush 43's first term in office. There were two documents from the Clinton administration in 2001 and the remainder was for Bush 43's first year in office.

number of public appearances and speeches the president gave.[10][11] Also for the year

1998 seven of the domestic documents were not really focused on AIDS at all, rather they

stated that in the U.S. "smoking-related illnesses kill more people every year than AIDS,

alcohol, car accidents, murder, suicides, drugs, and fires combined."[12] Lastly, on over

thirty occasions in 2003, Bush repeated a statement about global AIDS and how the U.S.

was assisting those in Africa who suffer from AIDS as part of a set speech he delivered

around the country for the Bush-Cheney 2004 receptions.

Major Presidential Documents

Another way of measuring presidential attention is to omit all minor references to

HIV/AIDS and include only major presidential documents. A major document is defined

as one where either the entire document focused on HIV/AIDS or the document had a

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[10] Since 1992 was a presidential election year, there were many more public appearances by the president on the campaign trail and more public discussion about AIDS as well. Part of Bush's "stump speech" included a remark about Barbara Bush holding AIDS babies. Therefore a very large number of the references made by Bush to AIDS in 1992 were to Barbara Bush holding AIDS babies. For example, during one town hall meeting Bush said, "When Barbara holds an AIDS baby in her arms, she's trying to express the compassion that both of us feel." *See* President George H.W. Bush "Remarks and a Question-and-Answer Session at a Town Hall Meeting in Exeter, New Hampshire," Washington, D.C., 15 January 1992.

[11] Many of the references to AIDS in 1996 were during Clinton's campaign appearances. At the Democratic Convention in August of 1996, Christopher Reeve spoke about the importance of science and medical research to find cures for disease and illness. [Christopher Reeve is a film actor, best known for playing superman in the film "Superman," who then became paralyzed from a spinal cord injury in 1995. Following his injury he became an advocate for medical research for this and other diseases. Reeve died in 2004.] In Clinton's stump speech he referenced Christopher Reeve's speech at the Democratic Convention as an entrée to discuss the importance of continuing research on a host of diseases, including HIV/AIDS. Furthermore, Clinton said the following sentence in one form or another on over twenty occasions between the Democratic Convention and election day: "In the last 4 years because of our investment in medical research and because of our reforms of the drug approval process at the FDA, we have more than doubled the life expectancy of people with HIV and AIDS, in only 4 years." (See President William J. Clinton, "Remarks at a Democratic National Committee Dinner in St. Louis," Washington, D.C., 10 September 1996.)

[12] President William J. Clinton, "Remarks to the City Year Convention in Cleveland, Ohio," Washington, D.C., 3 June 1998.

minimum of three paragraphs about HIV/AIDS. By looking at only major documents

this data eliminates those documents that only mentioned HIV/AIDS in passing. Figure

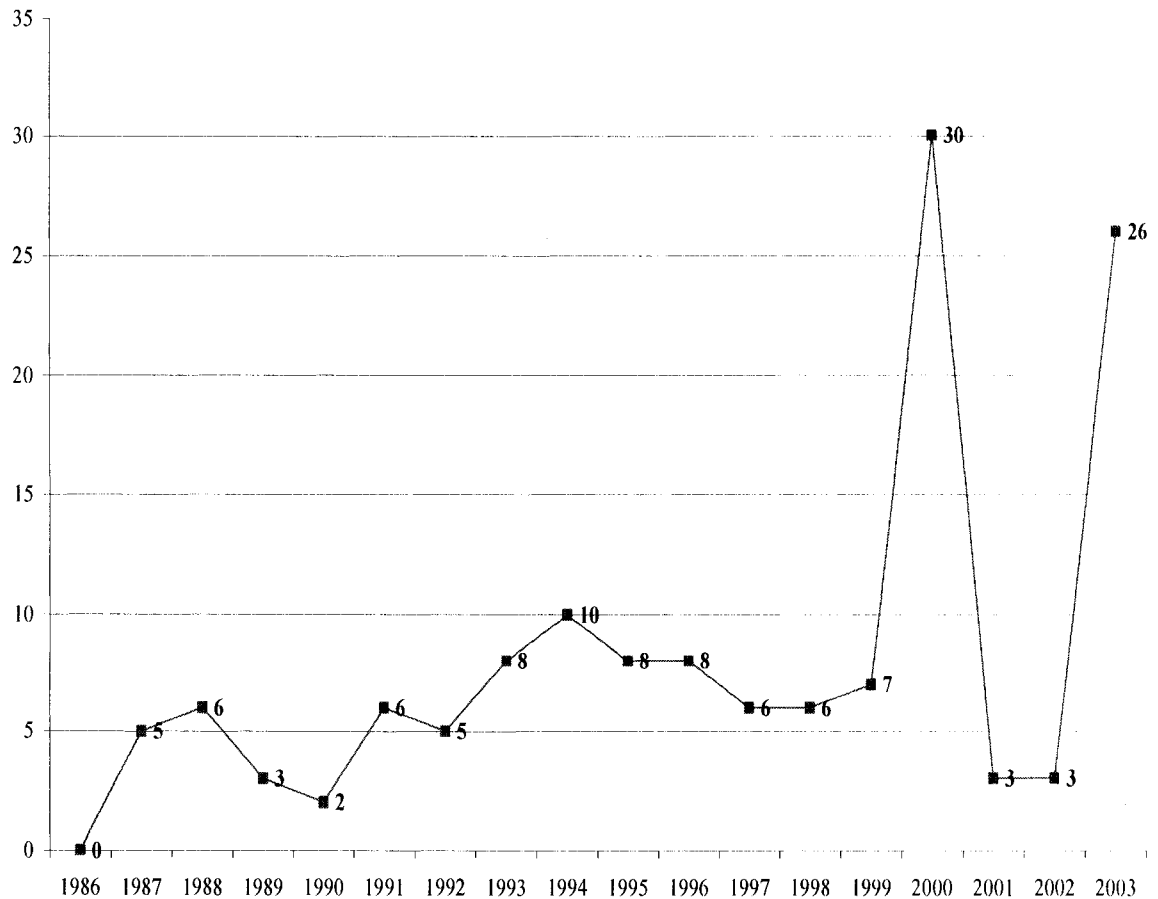3.2 below charts the number of major presidential HIV/AIDS documents per year.

Figure 3.2. Major presidential documents on HIV/AIDS

Figure 3.2 has a similar trend to figure 3.1, showing that both provide a consistent

measure of presidential attention to HIV/AIDS. For the periods of 1986-1999 and 2001-

2002 the major documents varied from zero to ten in any given year. The years 2000 and

2003 were once again the exception with 30 and 26 documents respectively. Major

international AIDS legislation was proposed by the president and passed by the

legislature in each of these two years which in part explains the large number of

presidential documents about HIV/AIDS in these years.

Figure 3.3 categorizes these major presidential documents as focused on domestic

policy, international policy or both (mixed). For the years 1986-1998 most of the major

documents were domestically focused or mixed in emphasis.[13] From 1986-1998 there

were zero to six major domestic hearings per year. There was only one major

international presidential document for the entire period of 1986-1998, which was found

in 1987. There were, however, many major mixed documents over the same period. For

the years 1986-1998 there were anywhere from zero to four mixed documents in a given

year.

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[13] The major domestic documents were often responding to a change in the science of HIV/AIDS or even more likely due to a U.S. celebrity publicly admitting his HIV positive status. For example, in 1990, there were only two major presidential documents on HIV/AIDS and both were domestically focused. 1990 was the year when Ryan White was in the news and Bush 41 included the plight of Ryan White and other hemophiliacs who contracted HIV in his speeches and conversations with the press. [Ryan White was a young hemophiliac who contracted HIV during a blood transfusion. After being discriminated against he became a spokesman for people living with AIDS before he died at an early age. Later the major piece of domestic AIDS legislation was named after him, known popularly as the Ryan White CARE Act.] Likewise, 1991 was the year that Magic Johnson announced that he had AIDS and Bush asked him to serve on the Commission on AIDS which he accepted; he then resigned in early 1992. In 1993 tennis star Arthur Ashe died of AIDS. Some major documents concerned these developments.

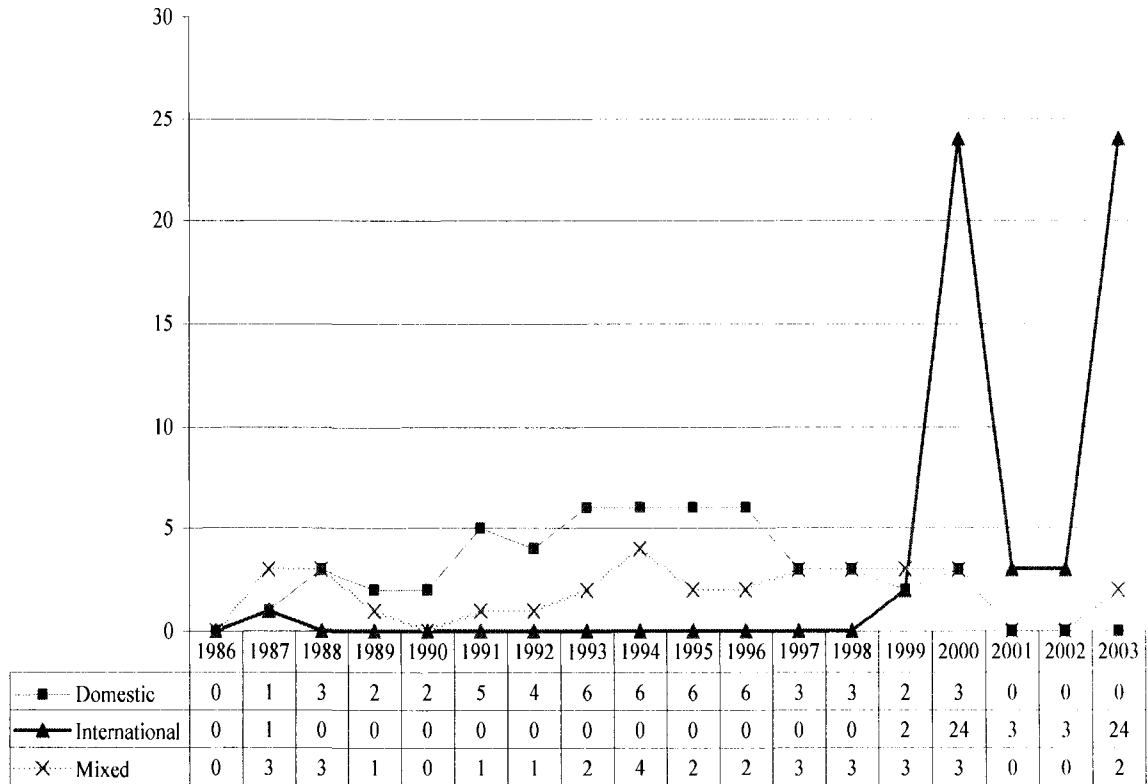|	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
···■··· Domestic	0	1	3	2	2	5	4	6	6	6	6	3	3	2	3	0	0	0
▲ International	0	1	0	0	0	0	0	0	0	0	0	0	0	2	24	3	3	24
···✕··· Mixed	0	3	3	1	0	1	1	2	4	2	2	3	3	3	3	0	0	2

Figure 3.3. Major presidential documents on HIV/AIDS
by policy arena

The year 1999 was a turning point in the presidential documents. In 1999 there

were an equal number (two) of international and domestic documents and three mixed

documents. In the period of 2000-2003 there were significantly more international

documents than domestic documents; there were twenty-four major international

documents in 2000 and 2003, but only three major domestic documents in 2000, and

none for 2003. Presidential focus clearly shifted from domestic AIDS to global AIDS

during this period.

Thus as with the major congressional hearings, there were more major

international presidential documents in the later years of the study. However there were

many differences between the congressional hearings and the U.S. presidential

documents. As HIV/AIDS became more focused on U.S. foreign policy than U.S.

domestic policy the number of presidential documents devoted to HIV/AIDS increased.

These findings are different from the congressional hearings, where there was less focus

on HIV/AIDS as attention switched from HIV/AIDS as a domestic issue to an

international issue. This is consistent with previous studies which show that the president

is preeminent in foreign policy, though less so in domestic policy, where the Congress

has a greater role to play.[14] Thus there is a reverse phenomenon from the congressional

hearings. When HIV/AIDS became more of a foreign policy issue there was greater

presidential attention.

International Documents

One good indicator of this change from a focus on domestic HIV/AIDS to

international HIV/AIDS policy is the percentage of all HIV/AIDS-focused presidential

documents that included global HIV/AIDS. Figure 3.4 shows an unsteady increase in the

percentage of documents that focused on foreign as opposed to domestic policy towards

AIDS. In the period of 1986-1998, 0-38 % of all HIV/AIDS-focused presidential

documents for any given year discussed global HIV/AIDS. Dramatic changes occur in

1999 when the emphasis on HIV/AIDS in presidential documents switched from

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[14] For example, see James M. Lindsay and Randall B. Ripley, *Congress Resurgent: Foreign and Defense Policy on Capitol Hill* (Ann Arbor: University of Michigan Press, 1993); James M. Lindsay, *Congress and the Politics of U.S. Foreign Policy* (Baltimore: The Johns Hopkins University Press, 1994).

domestic policy to international policy. Of the forty documents on HIV/AIDS, nineteen were internationally focused and eight were mixed in emphasis. Thus twenty-seven (68%) of all presidential documents which discussed HIV/AIDS in 1999 included HIV/AIDS as an international issue. This is approximately double the percentage of international documents from the previous year.

The percentage of HIV/AIDS documents with an international focus continued to rise. In the year 2002 the majority of the HIV/AIDS presidential documents concerned HIV/AIDS as an international/foreign policy issue. International AIDS clearly eclipsed domestic AIDS as a presidential focus in 2003; in 2003, 100% of presidential HIV/AIDS documents discussed the issue globally.
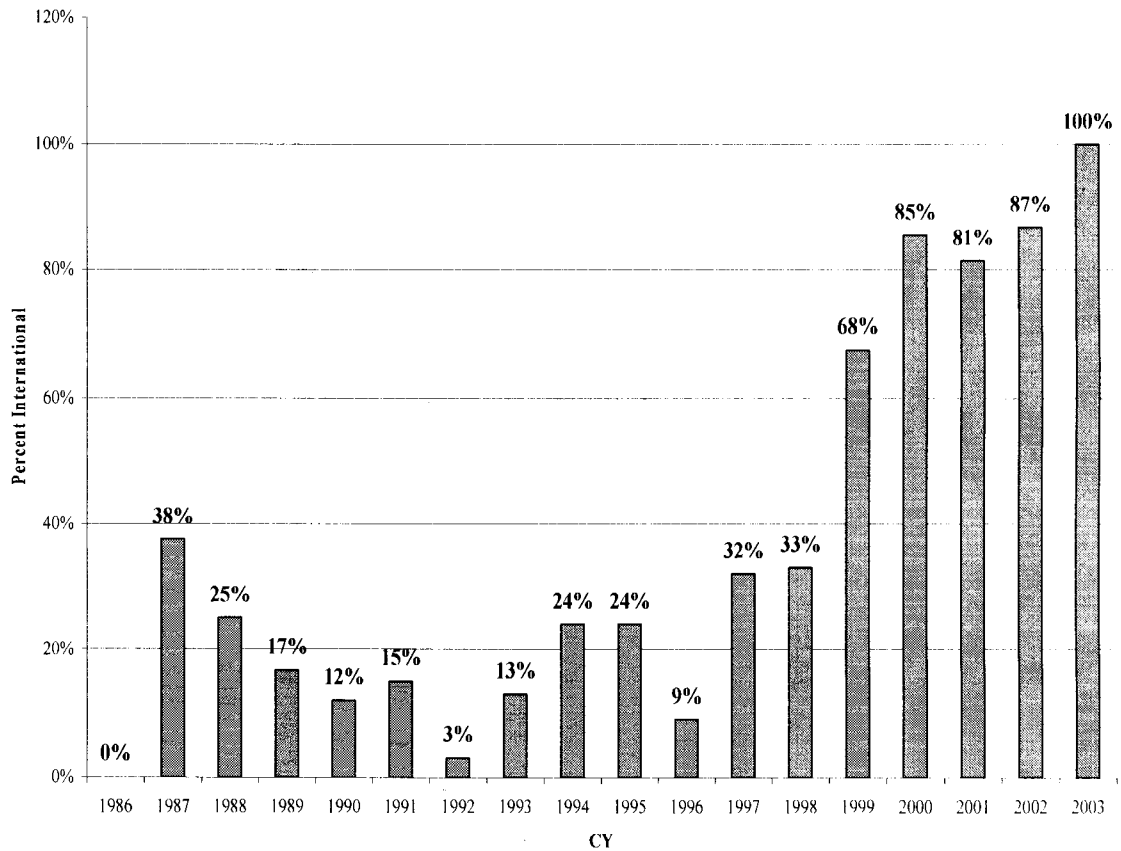
Figure 3.4. Percentage of presidential documents on HIV/AIDS
which included international HIV/AIDS

The topics regarding international AIDS also varied over the period of study. In

Reagan's public papers the discussion of AIDS as an international issue concerned such

topics as cooperation between the U.S. and France following disagreements over patent

rights for AIDS antibody test kits and international cooperation over AIDS multilaterally

and through international organizations. Under Bush 41, most of the remarks about

international AIDS concerned U.S. cooperation with other nations and international

organizations in AIDS research and the plight of "AIDS babies" overseas.

In Clinton's first term in office several of his international AIDS documents also focused on AIDS cooperation with foreign leaders and the UN. He also commended the role of NGOs in their international AIDS work. During Clinton's second term, some of the documents which discussed global HIV/AIDS did so only briefly, but overall there were substantially more international documents.[15] Many of the international AIDS documents in 1998 were statements about global HIV/AIDS during President Clinton's trip to several African countries in March 1998. The 1999 documents that were focused on international HIV/AIDS policy focused on a variety of topics including the need for an HIV vaccine, cooperation among G-7 nations on HIV/AIDS, and the Clinton administration's new global HIV/AIDS program -- the LIFE Initiative.

Global HIV/AIDS was a major focus of presidential attention in 2000 and there were a plethora of important themes in the internationally-focused presidential documents. Much of the information about HIV/AIDS globally focused on the AIDS problem in Africa. There was also an increasing focus on Asia as a problem spot for global AIDS during the year 2000. Global HIV/AIDS continued to be brought up at meetings attended by the major industrialized nations including the G-7/8 and new in 2000 at the World Economic Forum (WEF). Clinton continued the theme of the importance of providing incentives to the pharmaceutical industry for HIV vaccine development throughout 2000 and spent a lot of time touting his "global effort to develop vaccines for AIDS and malaria and TB."[16]

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[15] Two were statements regarding the death of Princess Diana which merely mentioned the work she did for people living with AIDS. Two other documents concerning congressional efforts to block funding for international family planning noted the importance of family planning in fighting AIDS.

[16] William J. Clinton, "Remarks at a Reception for Cynthia A. McKinney in Atlanta, Georgia," Washington, D.C., 14 April 2000.

During President Bush 43's first term in office in 2001 there were many different

themes presented in the internationally focused speeches and other presidential

documents. Often these documents were precipitated by a foreign leader's visit from a

country with a high HIV/AIDS prevalence rate or by a trip abroad by President Bush.

Bush 43's documents also focused on his international HIV/AIDS initiatives

(International Mother and Child HIV Prevention Initiative and Emergency Plan for AIDS

Relief (PEPFAR)) and U.S. monetary contributions to fighting global AIDS, including its

contribution to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria and

UNAIDS. Following his announcement of PEPFAR on 28 January 2003 for $15 billion

in international AIDS funding over five years, Bush touted his initiative in many public

addresses in 2003. For a more detailed discussion of the types of issues that were

included as part of international HIV/AIDS during each presidential term over the period

of study see appendix C.

State of the Union Addresses

Another good indicator of whether HIV/AIDS was important to a U.S. president

is its inclusion in his annual state of the union address. The state of the union addresses

by presidents Reagan, Bush 41, Clinton and Bush 43 demonstrate how the emphasis on

HIV/AIDS for these U.S. administrations shifted from ignoring HIV/AIDS, to

recognizing it as an important domestic issue, to a major focus on global HIV/AIDS.

President Reagan never mentioned HIV/AIDS in his state of the union addresses;

President Bush 41 mentioned HIV/AIDS in all four of his; President Clinton mentioned

HIV/AIDS in five out of eight of his and President Bush 43 mentioned HIV/AIDS in one

out of four of his during his first term in office. Also, all of President Bush 41's AIDS

references concerned AIDS as a domestic issue. President Clinton's AIDS references

were to both domestic and international AIDS: one was clearly domestic-focused, one

was clearly international focused, but the other three were ambiguous as to whether they

were domestic or international. Lastly, President Bush 43's single state of the union

address (in his first term of office) that included HIV/AIDS referred to HIV/AIDS as an

international issue. This information is summarized in table 3.1.

Table 3.1. Presidential State of the Union Addresses, 1986-2004

Year	President	HIV/AIDS Discussed	Focus
1986	Ronald Reagan	No	N/A
1987	Ronald Reagan	No	N/A
1988	Ronald Reagan	No	N/A
1989	George H.W. Bush	Yes	Domestic
1990	George H.W. Bush	Yes	Domestic
1991	George H.W. Bush	Yes	Domestic
1992	George H.W. Bush	Yes	Domestic
1993	Bill Clinton	No	N/A
1994	Bill Clinton	Yes	*Unspecified*
1995	Bill Clinton	No	N/A
1996	Bill Clinton	Yes	Domestic
1997	Bill Clinton	Yes	*Unspecified*
1998	Bill Clinton	Yes	*Unspecified*
1999	Bill Clinton	No	N/A
2000	Bill Clinton	Yes	International
2001	George W. Bush	No	N/A
2002	George W. Bush	No	N/A
2003	George W. Bush	Yes	International
2004	George W. Bush	No	N/A

While President Reagan never mentioned HIV/AIDS in his state of the union addresses, President George H.W. Bush mentioned the issue of domestic AIDS in all four of his. Bush most often referenced "AIDS babies" and the plight of children born with HIV, as opposed to a real discussion of the issue. He also connected the problem of drug abuse in America to infants born with HIV infection. For example, in his 1989 State of the Union address President Bush said, "This will offer the helping hand to the many innocent victims of drugs, like the thousands of babies born addicted or with AIDS because of the mother's addiction."[17] He then asked for $1.6 billion for AIDS research and prevention education; this 1989 address was the only one to request additional AIDS funding. The "Thousand Points of Lights" address in 1991 was the only one to mention "AIDS patients" as opposed to "AIDS babies."[18]

During President Clinton's first term in office he merely mentioned HIV/AIDS in his 1994 and 1996 state of the union addresses. In 1994 he thanked the Congress for its role in producing more research and treatment for AIDS[19] and in 1996 he remarked on the importance of "preserv[ing] the basic protections of Medicare and Medicaid" for among others, people with AIDS.[20] In Clinton's second term in office he placed a greater

[17] George H.W. Bush, "Address on Administration Goals Before a Joint Session of Congress," 9 February 1989, CSPAN; available from http://www.c-span.org/executive/transcript.asp?cat=current_event&code=bush_admin&year=1989; accessed 22 March 2004.

[18] George H.W. Bush, "Address Before a Joint Session of Congress on the State of the Union," 29 January 1991, CSPAN; available from http://www.c-span.org/executive/transcript.asp?cat=current_event&code=bush_admin&year=1991; accessed 22 March 2004.

[19] William J. Clinton, "State of the Union by the President," 25 January 1994, CNN; available from http://www.cnn.com/ALLPOLITICS/1996/resources/sotu/full.texts/1994.html; accessed 22 March 2004.

[20] William J. Clinton, "State of the Union Address," 23 January 1996, CNN; available from http://www.cnn.com/ALLPOLITICS/1996/resources/sotu/full.texts/1996.html; accessed 22 March 2004.

emphasis on the problem of HIV/AIDS. He spoke of the role of science and the work of various HHS agencies in helping to find a cure for AIDS. In 1997 at the beginning of his second term in office, President Clinton said in part, "With new resources, NIH will now become the most powerful discovery engine for an AIDS vaccine, working with other scientists to finally end the threat of AIDS."[21] Also this was the first time that HIV/AIDS was called an international issue in a state of the union address, since the role of science was to save not just Americans, but "millions of lives around the world."[22] In 1998, he reinforced this theme, remarking that "it is a time to build -- to build the America within reach. . . . An America where scientists find cures for diseases from diabetes to Alzheimer's to AIDS."[23] Then in 2000, he made a statement on the importance of the HIV/AIDS pandemic for United States' foreign policy.

> I also want to say that America must help more nations to break the bonds of disease. Last year in Africa, 10 times as many people died from AIDS as were killed in wars--10 times. The budget I give you invests $150 million more in the fight against this and other infectious killers. And today I propose a tax credit to speed the development of vaccines for diseases like malaria, TB, and AIDS. I ask the private sector and our partners around the world to join us in embracing this cause. We can save millions of lives together, and we ought to do it.[24]

During President Bush 43's first term in office, he included the HIV/AIDS pandemic once in 2003. This however was significant, as it announced the President's Emergency Plan for AIDS Relief (PEPFAR). It is worth quoting in full:

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[21] William J. Clinton, "State of the Union Address," 4 February 1997, CNN; available from http://www.cnn.com/ALLPOLITICS/1996/resources/sotu/transcripts/clinton/; accessed 22 March 2004.

[22] Ibid.

[23] President William J. Clinton, "State of the Union Address," 27 January 1998, CNN; available from http://www.cnn.com/ALLPOLITICS/1998/01/27/sotu/transcripts/clinton/; accessed 22 March 2004.

[24] Ibid.

Today, on the continent of Africa, nearly 30 million people have the AIDS virus --
including 3 million children under the age 15. There are whole countries in Africa
where more than one-third of the adult population carries the infection. More than 4
million require immediate drug treatment. Yet across that continent, only 50,000
AIDS victims -- only 50,000 -- are receiving the medicine they need. Because the
AIDS diagnosis is considered a death sentence, many do not seek treatment.
Almost all who do are turned away. A doctor in rural South Africa describes his
frustration. He says, "We have no medicines. Many hospitals tell people, you've got
AIDS, we can't help you. Go home and die." In an age of miraculous medicines, no
person should have to hear those words. AIDS can be prevented. Anti-retroviral
drugs can extend life for many years. And the cost of those drugs has dropped from
$12,000 a year to under $300 a year -- which places a tremendous possibility within
our grasp. Ladies and gentlemen, seldom has history offered a greater opportunity
to do so much for so many. We have confronted, and will continue to confront,
HIV/AIDS in our own country. And to meet a severe and urgent crisis abroad,
tonight I propose the Emergency Plan for AIDS Relief -- a work of mercy beyond
all current international efforts to help the people of Africa. This comprehensive
plan will prevent 7 million new AIDS infections, treat at least 2 million people with
life-extending drugs, and provide humane care for millions of people suffering
from AIDS, and for children orphaned by AIDS. I ask the Congress to commit $15
billion over the next five years, including nearly $10 billion in new money, to turn
the tide against AIDS in the most afflicted nations of Africa and the Caribbean.
This nation can lead the world in sparing innocent people from a plague of nature.
And this nation is leading the world in confronting and defeating the man-made
evil of international terrorism."[25]

This was the first time since the emergence of the HIV/AIDS pandemic that a president

announced a major initiative on HIV/AIDS within the state of the union. The request for

funding was also significant, committing $15 billion over five years. President Bush 43

in his statement drew a link between the fight against AIDS and the fight against

terrorism and the leadership role of the United States on both issues. It is worth noting

that this was not long before the U.S. invasion of Iraq in March 2003, which at the time

was sold to the American public as a response to terrorism abroad.

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[25] George. W. Bush, "State of the Union," Washington, D.C., 28 January 2003; available from
http://www.whitehouse.gov/news/releases/2003/01/print/20030128-19.html; accessed 22 March 2004.

Content Analysis

This section analyzes the content of the presidential documents that included international aspects of the HIV/AIDS pandemic. Specifically, this section compares the framing of HIV/AIDS in U.S. presidential documents as a health issue, a development issue, a security issue, and an unspecified threat or crisis. In addition, the following section goes through the framing data for each president in more detail and in doing so provides examples of the health, development and security frames by different U.S. presidents over the period of study.

There was extensive variation in the number of framing references in each calendar year. Figure 3.5 reports the total number of framing references in each calendar year. Some of this variation was due to the number of presidential documents that addressed HIV/AIDS in a given year. However, even in those years where there were many presidential documents which discussed international AIDS, many did not refer to HIV/AIDS as a particular type of issue, problem or threat. Many times the president discussed such facts as AIDS statistics or information about an AIDS program.

120

100 ···· 96

80

60 48

40

20
14 14 12
10 9
0 4 2 2 0 2 1 4 5 7 5

0

1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003
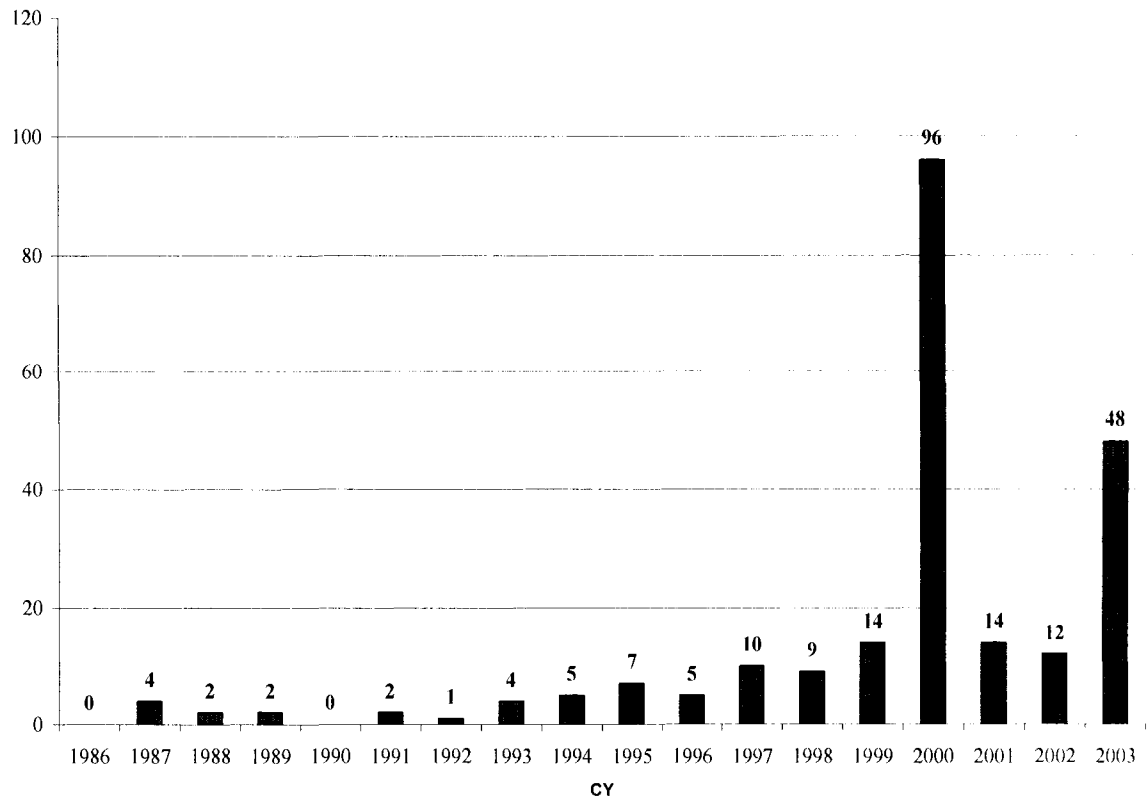
CY

Figure 3.5. Framing references in U.S. presidential documents

As shown in figure 3.5 there were very few framing references in the years 1986-1998, varying from zero to ten references; this corresponds to President Reagan's second term, President Bush 41's only term and President Clinton's first term in office. There were more references in the period of 1999-2003. For the years 2000 and 2003 there were ninety-six and forty-eight references respectively; in these years there are a large number of presidential documents. For the years 1999, 2001 and 2002 there were between twelve and fourteen references. These larger numbers of references occurred during President Clinton's second term and President Bush 43's first term in office.

Figure 3.6 shows the number of times HIV/AIDS was framed as a security issue for each calendar year. There were very few references to HIV/AIDS and security in the presidential documents. The only years there were any references to security were in 1997, 2000, 2002, and 2003. There were far fewer references by the president that framed HIV/AIDS as a security issue than in the congressional hearings. Some of this can be attributed to the fact that the hearings are much longer and more comprehensive documents; there are many more congresspersons than the president and that those testifying at hearings include administration officials and experts. Nevertheless, the difference remains important because of the important role of the president in U.S. foreign policy formation.
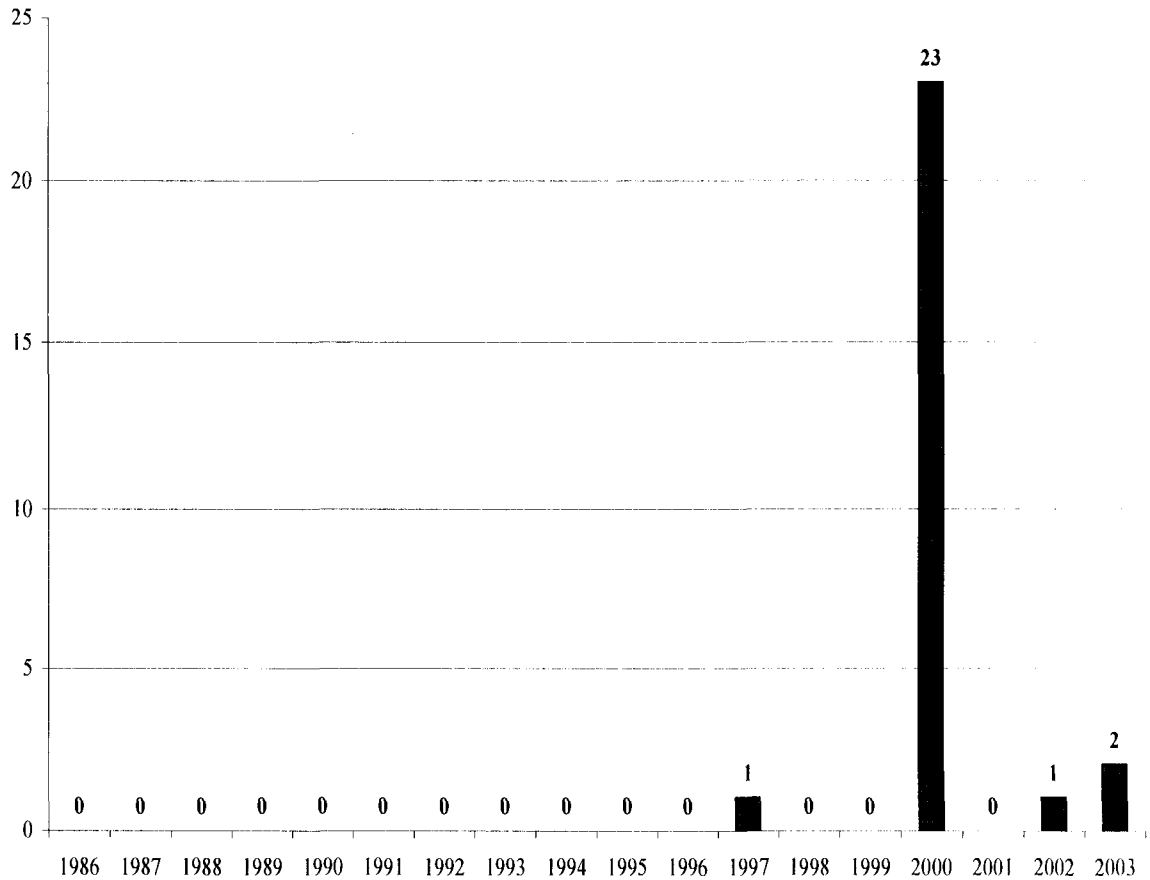
Figure 3.6. Framing HIV/AIDS as a security issue in
presidential documents

Figure 3.6 clearly shows that 2000 was the year of HIV/AIDS and security as far

as presidential framing of the issue is concerned. There were twenty-three references

framing HIV/AIDS as a security issue compared to only a single reference in 1997 and

2002, and two references in 2003.

Having narrowed in on the security frame, figure 3.7 below looks at the overall

framing of HIV/AIDS as a foreign policy issue and places the security frame in the

context of the other frames. Figure 3.7 shows how HIV/AIDS was framed as a foreign

policy issue in U.S. presidential documents during the period of 1986-2003; it compares

the health, development, and security frames to those references of HIV/AIDS as an
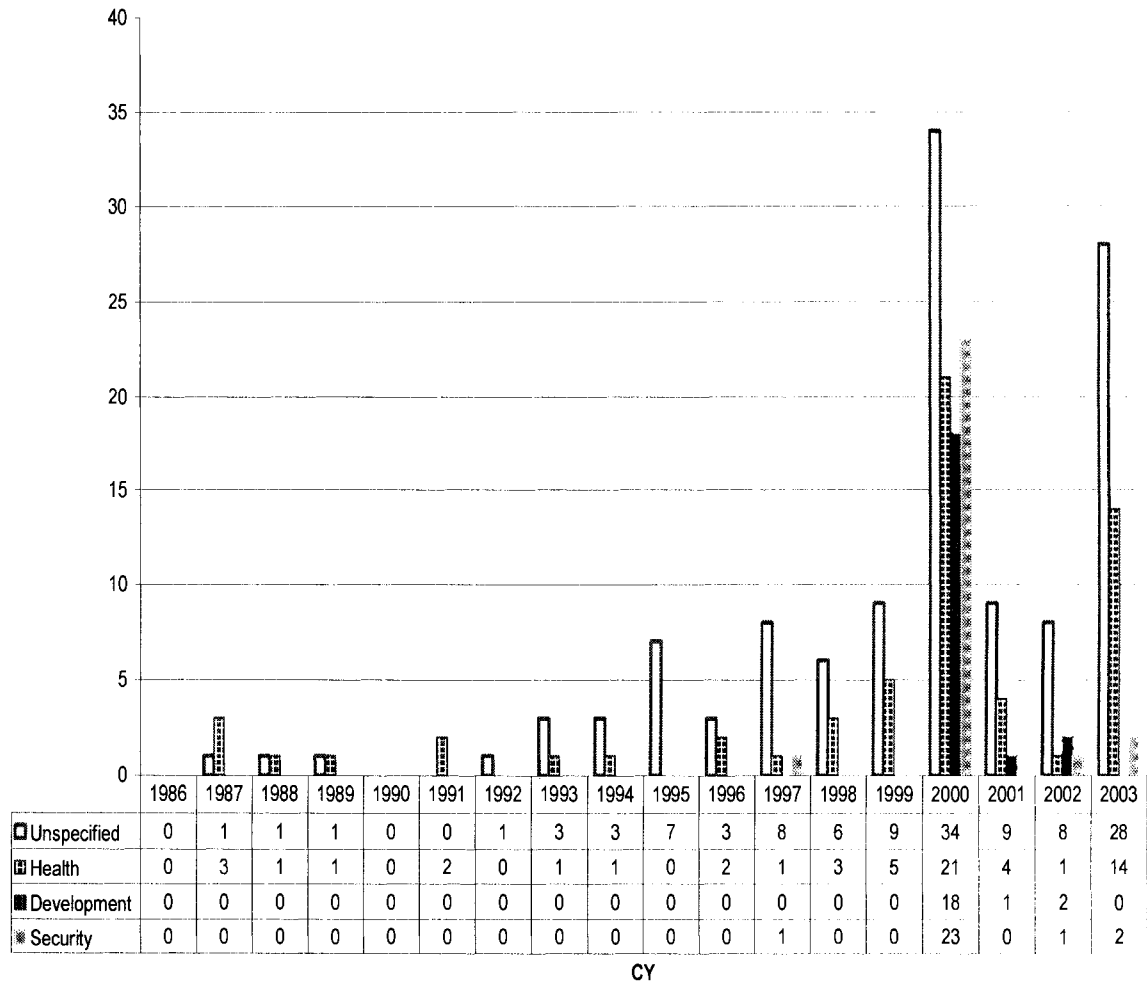
unspecified problem, threat or crisis.

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Unspecified	0	1	1	1	0	0	1	3	3	7	3	8	6	9	34	9	8	28
Health	0	3	1	1	0	2	0	1	1	0	2	1	3	5	21	4	1	14
Development	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18	1	2	0
Security	0	0	0	0	0	0	0	0	0	0	0	1	0	0	23	0	1	2

CY

Figure 3.7. Framing global HIV/AIDS in presidential documents
(includes references to unspecified threats or crises)

Figure 3.7 shows that HIV/AIDS was most often referred to simply as a threat, crisis or problem in U.S. presidential documents, without specifying the *type* of threat. Furthermore, it shows that from 1986-1997, HIV/AIDS was referred to either as an unspecified threat/crisis/problem or a health issue, except for one reference to AIDS and security in 1997; there were no references to HIV/AIDS as a development issue.

Figure 3.8 eliminates all references to HIV/AIDS as an unspecified threat or problem and only compares the health, development and security frames to more clearly show this data. While it is important to note that HIV/AIDS was often referred to simply as a threat, eliminating the unspecified threat references makes it easier to compare the health, development and security frames. It is only in the years 2000 and 2002 that there were references framing AIDS as a health, development and security issue in presidential documents. Figures 3.7 and 3.8 demonstrate that in presidential documents when global HIV/AIDS was discussed it was rarely framed as a particular type of issue or problem. However in the year 2000 there were a large number of references framing HIV/AIDS as a development, health, and security issue.
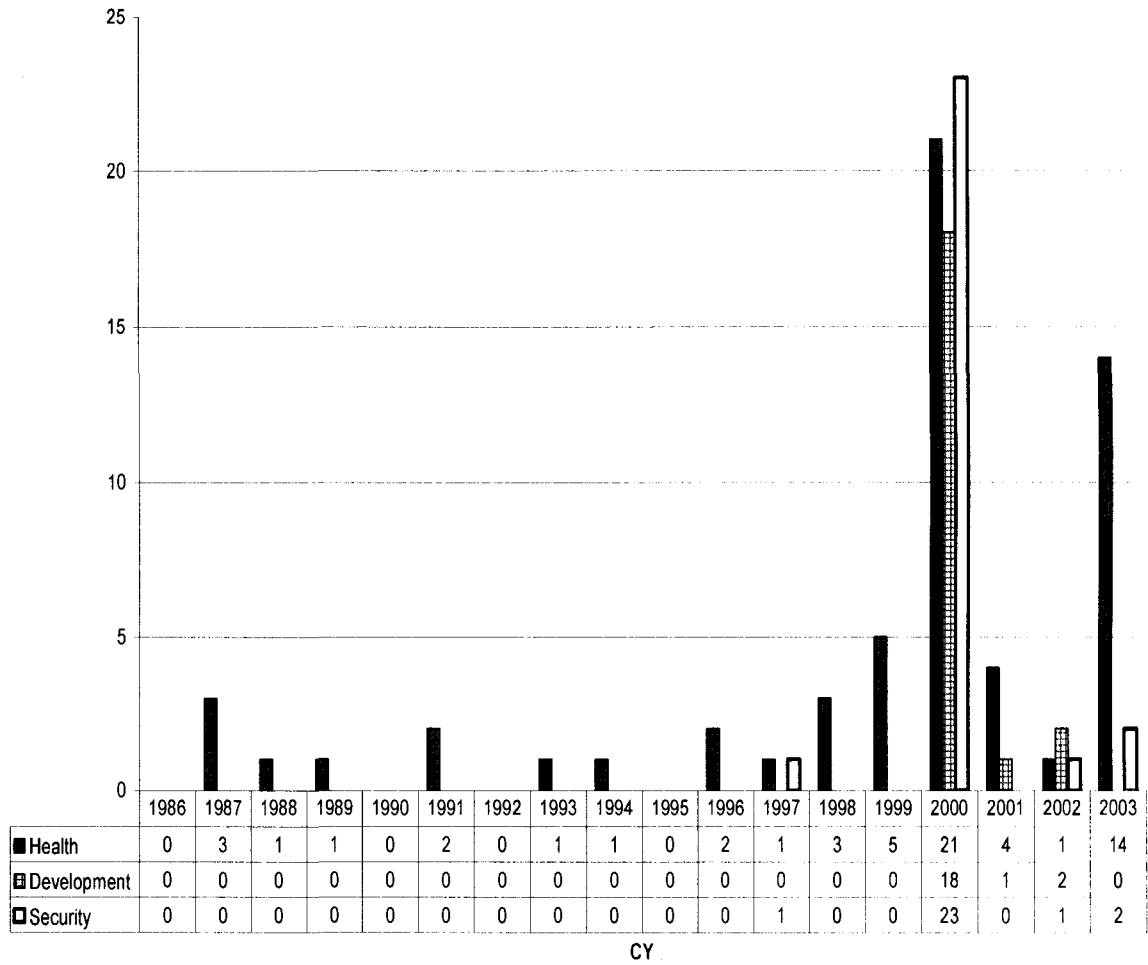
	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
■ Health	0	3	1	1	0	2	0	1	1	0	2	1	3	5	21	4	1	14
▣ Development	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18	1	2	0
▢ Security	0	0	0	0	0	0	0	0	0	0	0	1	0	0	23	0	1	2

CY

Figure 3.8. Framing global HIV/AIDS in presidential documents
(Excludes references to unspecified threats or crises)

During President Reagan's second term (1986-1989) there was little focus on

HIV/AIDS in his public papers and even less emphasis on international HIV/AIDS.

There were very few framing references to the type of issue international AIDS

represents during his time in office. Those few framing references that do exist referred

to AIDS as an unspecified threat/problem/crisis or a health issue.[26] For example, Reagan

referred to AIDS as a grave crisis. President Reagan's statement establishing the

National Commission on AIDS in 1987 called AIDS a health problem and read in part

"AIDS is clearly one of the most serious health problems facing the world community."[27]

President Reagan did not frame AIDS as a development issue or a security issue.

President Bush 41 (1989-1992) addressed AIDS more than President Reagan, but

he mostly focused on AIDS as a domestic issue. Under Bush 41, less than 15% of the

AIDS documents in any given year included international AIDS. There were very few

framing references, all of which like under Reagan referred to AIDS as an unspecified

threat or a health problem. For example, in the single mixed emphasis document for

1992, President Bush remarked on a meeting he had on AIDS and called AIDS a

worldwide health problem.[28] In 1989 Bush spoke of international cooperation on AIDS

and noted that, "AIDS is a major worldwide public health concern."[29] President Bush did

not frame AIDS as a development issue nor a security issue.

During Clinton's first term in office (1993-1996) there were many instances of

Clinton framing AIDS as a general international problem or threat. For example in 1994,

during remarks before the National Academy of Sciences, Clinton included stopping the

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[26] Under Reagan there were more presidential documents focused on the domestic AIDS issue that referred to AIDS as a threat and/or crisis. Reagan's language concerning domestic HIV/AIDS referred to AIDS as a threat and AIDS research in the U.S. national interest.

[27] Ronald Reagan, "Statement on the Establishment of a National Commission on AIDS," Washington, D.C., 4 May 1987.

[28] George H.W. Bush, "Remarks and an Exchange with Reporters on Departure for Camp David, Maryland," Washington, D.C., 2 July 1992.

[29] George H.W. Bush, "Message to the Congress Transmitting the Annual Report on International Activities in Science and Technology," Washington, D.C., 5 April 1989.

spread of AIDS among the many global problems the world is confronting.[30] The most

extensive remarks up to this point that President Clinton delivered regarding HIV/AIDS

were during the first-ever White House Conference on HIV and AIDS in December 1995.

While the focus of the conference and Clinton's remarks were overwhelmingly about

AIDS as a domestic policy issue, there was one paragraph (in eight pages of Clinton's

remarks) that concerned AIDS globally, stating in part, "We need to identify what our

responsibilities are in this country and our responsibilities to developing countries are to

deal with the problem, to search for a cure, to search for a vaccine, to deal with the

treatment issues."[31]

There was very little emphasis in 1996 on global AIDS until after President

Clinton's re-election to a second term. Following his re-election, Clinton made a trip to

Thailand and framed HIV/AIDS as a public health issue during remarks at Chulalongkorn

University in Bangkok.[32] The proclamation for World AIDS Day 1996 was the first time

that this annual presidential proclamation had a clear global focus. This was likewise the

first time Clinton publicly used the words "global pandemic" to describe HIV/AIDS.

While there was still more focus on domestic policies, the proclamation clearly referred

to HIV/AIDS as a global threat that all should pay attention to.[33]

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[30] William J. Clinton, "Remarks to the National Academy of Sciences," Washington, D.C., 29 June 1994.

[31] William J. Clinton, "Remarks to the White House Conference on HIV and AIDS," Washington, D.C., 6 December 1995.

[32] William J. Clinton, "Remarks at Chulalongkorn University in Bangkok," Washington, D.C., 26 November 1996.

[33] William J. Clinton, "Proclamation 6959 -- World AIDS Day, 1996," Washington, D.C., 26 November 1996.

For the first three years of Clinton's second term in office (1997-1999), he mostly framed HIV/AIDS as an unspecified threat or a health issue. However, 1997 was the first year that Clinton, or any U.S. president for that matter, called HIV/AIDS a threat to security. In this period there were some instances where AIDS was called a general threat, but the development or security implications of HIV/AIDS were implied. In 1999 there were no instances where AIDS was called either a development crisis or a security crisis even though these ideas are in some instances implied. For example, saying that "whole countries [could] collapse under the weight of AIDS-related deaths"[34] implied that AIDS is a security challenge to the state. Also, the plight of AIDS in developing countries, especially those in Africa, was emphasized, thus recognizing the special problem that HIV/AIDS posed for the developing world.

Then in 2000 all four frames were represented in almost equal strength. Clinton continued to frame AIDS as simply a global threat. The "United States-India Joint Leadership Statement on HIV/AIDS," of 24 March 2000 began with: "The HIV/AIDS epidemic is not only an Indian problem, it is not only an American problem, it is a global crisis, threatening every country."[35] President Clinton also continued to frame HIV/AIDS as an international health issue with massive consequences. For example, during "Remarks to the Scientific Community in Lisbon," Clinton referred to AIDS as a "global health crisis."[36]

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[34] William J. Clinton, "Remarks at a Democratic National Committee Gay and Lesbian Luncheon," Washington, D.C., 16 December 1999.

[35] "United States-India Joint Leadership Statement on HIV/AIDS," Washington, D.C., 24 March 2000.

[36] William J. Clinton, "Remarks to the Scientific Community in Lisbon," Washington, D.C., 30 May 2000.

In 2000 Clinton also focused on AIDS as a development and economic challenge. This focus on AIDS and development was linked to a theme of globalization and global interdependence. In August 2000, Clinton took a trip to Nigeria and spoke of Nigeria's struggle against AIDS before their National Assembly; he framed AIDS as a development issue: "AIDS will reduce life expectancy in Africa by 20 years. It is destroying families and wiping out economic gains as fast as nations can make them."[37] He also discussed AIDS as one aspect of the dark side of globalization. "We live in a world which is overwhelmingly more interdependent. A bunch of people in Nigeria get malaria, and they have to travel for a living -- they're going to give it to Americans in airports. Think about it. People are now giving people AIDS all over the world. And yet good things are happening too in partnerships all over the world."[38] Clinton also tried to make a clear link between the world's problems and future problems in the United States through the theme of global interdependence:

> If we don't do something about the AIDS epidemic in Africa and the growing rates in South Asia and the rapidly growing rates in countries of the former Soviet Union, it will eventually come back around to this country where we're making real headway. If we don't do something about the total breakdown of public health systems in poor countries around the world, all these places that we're looking to buy our products because we've got 4 percent of the world's people and 22 percent of the world's wealth, they're not going to have any money; they won't even have people to buy our products.[39]

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[37] William J. Clinton, "Remarks by the President in Address to Joint Assembly in the House of Representatives Chamber, National Assembly Building, Abuja, Nigeria," Washington, D.C., 26 August 2000.

[38] William J. Clinton, "Remarks by the President to Nigerian and American Business and Trade Community Leaders at the Sheraton Hotel in Abuja, Nigeria," Washington, D.C., 27 August 2000.

[39] William J. Clinton, "Remarks by the President at DNC Lunch at a Private Residence in Hidden Hills, CA," Washington, D.C., 24 September 2000.

Thus, Clinton linked the AIDS issue globally to possible health consequences in the U.S.

and economic consequences for the U.S. by decreasing America's trading partners.

Clinton also argued that by helping developing nations fight HIV/AIDS and other

diseases, the U.S. could increase its future trading partners.[40]

Following the announcement by his administration in April 2000, that HIV/AIDS

was a threat to U.S. national security, President Clinton began to publicly comment on

HIV/AIDS and security. He framed AIDS as a security issue. In Clinton's

"Commencement Address at the United States Coast Guard Academy in New London,

Connecticut" on 17 May 2000, Clinton explained to the audience why AIDS was a

national security threat.[41] Throughout the remainder of 2000, Clinton also discussed

AIDS and security during visits with heads of state, as well as before the Democratic

National Committee (DNC) and domestic audiences.

In some instances Clinton used health, development and security rationales for

U.S. involvement in the fight against the HIV/AIDS pandemic simultaneously. During

remarks at the National Summit on Africa, Clinton spoke of the HIV/AIDS pandemic and

used the oft-cited statistic that in the previous year "ten times as many people died of

AIDS in Africa as were killed in all the continent's wars combined."[42] Clinton defined

AIDS in Africa as "a humanitarian issue, a political issue, and an economic issue."[43] He

also referred to the fact that "Vice President Gore opened the first-ever United Nations

[40] William J. Clinton, "Remarks by the President at a Reception for Congressman Richard Neal at Phoenix Park Hotel in Washington, DC," Washington, D.C., 29 September 2000.

[41] William J. Clinton, "Commencement Address at the United States Coast Guard Academy in New London, Connecticut," Washington, D.C., 17 May 2000.

[42] William J. Clinton, "Remarks to the Opening of the National Summit on Africa," Washington, D.C., 17 February 2000.

[43] Ibid.

Security Council session on health issues, on a health issue, by addressing the AIDS crisis in Africa."[44] On World AIDS Day, 1 December 2000 Clinton spoke at Howard University in Washington, D.C. Clinton discussed AIDS as a "moral crisis," an "economic crisis," and a "security crisis."[45] The year 2000 is the year of HIV/AIDS and security. Following the UN Security Council meeting in January 2000, President Clinton often framed HIV/AIDS as a security issue.

During President Bush 43's first term in office during the years 2001-2003 he framed AIDS mostly as either an unspecified threat or a health threat, though the development frame and the security frame remained. Bush often framed HIV/AIDS as a health issue during this period. For example on 14 October 2003 President Bush called AIDS a health issue (scourge).[46]

Bush 43 framed HIV/AIDS as a development issue throughout 2001-2003. For example, during "Remarks by the President to the 3rd Biennial Leon H. Sullivan Summit Dinner" President Bush commented on the development implications of HIV/AIDS when he said: "One of the greatest obstacles to Africa's development is HIV/AIDS, which clouds the future of entire nations. The world must do more to fight the spread of this disease, and must do more to treat and care for those it afflicts. And this country will lead the effort."[47]

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[44] Ibid.

[45] William J. Clinton, "Remarks by the President on World AIDS Day," Washington, D.C., 1 December 2000.

[46] George W. Bush, "Interview of the President by Rosianna Silalahi, SCTV," Washington, D.C., 14 October 2003.

[47] George W. Bush, "Remarks by the President to the 3rd Biennial Leon H. Sullivan Summit Dinner," Washington, D.C., 20 June 2002.

Bush 43 rarely framed AIDS as a security issue and when he did the link to security was indirect. The only reference made explicitly to HIV/AIDS and security in 2002 was in a "Joint Statement by the United States of America, the Republic of Kenya, and Ethiopia."[48] In May 2003 during remarks in Poland, Bush 43 indirectly made a single reference linking security and HIV/AIDS.[49]

> In the long-term, we add to our security by helping to spread freedom and alleviate suffering. And this sets a broad agenda for nations on both sides of the Atlantic. In Africa, the spread of HIV/AIDS threatens millions, and the stability of an entire continent. The United States has undertaken a comprehensive, $15 billion effort to prevent AIDS and to treat AIDS and provide humane care for its victims. I urge our partners in Europe to make a similar commitment, so we can work together in turning the tide against AIDS.[50]

Bush used the security argument for a European audience but did not use the argument for the American audience at home. Furthermore, he included HIV/AIDS as the portion of the security agenda which alleviates suffering, while the Iraq war was the portion that spreads freedom.

Beginning in 2003 President Bush began to frame global HIV/AIDS as a moral crisis. For example, during the 2003 "President's Dinner" Bush focused on U.S. national interests, but did not count fighting AIDS as one of them. Rather, HIV/AIDS was seen as a moral responsibility for a great power.

> America also understands that unprecedented influence brings tremendous responsibilities. We have duties in the world. When we see disease, starvation, and hopeless poverty, we cannot, and we will, not turn away. On the continent of Africa, America is now committed to bringing the healing power of medicine to

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[48] "Joint Statement by the United States of America, the Republic of Kenya, and Ethiopia," Washington, D.C., 10 December 2002.

[49] George W. Bush, "Remarks by the President to the People of Poland in Krakow, Poland," Washington, D.C., 31 May 2003.

[50] Ibid.

millions of men and women and children who suffer from AIDS. This great land is leading the world in this incredibly important work of human rescue.[51]

President Bush addressed HIV/AIDS as a moral issue, not as a security issue-- in his words "a work of human rescue." During remarks about the African Growth and Opportunity Act (AGOA) Bush said: "The AIDS pandemic has caused extraordinary loss and suffering across your continent and the world, and all governments have a moral obligation to confront it."[52] In addition to finding AIDS a moral issue, Bush often spoke of how U.S. global AIDS initiatives showed America's compassion for the world. In 2003 remarks at a retreat in Greenbrier, West Virginia, Bush uttered the word compassion on four occasions during his discussion of PEPFAR and AIDS in Africa. His comments read in part, "It [PEPFAR] is a plan that is a plan of mercy. It's an important initiative. It's a vital initiative. Because we're talking about saving human life. We're talking about showing the world the great strength and compassion of the United States of America."[53] Bush more often than not discussed the PEPFAR initiative as demonstrative of America's compassion in the world.

The World AIDS Day 2003 proclamation focused on HIV/AIDS as a global and domestic issue. The proclamation began with "the HIV/AIDS pandemic presents one of the greatest medical and social challenges of our time," and ended with, "fighting HIV/AIDS is not only a great challenge but a moral imperative for those who believe in

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[51] George W. Bush, "Remarks by the President at 2003 President's Dinner," Washington, D.C.," 21 May 2003.

[52] George W. Bush, "Videotaped Remarks by the President to the African Growth and Opportunity Act Forum," Washington, D.C., 15 January 2003.

[53] George W. Bush, "Remarks by the President at the 2003 "Congress of Tomorrow" Republican Retreat Reception at The Greenbriar, West Virginia," Washington, D.C., 9 February 2003.

the value and dignity of every human life."[54] In 2003 Bush made countless comments about U.S. compassion and moral strength in fighting HIV/AIDS around the world. In 2003 a new frame began to emerge.

Conclusion

For the period of 1986-2004, over the course of four different U.S. presidents, one can see the shift in the importance of HIV/AIDS. From 1986-1997 HIV/AIDS as a foreign policy issue was not a significant focus in U.S. presidential documents; only 0-38 % of all HIV/AIDS presidential documents in any given year during this time period included HIV/AIDS as an international issue. Also, in this period there were very few references framing HIV/AIDS as an international issue. If at all, HIV/AIDS was framed as either a general threat/crisis/problem or a health issue. The lack of references to HIV/AIDS as a development issue in the period of 1986-1998 is different from the congressional hearings where references to AIDS as a development issue began in the 1980s. During the 1980s and early 1990s HIV/AIDS was much more of a focus in the U.S. Congress. These references to AIDS and development came from various actors including congresspersons, USAID officials and non-departmental witnesses. However, the president did not frame AIDS as a development issue.

In the period of 1999-2003 there was more presidential attention to HIV/AIDS. It was not until 1999 that HIV/AIDS became more important as a U.S. foreign policy issue than as a U.S. domestic issue for the president. In the period of 1999-2003, 68-100% of U.S. HIV/AIDS presidential documents discussed HIV/AIDS as an international issue.

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[54] "World AIDS Day 2003 Proclamation," Washington, D.C., 1 December 2003.

The presidential documents in this period show Clinton clearly focused on HIV/AIDS and security in 2000. Bush 43 used this rationale much less and began to frame AIDS as a moral issue.

In 1999 President Clinton framed HIV/AIDS as a either a general threat/crisis/problem or a health issue. In 2000, on Clinton's way out of office, there was a major change in framing. He framed HIV/AIDS repeatedly as a security issue and a development issue; 2000 was the year of AIDS and security, and AIDS and development for U.S. presidential documents.

During the first years of Bush 43's presidency HIV/AIDS was mostly framed as an unspecified threat or a health issue, though a few references to HIV/AIDS as a development and security issue remained for the years 2001-2003. In the announcement of his major initiative on HIV/AIDS (PEPFAR) during his State of the Union, Bush 43 did not refer to the pandemic as a security issue. While he did refer to the pandemic as a "severe and urgent crisis abroad," in the same breath he referred to the U.S. response as a "work of mercy."

The security frame did not eclipse the other frames of health and development in the presidential documents. However, it may not be necessary for the security frame to "beat" the other frames. HIV/AIDS can continue to simultaneously be a health issue, a development issue and a security issue. Frames remain competitive with one another and various types of policies can be created and implemented that respond to each of the three frames. Having examined the various framings of HIV/AIDS in U.S. congressional hearings and U.S. presidential documents, chapters 4, 5, 6 and 7 examine the process of securitization of HIV/AIDS in U.S. foreign policy.

CHAPTER 4

SECURITIZING MOVES: PRESENTING THE HIV/AIDS PANDEMIC

AS AN EXISTENTIAL THREAT, 1986-1997

Introduction

This chapter is the first of four to examine the process of securitization of

HIV/AIDS in United States foreign policy. This chapter examines securitizing moves

and their reaction by other actors during the period of 1986-1997. Chapters 5 and 6 then

examine securitizing moves in the period of 1998-2003; chapter 5 focuses on actors in the

U.S. government and chapter 6 focuses on actors outside the U.S. government.[1] Chapters

4, 5 and 6 examine the securitizing moves by securitizing actors, counter-securitizing

moves by functional actors and the level of audience acceptance of the securitizing

moves. Chapter 7 then examines the entire period for emergency actions and effects on

inter-unit relations.

As discussed in chapter 1, the securitization framework points to three

components that must be analyzed to evaluate whether an issue has become securitized.

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[1] The two time periods 1986-1997 and 1998-2003 were chosen based on the framing data from the congressional hearings presented in chapter 2.

These three components are: referent objects (that which is being threatened); securitizing actors (those who securitize issues); and functional actors (those who affect the dynamics of a sector). Put differently, three questions need to be answered: When HIV/AIDS is a security issue what is threatened? Who argues that HIV/AIDS is a security issue? What other actors impact the dynamics of HIV/AIDS and security?

The traditional referent object of security is the state. The concept of human security has a different referent object, that of the individual. These are not the only possible referent objects of security; others are society, the economy and the environment among others. For HIV/AIDS, when it is labeled a security issue/threat, there are different referent objects that are invoked, including the state, the individual, society, the military and the economy. If HIV/AIDS was called a security threat because of the sheer numbers of people dying, then the referent object that is invoked is that AIDS was a threat to the individual (human security) and possibly society. But, if HIV/AIDS is called a security threat because it will undermine the stability of the state, then the state is the referent object of security. Furthermore, these referent objects sometimes refer specifically, for example, to *African* militaries or *Asian* societies. The rationale for why these referent objects are perceived as a threat to the U.S. is often due to the possible impact on state stability in these other countries. For example, if state stability is undermined this could lead to a direct impact on U.S. security if the U.S. needs to intervene in a resulting regional conflict. When HIV/AIDS is understood as a security issue, that which is being threatened varies tremendously. Statements by securitizing actors define HIV/AIDS as a security issue for a variety of different reasons. These referent objects change depending on the type of actor who is securitizing HIV/AIDS.

The referent objects also change over the period of study. The definitions of referent objects of security are analyzed throughout this chapter as well as chapters 5 and 6.

Securitizing actors do not need to be part of the government, however, government officials are the most likely to be successful in presenting securitizing moves with broad publicity and with the greatest chance and opportunity for securitization effects. This is because "in naming a certain development a security problem, the 'state' can claim a special right, one that will, in the final instance always be defined by the state and its elites."[2] Thus, this study pays particular attention to the securitizing actors within the U.S. government, especially high level officials in the administration and prominent members of Congress. Overall, the government may be more privileged in defining security. Yet, consistent with Kingdon's findings about other important actors in developing U.S. public policies, the dissertation also includes interest groups (in this case PVOs, activist organizations and IOs) and researchers writing for think tanks and research organizations. The securitizing actors are analyzed according to their function in the U.S. policy process, beginning with the President and members of Congress, and then moving on to other securitizing actors in the U.S. government bureaucracy, research institutions, PVOs and activist organizations and international organizations.

Functional actors do not securitize the issue, but do affect the dynamics of the sector. Some of these functional actors may actively oppose efforts at securitization. Others may bandwagon and use the security claims to their own advantage. These functional actors in HIV/AIDS include many of the same categories of actors, both inside and outside the government, as the securitizing actors. In fact, a functional actor might

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[2] Wæver, "Securitization and Desecuritization," 54.

come to be perceived as a securitizing actor through his or her acceptance and support of securitizing moves by other actors. Particular attention is also paid to those functional actors who oppose the securitization of HIV/AIDS. Functional actors serve as a very important part of the audience who must accept the securitization of HIV/AIDS in order for it to gain legitimacy and truly become securitized. The extent to which such actors as members of the audience accepted that HIV/AIDS was a security issue is also analyzed.

In order for HIV/AIDS to be securitized it must fulfill three criteria. The first criterion, which is analyzed in this chapter (and chapters 5 and 6), is that HIV/AIDS must be presented as an existential threat. Presentation of HIV/AIDS as an existential threat is the act of engaging in securitizing moves. Equally important is that the audience accepts HIV/AIDS as a high priority requiring urgent measures and means. Thus security discourse and extraordinary means need to be understood and accepted by the functional actors and others comprising the audience. As noted in chapter 1, this is especially important in a democracy.

These securitizing moves are a necessary step in the securitization process since, "in security discourse, an issue is dramatized and presented as an issue of supreme priority; thus, by labeling it as *security*, an agent claims a need for and a right to treat it by extraordinary means."[3] This does not mean, however, that there will be emergency actions or a movement beyond politics as usual. In order for an issue to be securitized there needs to be emergency actions consistent with the security discourse; this is taken up in chapter 7.

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[3] Buzan, Wæver, de Wilde, 26.

In the securitization framework, securitizing moves are defined as presenting an issue or problem as an existential threat to some referent object. The presentation of HIV/AIDS as an existential threat was operationalized as framing HIV/AIDS as a security issue. Thus when an actor framed HIV/AIDS as a security issue he or she was engaging in securitizing moves. The securitizing moves are made by U.S. government actors and those outside government. These securitizing moves are purposeful acts in the sense that calling HIV/AIDS a security issue is not done by accident. Just because they are purposeful, however, does not mean that these moves necessarily were well thought-out. Furthermore, these moves can be in response to a genuine conviction that HIV/AIDS is a security threat as well as more tactical maneuvers of calling HIV/AIDS a security issue in order to gain more urgency to the issue.[4] Either way, if these securitizing moves successfully lead to emergency actions and effects on inter-unit relations, an issue can be successfully securitized.

This chapter focuses on 1986-1997 -- the early period of AIDS and security. While there were some important securitizing moves and some "behind the scenes" maneuvering about getting HIV/AIDS on the security agenda, this period had limited success in doing so. The notion that HIV/AIDS is a security issue was not widely disseminated or appreciated during this time period by the administration, Congress or the other actors analyzed. Nevertheless there were some efforts at securitizing HIV/AIDS during this time period. This chapter analyzes those early efforts and counter-

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[4] There is evidence in this chapter, as well as Chapters 5 and 6, which is sometimes suggestive of disingenuous securitizing moves, but was not able to be confirmed by the author.

efforts and whether there was any audience acceptance of these initial efforts to securitize HIV/AIDS.

The U.S. Government

Two of three major branches of government (the executive and the legislative) were both examined for evidence of their agencies and members engaging in securitizing moves of the HIV/AIDS pandemic. Some agencies which are involved in health, development, security and U.S. foreign policy were singled out for special attention. As a whole, these government agencies are where one would expect to find securitizing moves towards the HIV/AIDS pandemic to have the greatest chance of moving from presenting HIV/AIDS as an existential threat to emergency actions and the breaking free of rules.

U.S. Presidents

The president is an important agenda-setter in U.S. foreign policy.[5] Thus having a president securitize HIV/AIDS can be important to the securitization process. As observed in chapter 3, it was not until President Clinton's second term in office that a president framed HIV/AIDS as a security issue. However, during President Clinton's first term in office he included AIDS in his redefined foreign policy and made statements that implied that HIV/AIDS specifically, or infectious diseases in general, had security implications. In Clinton's first address to the nation as President he focused on changes

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[5] Kingdon, 199.

in the post-Cold War world and importantly, he included HIV/AIDS among these new

challenges. He included AIDS in his lengthy "Inaugural Address" saying,

> To renew America, we must meet challenges abroad as well as at home. There is
> no longer a division between what is foreign and what is domestic. The world
> economy, the world environment, the world AIDS crisis, the world arms race: they
> affect us all. Today, as an older order passes, the new world is more free but less
> stable. Communism's collapse has called forth old animosities and new dangers.
> Clearly, America must continue to lead the world we did so much to make.[6]

Also during this first year in office, President Clinton linked the problem of global

AIDS to the problem of AIDS at home. While not calling AIDS a security issue, Clinton

did note the importance of focusing on global AIDS. During his remarks on World AIDS

Day 1993 President Clinton overwhelmingly focused on AIDS as a domestic crisis.

However, he did make one comment concerning the international implications of the

disease near the conclusion of his comments.

> If you just look at the sheer numbers, if you look at what is happening in some
> African countries, if you look at what is happening in other nations around the
> world, if you had no other concern in your own country but the cold-blooded one of
> how your own country was going to pay for its collective health care needs and
> deal with its economic crises, if that was your only concern, if you never had a
> heartbeat of compassion, you would have to be nearly obsessed with this problem.[7]

Furthermore, in a 1994 "Letter to Congressional Leaders Transmitting the Report

on Science, Technology and American Diplomacy" Clinton included AIDS as one of

several global problems confronting the U.S. The issue was included in Clinton's

strategy of how the U.S. should engage with the world and change its foreign policy to

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[6] William J. Clinton, "Inaugural Address," Washington, D.C., 20 January 1993.

[7] William J. Clinton, "Remarks on the Observance of World AIDS Day," Washington, D.C., 1 December 1993.

focus on international cooperation to reflect the end of the Cold War.[8] Likewise, during

an address to the 49th Session of the United Nations General Assembly, President Clinton

referred to AIDS as one of many post-Cold War threats. "The dangers we face are less

stark and more diffuse than those of the Cold War, but they are still formidable: . . .

diseases like AIDS that threaten to decimate nations. . . .These are the dangers we face

today. We must address these threats to our future."[9] Thus he clearly called AIDS a

global threat to his UN audience, though at this point, Clinton did not call AIDS a

security threat before the UN.

Closely following Clinton's re-election, he made a trip to Thailand in November

1996. President Clinton alluded to AIDS as a security issue when discussing

nontraditional threats in Thailand. During his remarks at Chulalongkorn University in

Bangkok he warned the audience about HIV/AIDS stating:

> Let us not be blind to the fact that as barriers crumble and borders blur and progress
> spreads quickly, so, too, can trouble spread quickly in the new world. We have
> only to look at the spread of environmental degradation, HIV and AIDS, weapons
> of mass destruction, terrorism, drug trafficking, the rise of organized crime. These
> forces of destruction defy traditional defenses, just as traditional barriers can no
> longer keep out ideas, information, and truth. No nation is immune to the forces of
> destruction, and none can defeat these threats alone.[10]

Thus Clinton spoke of "the dark side of globalization" and included HIV/AIDS along

with other security threats, both traditional (weapons of mass destruction) and

nontraditional (drug trafficking).

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[8] William J. Clinton, "Letter to Congressional Leaders Transmitting the Report on Science, Technology and American Diplomacy," Washington, D.C., 8 February 1994.

[9] William J. Clinton, "Remarks to the 49th Session of the United Nations General Assembly in New York City," Washington, D.C., 26 September 1994.

[10] William J. Clinton, "Remarks at Chulalongkorn University in Bangkok," Washington, D.C., 26 November 1996.

During Clinton's second term in office, he framed infectious diseases in general as a threat to security of which HIV/AIDS is one. In June 1997, during remarks before the G-8 in Denver, Colorado, President Clinton referred to AIDS as part of a new common security agenda.[11] He said, "And we'll strengthen our growing cooperation to meet threats to our common security, such as our rapid response network to fight nuclear smuggling, common endeavors to combat terrorism, and initiatives to stem infectious disease, including the search for an AIDS vaccine."[12] Thus Clinton included AIDS among the infectious diseases that were a threat to the common security of the G-8 and the world. Also, in June during remarks before the Conference of Mayors in San Francisco, while Clinton did not call HIV/AIDS a security issue, he did frame infectious diseases in general as a security issue, saying "We know that in the 21st century, as people move around the world more rapidly, one of the single most significant security threats of the future will be the spread of infectious diseases that are no more than the airline flight of one infected persons on another continent away from your community."[13]

This was the first year that Clinton, or any U.S. president for that matter, called HIV/AIDS a threat to security. During Clinton's remarks during the G-8 summit, however, AIDS along with a host of other things was called a threat to "our common security," not to U.S. national security. In this period ending in 1997, Clinton did not explicitly call AIDS a threat to security.

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[11] Russia's Boris Yeltsin was in attendance for the full meeting as a full participant, hence the G-8 and not the G-7.

[12] William J. Clinton, "Remarks at the Opening of the First Working Session of the Summit of the Eight in Denver, Colorado," Washington, D.C., 21 June 1997.

[13] William J. Clinton, "Remarks to the United States Conference of Mayors in San Francisco, California," Washington, D.C., 23 June 1997.

President Clinton was the first U.S. president to securitize HIV/AIDS. Clinton

more often securitizes infectious diseases in general (of which HIV/AIDS is one). Thus,

in this early period of 1986-1997, there were no major securitizing moves by any U.S.

president. Because of the president's role in foreign policy formation, the lack of

securitizing moves by the president makes it difficult, though not impossible, to move on

to the other stages of securitization at this point in the history of U.S. foreign policy

towards HIV/AIDS.

U.S. Congress

The U.S. Congress can also be an important agenda-setter for U.S. foreign policy.

Prominent members of Congress, especially party leaders and committee chairs, can be

powerful shapers of the policy agenda.[14] The definition of HIV/AIDS by prominent

members of Congress was crucial in the overall understanding of the issue in the U.S.

There were a few examples of prominent members of Congress securitizing HIV/AIDS in

the period of 1986-1997. Also, there were examples of members of Congress remarking

that infectious diseases in general (which of course HIV/AIDS is one) were a threat to

U.S. security. There were a diverse group of congresspersons who securitized HIV/AIDS

in this time period.

In 1987, Senator Jesse Helms (R-NC), ranking minority member of the Senate

Foreign Relations Committee, called a hearing titled, *U.S. Role in International Efforts to

Control and Prevent the Global Spread of the AIDS Epidemic in the U.S.* In this hearing,

Senator Helms was the first in the U.S. Congress to publicly discuss the possible security

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[14] Kingdon, 199.

implications of HIV/AIDS for the United States and its foreign policy. In his opening

statement Chairman Clairborne Pell (D-RI) outlined the purpose of the hearing -- "to

consider the growing dimensions of the AIDS crisis, its implications for our foreign aid

program, and our national security, and the American response to international efforts to

prevent and control the spread of the AIDS virus, and to explore what additional steps our

country can take to enhance the total global effort to conquer AIDS."[15]

Senator Helms submitted for the record eight letters he wrote in 1987 asking

about the impact of HIV/AIDS on U.S. foreign policy. These letters were written to the

Director of the Congressional Research Service, the Director of the Central Intelligence

Agency (CIA), the Secretary of Defense (three letters), the Secretary of Health and

Human Services, the Comptroller General of the United States, and the Secretary of

State. Several of these letters asked for the security implications of HIV/AIDS for the

United States. For example, in his letter to William Webster, Director, CIA of 28 July

1987, Helms made the following request:

> As Ranking Member of the Committee on Foreign Relations, I urgently request the
> classified report which the CIA has compiled on the international effects of the
> AIDS epidemic. I understand that the world wide effects of this plague are
> reaching catastrophic proportions in Africa, Latin America, the Caribbean, and will,
> in the near future, reach similar levels of infection in the United States and Western
> Europe. The implications for our security, military, and financial assistance, not to
> mention our defense posture abroad, are staggering.[16]

Likewise, in a letter to Caspar Weinberger, Secretary of Defense on 28 July 1987,

Helms wrote, "As Ranking Minority Member of the Committee on Foreign Relations, I

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[15] Congress, Senate, Committee on Foreign Relations, *U.S. Role in International Efforts to Control and Prevent the Global Spread of the AIDS Epidemic on U.S. Foreign Policy*, 9 December 1987 (Y4.F76/2:S.hrg.100-968), 1.

[16] Ibid., 36.

am attempting to assemble as rapidly as possible all relevant data now available concerning the international relations and national security effects of the global HIV plague."[17] Helms was not satisfied with the response to his letter by Secretary Weinberger which noted that most of the relevant information was still classified and made an additional request for information to the new Secretary of Defense, Frank Carlucci in December 1987 to rectify the situation. Helms wrote: "there appears to be no valid justification for such classification especially when juxtaposed to the necessity of the American people understanding the scope and nature of the AIDS threat to our democracy."[18] In addition, Helms alerted Secretary of Defense Carlucci to the fact that the Committee on Foreign Relations would be holding a hearing "on the subject of American national security and foreign policy implications of the global AIDS plague."[19] However, the hearing was only attended by Senators Helm and Pell and those testifying before the committee. Furthermore, the hearing initially had little impact on the discourse of HIV/AIDS and security in the U.S.

Another congressional hearing in 1987, *AIDS Epidemic*, held by the Committee on Labor and Human Resources in the Senate was chaired by Senator Edward Kennedy (D-MA). In his opening statement Senator Kennedy made the link between health and national security, stating "we must recognize NIH is also a vital outpost of national security. Assuring this security requires that research and treatment efforts be supported broadly. No one would suggest the Nation needs only a navy or an army for the national

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[17] Ibid., 38.

[18] Ibid., 44.

[19] Ibid.

defense, and likewise, the pluralistic efforts of health research in the Nation must be

maintained."[20] While not referring to AIDS in the statement, Senator Kennedy did

address the health-security nexus.

During 1986 and 1987 DOD health personnel testified about the issues of AIDS,

national security and U.S. base rights overseas. This was what most likely prompted

Congressman Obey to raise the issue of AIDS testing of U.S. military personnel as a

security issue in questions submitted for the record in a 1988 hearing. He asked, "What

are the ramifications of these policies in other nations for U.S. security or defense

activities, e.g., if Panama were to refuse entry for U.S. military personnel that have not

passed an AIDS test?"[21] The response from DOD was that "This is no longer an issue.

The Department of Defense is testing all active military personnel. Those who test

positive are not assigned overseas."[22] References to AIDS and security by the U.S.

Congress in the 1980s focused mostly on HIV in the U.S. military; the only exception are

those by Senator Helms.

During a congressional hearing in 1994 Congressman Jim McDermott (D-WA) a

medical doctor and co-founder of the Congressional Task Force on International AIDS,

implied that HIV/AIDS was a security issue when he called it a political stability

problem. Congressman McDermott framed AIDS as "an economic problem, a social

[20] Congress, Senate, Committee on Labor and Human Resources, *AIDS Epidemic*, 15 January 1987 (Y4.L11/4:S.hrg. 100-38), 3.

[21] Congress, House, Committee on Appropriations, Subcommittee on Foreign Operations, Export Financing, and Related Programs, *Foreign Operations, Export Financing, and Related Programs for 1989, Part 4*, 23, 24, 30 March and 13, 14, 20-22 April 1988 (Y4.Ap6/1:F76/6/pt.4), 652.

[22] Ibid.

problem, a military problem, a political stability problem," and furthermore "not simply a problem of medical illness."[23]

Then in 1997, in a hearing on the *Overview of NIH Programs*, Congressman Ted Strickland (D-OH) argued that Cold War funding should be redirected for the fight against HIV/AIDS and commented on previous testimony. "We used to be in the midst of a cold war, and we put hundreds of billions, trillions of dollars, into our national defense. And I think what you've [Dr. Fauci] described to us today is interesting, but it's also alarming. And perhaps we as a Nation ought to do every, I mean, maybe this ought to be the kind of effort that we put into defending ourselves against international communism."[24] He compared defense budgets to AIDS budgets and a need to re-orient priorities in a post-Cold War setting, suggesting a rethinking of security, even though not explicitly calling HIV/AIDS an issue of security.

In the period of 1986-1997 there were few instances of members of Congress securitizing HIV/AIDS. Republican Senator Jesse Helms was the main congressional securitizer of HIV/AIDS during this period. Senator Helms did not securitize AIDS as part of a re-thinking or re-examination of security, rather Helms was concerned with the impact of AIDS on U.S. defense. Helms was concerned with HIV/AIDS because of traditional military security matters -- the impact on U.S. defense -- including the issue of overseas base rights and troop readiness. As will be examined in chapter 5, Helms'

[23] Congress, House, Committee on Appropriations, Subcommittee on Foreign Operations, Export Financing, and Related Programs, *Foreign Operations, Export Financing, and Related Programs Appropriations for 1995, Part 4*, 21, 28 April and 5, 6, 10 May 1994 (Y4.AP6/1:F76/6/995/PT.4), 291.

[24] Congress, House, Committee on Commerce, Subcommittee on Health and the Environment, *Overview of NIH Programs*, 30 September 1997 (Y4.C73/8:105-43), 50.

securitization move was fundamentally different from later efforts at securitization in the period of 1998-2003.

Congressional Research Service (CRS)

The Congressional Research Service (CRS) produces Issues Briefs and other reports and products for the U.S. Congress at their request. A 1991 *Issues Brief on AIDS: International Problems and Issues* framed HIV/AIDS as a health issue, a development issue and a possible security issue. The brief included the following, "Some observers are also concerned about possible foreign policy consequences of the AIDS epidemic -- the effects on international travel, on the conduct of business, on the status of refugee populations, and on national security interests."[25] The brief thus noted that there were "observers" who were engaging in securitizing moves of HIV/AIDS as early as 1991.

U.S. Intelligence Community

As early as 1987 U.S. intelligence officers were trying to get permission to study HIV/AIDS and its impact on the U.S. national interest, but were unable to get permission to do so.[26] Then in 1990, Katherine J. Hall, national intelligence officer and colleague Walter L. Burrows, received permission to study the growth of AIDS and its impact on U.S. interests.[27] This resulted in Interagency Memorandum 91-10005, a classified report

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[25] Lois McHugh, Foreign Affairs and National Defense Division, *AIDS: International Problems and Issues. CRS Issues Brief,* 1 November 1991 (No. IB87214), 1 as quoted in Congress, House, Committee on Foreign Affairs, Subcommittee on Africa, *Impact of HIV/AIDS on the Social and Economic Development in Africa,* 6 November 1991 (Y4.F76/1:H88/61), 94.

[26] Barton Gellman, "World Shunned Signs of Coming Plague," *The Washington Post,* 5 July 2000.

[27] Ibid.

titled "The Global AIDS Disaster," which projected 45 million infections by 2000, the

majority in Africa. Kenneth Brown was the principal author of the report. According to

Washington Post national security reporter Barton Gellman, "When Brown and Hall first

proposed to study the phenomenon in 1987, they could not obtain CIA approval for use

of personnel and computer modeling resources. Internal critiques declared global AIDS

an unfit subject of intelligence, or said the impact on U.S. interests would be benign."[28]

In 1992 the CIA allowed the State Department to publish unclassified portions as a white

paper. Also in 1992 an important report was issued by the Institute of Medicine on the

topic of emerging and reemerging infectious diseases (including HIV) and their impact

on public health.[29] The CIA conducted another major study during this time period –

National Intelligence Estimate (NIE) 95-5.[30] Military planners learned in NIE 95-5 that

AIDS could be a "potential war-starter" or "war outcome determinant."

In addition to providing valuable information about the impact of HIV/AIDS

around the world, these U.S. intelligence studies were crucial to eventually making the

linkage between HIV and security. While they were an important part of the

securitization process, they initially did not receive widespread support, publicity or

attention. Thus, while there was some analysis and activity concerning AIDS and

security by the U.S. intelligence community, these were small scale enterprises. While

some intelligence officers were examining the role of HIV/AIDS in U.S. security, there

was little attention paid to these efforts by other U.S. government officials until 1995.

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[28] Ibid.

[29] Laurie Garrett, *Betrayal of Trust: The Collapse of Global Public Health* (New York: Hyperion, 2000), 435.

[30] 95-5 means that the National Intelligence Estimate (NIE) was published in 1995.

Then in 1995 the phrases and findings of these CIA NIE's were included in the

Department of State HIV/AIDS strategy assessed below.

U.S. Department of Defense

In the mid-1980s there were several examples of DOD officials commenting on

HIV in the U.S. military and how the virus was affecting both the readiness and health of

U.S. troops, as well as U.S. foreign relations. HIV/AIDS was called a threat to the U.S.

military because of prevalence levels of HIV in U.S. military personnel. In this instance

the referent object for security was the U.S. military. The U.S. military is that which was

being threatened by HIV/AIDS. However, global AIDS was not discussed.

For example, in a congressional hearing in 1986, Senator Alfonse D'Amato (R-

NY) referenced earlier testimony of Brig. Gen Philip Russell, U.S. Army Medical

Research and Development Command and stated, "He [Brig. Gen. Philip Russell] has

also testified that the threat of continued transmission of AIDS has serious implications

for military readiness and global deployability."[31] Thus while not calling HIV a threat to

U.S. security, HIV was seen by those medical officers in the U.S. military as threatening

the ability for the U.S. to have a strong military with a global presence. In addition, there

was concern about whether and how HIV would affect U.S. base rights overseas.

Again in 1987, there was testimony about the role of HIV/AIDS as a possible

threat to U.S. military readiness. While not using the word security, security effects were

clearly implied. Lt. Gen. Chesney the Surgeon General of the Air Force commented on

[31] Congress, Senate, Committee on Appropriations, Defense Subcommittee, *Acquired Immune Deficiency Syndrome (AIDS), FY87, Special Hearing*, 15 May 1986 (Y4.Ap6/2:S.hrg.99-686), 38.

HIV/AIDS in navy personnel stationed overseas: "It is a problem of readiness. We bring back everybody overseas who is positive. That has been policy. Then we have a hard time reassigning them. Nobody wants to become the AIDS command and take all of these people. Every case is a surprise and a real problem for us."[32]

Likewise, a hearing on *DOD Policy on AIDS* included the problem of maintaining base rights and stationing troops overseas because of the U.S. AIDS epidemic. Congresswoman Beverly Byron (D-MD) asked Dr. J. Jarrett Clinton, Deputy Assistant Secretary of Defense for Health Affairs, whether some countries were more concerned about AIDS in the U.S. military than others. Dr. Clinton replied:

> Asia is more concerned about it because they had the disease less and have had smaller numbers. Asians certainly fear that it will be as widespread as it is in other parts of the world. The same political concerns have not been raised to my knowledge out of Europe, and come very little out of South Asia. It is from predominantly East Asia, more specifically Korea and the Philippines, that we have heard the most concerns. Japan, too, has raised it, and we have seen things in the newspaper about it. We have had other instances, even in Latin America, in which they express concern about it, and prohibited our people from porting in a city on the issue of HIV testing."[33]

Initial concern with HIV/AIDS by DOD revolved around how HIV/AIDS was affecting U.S. military forces; not on how AIDS affected foreign militaries. The problem of AIDS in the U.S. was more widely understood in the early 1980s and other countries were fearful of U.S. troops spreading HIV to their civilians. Thus U.S. military health personnel securitized HIV/AIDS in the U.S. military and exhibited concern about the impact of AIDS on U.S. foreign policy and relations. In the 1990s there was less concern

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[32] Congress, Senate, Committee on Armed Services, Subcommittee on Manpower and Personnel, *Department of Defense Authorization for Appropriations for FY88-FY89. Part 3: Manpower and Personnel*, 3, 10, 18, 24, 31 March 1987 (Y4.Ar5/3:S.hrg.100-242/pt.3), 1328.

[33] Congress, House, Committee on Armed Services, Subcommittee on Military Personnel and Compensation, *DOD Policy on AIDS*, 16 September 1987 (Y4.Ar5/2a:987-88/51), 26.

within DOD as it became evident that HIV/AIDS was a global pandemic and that the

U.S. did not have the world's largest AIDS problem.

U.S. Department of State

As the agency concerned with implementing U.S. foreign policy, the U.S.

Department of State (DOS) is a crucial agency to examine. In this period, there were

some securitizing moves by DOS officials which are located in DOS's published

strategies and reports. In 1990 the DOS released a report, *The Global AIDS Disaster:*

Implications for the 1990s, which was written by scientists about countries with high

prevalence rates with suggestions for U.S. diplomats. The report did not write about

HIV/AIDS as a security issue and was best known for supporting U.S. regulations

restricting HIV-positive immigrants and visitors from entering the U.S.

However, in 1994, Under Secretary Tim Wirth, headed up an interagency process

to develop a U.S. strategy on global AIDS. During a congressional hearing in 1994,

Wirth made the link between AIDS and security several times, both in his delivered

statement and while responding to questions posed to him by committee members. Wirth

noted that the CIA was involved in this new Task Force on AIDS and that the agency was

examining the implications of AIDS for U.S. security interests.[34] The prepared statement

of Under Secretary Wirth went into more detail about AIDS as a multi-faceted issue. It

read in part, "AIDS is no longer simply a crisis of public health and human suffering.

Now, and increasingly in the future, AIDS is a political, social, economic, health and

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[34] Congress, House, Committee on Appropriations, Subcommittee on Foreign Operations, Export Financing, and Related Programs, *Foreign Operations, Export Financing, and Related Programs Appropriations for 1995, Part 4,* 21, 28 April and 5, 6, 10 May 1994 (Y4.AP6/1:F76/6/995/PT.4), 300.

security issue with profound implications for U.S. foreign policy, American leadership

and global cooperation."[35] His prepared statement mentioned AIDS and security several

times. For example, he raised the problem of high HIV prevalence rates in militaries

around the world and the concern this creates for international peacekeeping operations

and combat situations.[36] In concluding, he referred to the need to meet "these new threats

to national security and global prosperity" in the post-Cold War era, of which HIV/AIDS

was one.[37] Wirth used both "new" and more traditional security rationales as part of the

AIDS and security nexus.[38]

In July 1995, the Bureau of Oceans, International Scientific and Environmental

Affairs released the report *U.S. Strategy on HIV/AIDS* for both U.S. government

programs and activities affecting international HIV/AIDS efforts based on this

interagency effort.[39] The report was the culmination of the work of the Task Force on

AIDS led by Wirth. The report investigated the multifarious effects of HIV/AIDS on

U.S. foreign policy including, international development and security and key U.S.

national interests. The report noted that "the HIV/AIDS pandemic increasingly threatens

economic, social and political stability . . . and also threatens to undermine U.S. foreign

policy initiatives including the promotion of democratization and sustainable

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[35] Ibid., 302.

[36] Ibid., 303, 306.

[37] Ibid., 306.

[38] Congress, Senate, Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, *Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations, FY 95, Part 2,* 16, 17, 22, 24 March and 13 May 1994 (Y4.Ap6/2:S.Hrg.103-696/Pt.2).

[39] U.S. Department of State, *U.S. Strategy on HIV/AIDS,* Pub. No. 10296 (July 1995).

development, conflict resolution and peacekeeping, and human rights."[40] The report

presented an action strategy for U.S. international AIDS policy in three parts: (1) prevent

new HIV infections; (2) reduce personal and social impact; and (3) mobilize and unify

national and international efforts.

The report also included five appendices, one of which, *Appendix D: The Impact

of AIDS: U.S. Security Interests/Concerns*, was authored by the National Intelligence

Council and based largely on NIE 95-5. Part 2 of the report "reduce personal and social

impact" articulated four goals, which are worth repeating here: (1) provide care and

support; (2) guarantee human rights; (3) protect politico-military structures at risk; and

(4) place HIV/AIDS on the sustainable development agenda. Within the action strategy

there is a place for public health, humanitarian, development and national security

initiatives, which was important since it framed HIV/AIDS and U.S. foreign policy in

four different ways. The report was the first official U.S. public document that drew

linkages between HIV and security. The report used a traditional security framework to

draw these linkages by focusing on protecting "politico-military structures."

The section of the report on politico-military structures at risk explained how

"HIV has the potential to affect the stability and readiness of militaries, especially those

in developing countries with very high HIV rates of infection" – an important finding

discussed up until present day.[41] Also in this section of the report was a recommendation

that "all appropriate support should be given to DOD's military-to-military educational

programs on HIV/AIDS that are geared to improving prevention strategies in foreign

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[40] Ibid.

[41] Ibid.

militaries."[42] In addition, under the "Action Plan" the Secretary of State and the

Secretary of the Department of Health and Human Services agreed to send a joint letter to

Congress on the impact of HIV/AIDS "including the implications for U.S. foreign policy

and national security interests."[43] Thus, they drew an explicit link between military

readiness and HIV. The report resulted in institutional collaboration of health and foreign

policy institutions within the U.S. government on the HIV/AIDS issue.

The most important section for framing HIV/AIDS as a traditional national

security issue is found in appendix D: "In terms of military significance, HIV/AIDS is

not a 'war-stopper;' it will not immediately render large numbers of field troops unfit for

combat. However, as the HIV/AIDS pandemic erodes economic and security bases of

affected countries, it may be a potential 'war-starter' or 'war-outcome-determinant.'"[44]

This phrase is found repeatedly in later government, think tank and newspaper accounts

regarding HIV/AIDS as a U.S. national security threat and provided a strong though

indirect link, in traditional strategic military terms of why HIV/AIDS in the developing

world was considered a threat to the U.S.

Throughout 1996 and 1997, mainly low-level consultations continued on the

HIV/AIDS pandemic in the U.S. foreign policy community through the U.S. Department

of State.[45] Significantly, HIV/AIDS was a topic at the G-8 summit in June 1996, the first

time that a health issue was raised at this forum. Also, in December 1996 U.S. Secretary

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[42] Ibid.

[43] Ibid.

[44] Ibid.

[45] U.S. Department of State, Bureau of Oceans and International Environmental and Scientific Affairs, "Fact Sheet: U.S. Government Support for the Fight Against, Tuberculosis and Malaria," Washington, D.C., 18 June 2001, available from http://www.state.gov/g/oes/rls/fs/2001/3547.htm; accessed 5 February 2004.

of State Madeleine Albright addressed HIV/AIDS as a foreign policy (though not security) issue in a statement on World AIDS Day. In March 1997, Counselor to the U.S. Secretary of State, Wendy Sherman, hosted an open forum on "HIV/AIDS and Emerging Infectious Diseases" and issued a directive to foreign policy agencies to make the issue a foreign policy priority.

During the period of 1986-1997, the years 1994 and 1995 represent the most important efforts to securitize HIV/AIDS on the part of the U.S. Department of State. The Wirth working group got a large number of actors in diverse government agencies thinking about how HIV/AIDS could impact U.S. foreign policy and national security. Thus in 1995, one finds some of the important groundwork laid for a future policy of HIV/AIDS as a U.S. national security threat. In 1994 and 1995 there was inclusion of AIDS and security through the Task Force on AIDS, but nothing immediately came of the *U.S. Strategy on HIV/AIDS* prepared under the Department of State's direction. Nevertheless, these securitization moves, like those of the U.S. intelligence community, laid the groundwork for later securitizing moves by U.S. government agencies in the period of 1998-2003. The *U.S. Strategy on HIV/AIDS* included security-type actors in the making of the strategy and got these agencies thinking about HIV/AIDS and security. Also the language in this report popped up repeatedly in congressional testimony, newspaper articles and future government reports about the HIV/AIDS pandemic. These early framings of the issue thus laid the groundwork for future securitizing moves.

U.S. Agency for International Development

Starting in 1986, the U.S. Agency for International Development (USAID) was

the agency most involved in implementing U.S. international AIDS programs abroad.

Because of its centrality in HIV/AIDS program development and implementation, it was

necessary to examine whether and to what extent USAID engaged in securitizing moves

of HIV/AIDS.

A USAID report on the potential impact of HIV/AIDS in Africa submitted for the

record to a 1991 congressional hearing included the following statement: "The selective

impact [of HIV/AIDS] on young and middle-aged business and government workers as

well as members of social, economic, and political elites could lead to economic and even

political destabilization."[46] This phrase hinted at the security implications of HIV/AIDS

due to "political destabilization." However as noted in chapter 2, USAID framed

HIV/AIDS as a development issue and a health issue during this period, not a security

issue. Since USAID is the U.S. *development* agency this makes intuitive sense. In this

period of 1986-1997 there were no publicized securitizing moves by USAID.

U.S. Department of Health and Human Services

There were various agencies in the U.S. Department of Health and Human

Services (HHS) that conducted international HIV/AIDS research and programs in the

period of 1986-1997. The major HHS agencies are the Centers for Disease Control (and

Prevention) (CDC), the Fogarty International Center (FIC), the National Institutes of

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[46] Congress, House, Committee on Foreign Affairs, Subcommittee on Africa, *Impact of HIV/AIDS on the Social and Economic Development in Africa*, 6 November 1991 (Y4.F76/1:H88/61), 52.

Allergies and Infectious Diseases (NIAID) and the Office of AIDS Research (OAR) -- all

agencies in the National Institutes of Health (NIH). As presented in chapter 2, these

health agencies most often framed AIDS as a health issue during the period of 1986-

1997. Because of the key role of these agencies in HIV/AIDS international research,

training and programs, it was essential to examine whether these HHS agencies and

departments engaged in securitizing moves of HIV/AIDS.

Starting in 1995 these HHS agencies and departments securitized infectious

diseases in general, even though they did not specifically securitize HIV/AIDS. In 1995

several HHS agency directors spoke of infectious diseases and security during

congressional appropriations hearings for their agencies. Dr. David Satcher, Director,

CDC, commented on the issue of emerging infectious diseases (of which HIV/AIDS is

one) as a security issue stating, "The security of the country is actually threatened if we

don't get a handle on emerging infections."[47]

Dr. Philip Schambra, Director, FIC, responding to a question as to why

international health efforts, in general, were important, testified about the importance of

fighting disease for development and political stability (i.e., security) reasons.[48] In 1996

and 1997, Dr. Schambra continued to comment on how health issues in general can

impact security. During a 1996 congressional hearing he stated, "Our shared purpose is

to ensure that the U.S. scientific community is prepared to meet current and emerging

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[47] Congress, House, Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education and Related Agencies, *Departments of Labor, Health and Human Services, Education and Related Agencies Appropriations for 1996, Part 3: Department of Health and Human Services, Public Health Service (Excluding NIH)*, 8 - 10 March 1995 (Y4.Ap6/1:L11/996/Pt.3), 307.

[48] Congress, House, Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education and Related Agencies, *Departments of Labor, Health and Human Services, Education and Related Agencies Appropriations for 1996, Part 4: NIH*, 28 February and 14, 15, 21-23, 30 March 1995 (Y4.Ap6/1:L11/996/Pt.4), 1107.

global health threats. The cooperative pursuits of the international community of

scientists are key to the future of the world's citizens and environment, economic

prosperity and global security."[49] In a prepared statement submitted for the record for a

1997 hearing, Dr. Schambra once again called health (though not HIV/AIDS specifically)

important to U.S. security. "Today, the pursuit of health through research again is

integral to our nation's security. Scientific solutions to global health threats require a

coordinated global response."[50]

While HIV/AIDS was not singled out for special mention in the period of 1986 -

1997, infectious diseases and other health issues were presented as existential threats.

The FIC made the most frequent securitizing moves of infectious diseases, however, the

CDC also securitized infectious diseases. The NIAID and the OAR did not make

securitizing moves of infectious diseases in general or HIV/AIDS specifically during this

time period. While HIV/AIDS was not singled out as the only infectious disease with

security implications, these HHS agencies did link infectious diseases and security.

The Office of National AIDS Policy (ONAP)

The Office of National AIDS Policy (ONAP) was created by President Clinton in

1993 to coordinate and provide direction for the U.S. government response to HIV/AIDS.

While ONAP mostly focused on HIV/AIDS domestically, it did show some interest in

[49] Congress, House, Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education and Related Agencies, *Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations for 1997, Part 4: National Institutes of Health*, 18, 19, 22-26 April and 14 May 1996 (Y4.Ap6/1:L11/997/Pt.4), 1280.

[50] Congress, Senate, Committee on Appropriations. Subcommittee on Labor, Health and Human Services, and Education and Related Agencies, *Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations, FY98*, 4 March, 16 April, 11 June 1997 (Y4.AP6/2:S.HRG.105-373), 285.

global HIV/AIDS. In 1997 ONAP developed and disseminated *The National AIDS Strategy* in response to a request from President Clinton for such a strategy. *The National AIDS Strategy* of 1997 outlined six goals for the United States, one of which was "to provide strong, continuing support for international efforts to address the HIV epidemic."[51] It is noteworthy that U.S. support for global AIDS was included as one of the goals in the first U.S. national AIDS strategy.

While most of the report focused on the domestic epidemic in the United States, the international epidemic was included in the report in a section titled "International Activities." It proclaimed that AIDS was a global epidemic. It went on to find that "the epidemic jeopardizes decades of economic and social advances in many developing nations."[52] It referenced socio-economic studies on the effects of HIV/AIDS on investment, trade and lower levels of tourism. While the strategy did not argue that HIV/AIDS was a security issue, it did refer to a "reduction in the number of healthy men and women able to serve in the government and the military."[53] The report then discussed accomplishments and the various players involved in the U.S. government response to HIV/AIDS internationally: DOS, USAID, Peace Corps, USIA, NIH, CDC, and DOD. The DOD role in this case was not military-to-military education, but rather HIV vaccine trials overseas.

Once again, the report did not write about the security dimensions of HIV/AIDS, but did argue that providing services to developing countries was "not only morally

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[51] The White House, Office of National AIDS Policy, *The National AIDS Strategy* (Washington, D.C., 1997), 3.

[52] Ibid., 25.

[53] Ibid.

correct, but also furthers U.S. interests by promoting economic and social stability

worldwide."[54] Thus, it did say that combating HIV/AIDS internationally was in the U.S.

national interest and furthermore that HIV/AIDS had the potential to undermine not only

economic development, but also stability. ONAP did not securitize HIV/AIDS in the

period of 1993-1997 and focused mostly on HIV/AIDS in the U.S. and domestic policy

towards HIV/AIDS.

U.S. Think Tanks and Research Institutions

Several U.S. think tanks and research institutions devised and debated new policy

ideas and disseminated them to government in order to impact HIV/AIDS policy

development and implementation. They also convened groups of experts through the

creation of working groups to discuss HIV/AIDS policy issues in order to accomplish

these goals. Furthermore, U.S. foreign policy towards HIV/AIDS became a focus for

many influential U.S. think tanks and research institutions, but mainly starting in 1998.

In the period of 1986-1997 there was one U.S. think tank that stands out for its focus on

U.S. foreign policy towards global AIDS, the Center for Strategic and International

Studies (CSIS).

CSIS had several different sections that focused on HIV/AIDS at one point in

time or another. In the 1980s and early 1990s the Africa Section at CSIS included

HIV/AIDS as one of its topics of study. Dr. Lynn Kitchen, Professor, Marshall

University, School of Medicine, initially served as a consultant on AIDS-related issues

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[54] Ibid., 26.

for CSIS.[55] She authored two issues of the *CSIS Africa Notes* -- "AIDS in Africa:

Knowns and Unknowns," in 1987 and "AIDS as a Factor in U.S. Foreign Relations," in

1988.[56] Later, Dr. Kitchen became Director of the CSIS Africa Studies Program.

In the early 1990s, CSIS developed a Working Group on Global HIV/AIDS as a

two-year collaborative project. The project co-chairs were Rep. Jim McDermott (D-WA)

(who formed the Congressional Task Force on International HIV/AIDS) and Dr. Kitchen,

Director of the CSIS African Studies Program. In 1994, the Working Group issued its

final report which had a prominent focus on HIV/AIDS and security. The Forward was

written by Timothy E. Wirth, Under Secretary of State for Global Affairs, and read in

part "AIDS can no longer be perceived as strictly a public health crisis. Instead, we must

understand the pandemic for its ability to affect the social, economic and political fabric

of many nations and, thus, its implications for U.S. foreign policy, American leadership,

and global cooperation."[57] Furthermore, he wrote, "Viewed in the context of national

security interests, many countries are today waging (and losing) a war with this infectious

disease."[58] As written earlier, Wirth was very involved with AIDS and security issues at

the State Department and directed the *U.S. Strategy on HIV/AIDS*. The report of the

CSIS working group made several policy recommendations. The first was that

"HIV/AIDS must be addressed as an issue of global stability." An explanation of this

recommendation is worth quoting at length:

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[55] Congress, House, Committee on Foreign Affairs, Subcommittee on Africa, *Impact of HIV/AIDS on the Social and Economic Development in Africa*, 6 November 1991 (Y4.F76/1:H88/61), 78.

[56] Ibid.

[57] Kimberly A. Hamilton and Carolyn A. Drucker, Project Coordinators, *Global HIV/AIDS: A Strategy for U.S. Leadership; A Consensus Report of the CSIS Working Group on Global HIV/AIDS*, (Washington, D.C.: CSIS, 1994), vii.

[58] Ibid.

The continued spread of AIDS and HIV directly affects U.S. security interests around the world. . . . AIDS has become a significant threat to economic development and political and economic stability. AIDS and HIV will and should force us to reevaluate what we mean by strategic security. Indeed, AIDS may help foster global instability, linked to increasingly mobile populations, growing pockets of economic and social vulnerability in parts of the developing and industrialized world, and economic globalization. In order to respond to this threat, we must broaden our responses beyond the public health field to address AIDS as both an issue of economic development and one of political and economic stability.[59]

The report also warned of the possible effect of HIV/AIDS on international peacekeeping efforts. Chapter 1 of the report is titled, "Redefining U.S. Security: The Impact of HIV and AIDS on Global Relations." A section of the chapter on "The Security Dimensions of HIV/AIDS," argued that AIDS "undermines political stability and weakens military readiness" and made note of a 1990 State Department report that discussed these issues.[60] The report also referenced proceedings of a joint seminar by UNDP and the Walter Reed Army Institute of Research in June 1993 in Berlin, Germany. The seminar found four challenges that HIV/AIDS poses for military organizations: 1) "HIV/AIDS can severely weaken force strength through a loss of trained soldiers and officers" and "may also shrink the number of military service draftees or recruits;" 2) "will strain shrinking military budgets;" 3) "armies may become a conduit for the spread of AIDS to the larger society;" and 4) "the prevalence of the virus in military populations has implications for a range of international cooperation issues. These include joint training (where militaries with low infection rates may work alongside others with a high prevalence), foreign basing, shore-leave rights, individual and joint deployment for

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[59] Ibid., 4.

[60] Ibid., 26.

peacekeeping and peacemaking operations, and mobilization for armed conflict."[61]

Remarkably, this report received very little attention. Many think tank and research

reports on HIV/AIDS and security in the period of 1998-2003 did not even cite this

report.

Thus while CSIS and its Working Group members were active in securitizing

HIV/AIDS in the early 1990s, there was little publicity or immediate impact from their

efforts. The CSIS report nevertheless represents one of the earliest attempts to securitize

HIV/AIDS and therefore is an important securitizing move. One sees very little activity

in the think tank community on the linkages between HIV/AIDS and security during this

period. With the exception of CSIS, think tanks and research institutions were not

actively securitizing HIV/AIDS nor publishing opinion pieces on the topic during the

period of 1986-1997.

Advocacy Organizations and Foundations

HIV/AIDS advocacy organizations and foundations which invest in global health

are also potentially important players in HIV/AIDS U.S. foreign policy formation and

implementation. However, in the period of 1986-1997 there were few HIV/AIDS

advocacy groups that focused much on U.S. foreign policy towards HIV/AIDS. The first

global HIV/AIDS advocacy organizations in the U.S. were off-shoots or sections of

domestic HIV/AIDS advocacy organizations. Eventually, some U.S. organizations were

developed that focused exclusively on HIV/AIDS as a global issue. Also, there were

some organizations that advocate for poverty eradication or debt cancellation (among

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[61] Ibid., 27.

other foci) that took up the cause of fighting global HIV/AIDS. Foundations that invest

in global health also became important players in funding HIV/AIDS international

programs, but not until the period of 1998-2003.

There were only a few securitizing moves of HIV/AIDS by HIV/AIDS advocacy

organizations and foundations during the period of 1986-1997. These efforts at

securitization are out of the ordinary because there are so few examples, and because of

the focus on domestic HIV/AIDS advocacy during this period. In a 1991 congressional

hearing Dr. Mervyn F. Silverman of AMFar (well-known for its domestic AIDS

programs) testified about the organization's not as well known international programs.[62]

While not calling AIDS a security issue, he mentioned the issue of AIDS in African

militaries. Dr. Silverman compared the large U.S. government military budget for the

Middle East to the paltry sum spent on HIV/AIDS both domestically and internationally:

> We are spending last year in this country 2 days of the defense budget on AIDS. If our defense budget is basically to protect the people in this country, the young people in this country -- we went over to the Middle East, we had the best tanks and everything, we were trying to protect just the age group that are dying here with a war that is being waged right here on our own soil. I think to put something else into context, last year I believe the industrialized world's contribution to dealing with AIDS in developing countries was one-fifth of New York State's budget for AIDS."[63]

This strategy of comparing the U.S. defense budget to the U.S. AIDS budget was used

repeatedly by activists, members of Congress, and members of international

organizations. In all instances this strategy appeared to be used to garner more funding

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[62] Congress, House, Committee on Foreign Affairs, Subcommittee on Africa, *Impact of HIV/AIDS on the Social and Economic Development in Africa*, 6 November 1991 (Y4.F76/1:H88/61), 82.

[63] Ibid., 82.

for HIV/AIDS; in some it suggested a rethinking of security to a focus on human security as opposed to military security.

During a 1992 Congressional hearing on *AIDS Research Opportunities* before the Subcommittee on Health and the Environment, Committee on Energy and Commerce in the House, David Barr, assistant director of policy at Gay Men's Health Crisis, testified that "[AIDS] is a plague. It is out of control. It is a threat to our national security and the security of the world and we have to stop it. Research is our only weapon."[64] Furthermore, in his testimony, he referred to the problem of priorities in U.S. government funding, stating, "Give us 1 day of the Pentagon's budget and we can adequately fund the entire biomedical research effort. The problem is not the cost of research. The problem is priorities. When people's lives and well-being are valued above weapons and protecting the wealth of a few at the expense of the many, can this Nation reach its potential as a world leader."[65]

While there were few securitizing moves of HIV/AIDS by HIV/AIDS advocacy organizations and foundations during the period of 1986-1997, there were two noteworthy exceptions to rule -- AMFar and Gay Men's Health Crisis -- both of which are domestic HIV/AIDS organizations. It is noteworthy that Gay Men's Health Crisis, a U.S.-based domestic advocacy organization testified that HIV/AIDS was a global problem and called it a threat to U.S. and world security, especially given the few efforts to securitize HIV/AIDS up to this point in time and that this is a domestically-focused AIDS organization.

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[64] Congress, House, Committee on Energy and Commerce, Subcommittee on Health and the Environment, *AIDS Research Opportunities*, 24 February 1992 (Y4.En2/3:102-141), 110.

[65] Ibid., 109.

International Organizations

International organizations, most notably those agencies that comprise the United Nations (UN) system are central actors in international HIV/AIDS. Representatives from UN agencies frequently testified before U.S. congressional committees and met with executive branch agencies to educate them about their HIV/AIDS work to ultimately receive funding and support. While UNAIDS did not form until 1996 at the very end of the time period, the agencies that sponsor UNAIDS were in existence and involved in HIV/AIDS during this time period. These agencies (UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank) were examined to discover whether they made securitizing moves during this time period.

In the period of 1986-1997, the UNDP was the only UN agency securitizing HIV/AIDS. Mr. Gustave Speth, the Administrator of UNDP, called HIV/AIDS a security issue during a 1994 congressional hearing during the question and answer period with members of Congress. He explained how HIV/AIDS was part of a new type of security issue:

> There are security interests, not to our national security in the old-fashioned sense, but to our -- but security interests of the type that have -- that are engaging us in numerous peacekeeping operations, for example, around the world, and other OECD countries. . . . The United States will not be able to sit idly by as societies break to their knees and fall apart and at an increasing pace around the world. We will be drawn into responding at a humanitarian level, as we do with regularity, at a political level, and on occasion even at a military level.[66]

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[66] Congress, House, Committee on Appropriations, Subcommittee on Foreign Operations, Export Financing, and Related Programs, *Foreign Operations, Export Financing, and Related Programs Appropriations for 1995, Part 4*, 21, 28 April, 5, 6, 10 May 1994 (Y4.AP6/1:F76/6/995/PT.4), 382.

In response to a question submitted for the record in this same hearing, Mr. Speth wrote

specifically about the problem of HIV/AIDS. He wrote about the intersection of

HIV/AIDS and security:

> In the longer term, there is the possibility of the disintegration of communities, abandoned children turning to banditry and other socially disruptive survival strategies, widespread destitution, strategic imbalances caused by the depletion of military forces and changes in the economic bases of societies. In some Central African states, it is estimated that over 50 percent of the military are HIV positive.[67]

Thus Administrator Speth discussed AIDS and security in the context of expanding

notions of post-Cold War security. This is noteworthy because Speth made a securitizing

move of HIV/AIDS because of an expanded understanding of what security means in the

post-Cold War era.

From 1986-1997 the UN agencies involved in HIV/AIDS for the most part did not

make securitizing moves. The exception is the UNDP. As the development agency at

the UN, UNDP had already made efforts to move the UN away from a strictly public

health approach to the HIV/AIDS pandemic, and towards an expanded view of

HIV/AIDS' impacts around the world. The inclusion of the economic and security

impacts of HIV/AIDS was part of this effort to expand HIV/AIDS programming beyond

public health.

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[67] Ibid., 394.

Audience Acceptance

While there were actors in this period that securitized infectious diseases writ large, there were very few actors who securitized HIV/AIDS specifically. The audience for U.S. foreign policy towards the HIV/AIDS pandemic (the functional actors) needed to accept that HIV/AIDS was an existential threat that required designation as a security issue. There was no evidence of audience acceptance that HIV/AIDS was a security issue by functional actors from 1986-1997. As there were so few securitizing moves and those that existed had little publicity, there was not enough audience awareness for there to be significant audience acceptance. There was no evidence to support audience acceptance of HIV/AIDS being an existential threat for the U.S. during this time period.

Conclusion

From 1986-1997 there were few securitizing moves by those responsible for U.S. foreign policy towards the HIV/AIDS pandemic. The president and prominent members of the U.S. Congress rarely made securitizing moves during the period of 1986-1997. Likewise, there were few securitizing moves by those who try to influence U.S. foreign policy towards HIV/AIDS. Given the few securitizing moves, it makes sense that there is no evidence of audience acceptance of the issue. The idea that AIDS is a security issue was not put forth as a loud argument during this time period.

The examples of individuals making securitizing moves are nonetheless significant because they represent the earliest attempts by the aforementioned U.S. foreign policy and HIV/AIDS actors to define the issue as one of security. While they are rare and sporadic, it is important to note which actors are the early securitizers -- the

policy entrepreneurs. These early attempts also laid the groundwork for the later period of study.

Next, chapters 5 and 6 examine the securitizing moves and level of audience acceptance for the period of 1998-2003 inside government and outside government respectively. In this period, there were many more securitizing moves and actions regarding HIV/AIDS as a security issue for the U.S. and its foreign policy, and furthermore greater audience awareness of the issue.

CHAPTER 5

SECURITIZING MOVES INSIDE GOVERNMENT: PRESENTING THE

HIV/AIDS PANDEMIC AS AN EXISTENTIAL THREAT,

1998-2003

This chapter analyzes securitizing moves by U.S. government officials involved

in global HIV/AIDS policy during the period of 1998-2003. It pays particular attention

to the changing referent objects of HIV/AIDS security as defined by securitizing actors in

the U.S. government. Since the state has more clout in defining security, government

officials are most likely to have their securitizing moves translate into emergency actions

and changes in inter-unit relations.

This chapter examines these efforts to securitize HIV/AIDS in the U.S.

government. It focuses on U.S. government actors in agencies concerned with

HIV/AIDS and/or security in the U.S. government during the second Clinton

administration and the first George W. Bush administration. Because of the number of

securitizing moves and the differences between the Clinton and Bush administrations, the

part of the chapter concerning the executive branch is divided by administration when it

examines the U.S. presidents, their advisors, and the executive branch bureaucracy.

However, the section on the U.S. Congress is presented altogether as one section because

of the branch's independence from the president. Overall, there were many

government actors who presented HIV/AIDS as an existential threat to the U.S. during the period of 1998-2003.

The Clinton Administration (1998-2000)

During the last years of the Clinton administration, from 1998-2000, there were many securitizing moves by President Clinton himself and prominent members of his administration. This section begins with an examination of securitizing moves by Clinton, Vice President Al Gore and prominent members of the administration. It then goes on to examine different executive branch agencies that were involved in HIV/AIDS and their efforts at securitization.

Beginning in late 1998 Clinton proclaimed that global AIDS was in the "national interest," though he still did not call it a security issue. On 18 December 1998 Clinton addressed a meeting of the President's Advisory Council on HIV/AIDS (PACHA). Clinton's remarks were mostly focused on HIV domestically, though in response to a question by Michael T. Isbell, co-chair of the Council's Prevention Subcommittee, he commented on HIV in the developing world.[1] Clinton urged the members of PACHA to use their influence to pressure Congress to support more global efforts, "because eventually all this is going to be a menace to the United States. So it's not only a moral imperative, it's also very practical over the long run."[2] Clinton also gave the following examples of how humanitarianism and U.S. national interests often intersect in U.S.

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[1] William J. Clinton, "Remarks at a Meeting with the President's Advisory Council on HIV/AIDS," Washington, D.C., 18 December 1998.

[2] Ibid.

foreign policy.[3] During this PACHA meeting Clinton also argued that doing the "right

thing" can also be in the national interests of the United States. By 1998, Clinton had not

yet referred to HIV/AIDS as a security threat to the United States.

In 1999, there were some instances where President Clinton called AIDS a

general threat, but implied that there were security implications to the HIV/AIDS

pandemic. For example, during a welcoming ceremony for Prime Minister Keizo Obuchi

of Japan, Clinton said, "For a half-century, our friendship has been a bedrock of security

in Asia. It remains so. But now it is proving itself in the face of new challenges, as well-

-from protecting the environment to fighting AIDS, to stopping the spread of deadly

weapons."[4] This statement implies that fighting AIDS, among other things, is a new

security challenge that was being addressed by both the U.S. and Japan. Also in 1999,

during "Remarks at a Democratic National Committee Gay and Lesbian Luncheon,"

Clinton spoke about AIDS legislation for the U.S. population, but also told the audience

that

> while we've made remarkable progress with HIV and AIDS in the United States, it
> is still raging out of control in much of Africa and increasingly in parts of Asia.
> And I think we ought to do more on that around the world, and we're going to try
> to do more. But I want to ask your support as we go to Congress, and ask them to
> take a strong stand on that. Otherwise, you're going to see whole countries
> collapse under the weight of AIDS-related deaths, AIDS orphans, and managing
> the situation.[5]

While Clinton did not use the word security here, it was clearly implied. If whole

countries would collapse due to AIDS then AIDS is a security challenge for these

[3] Ibid.

[4] William J. Clinton, "Remarks at a Welcoming Ceremony for Prime Minister Keizo Obuchi of Japan," Washington, D.C., 3 May 1999.

[5] William J. Clinton, "Remarks at a Democratic National Committee Gay and Lesbian Luncheon," Washington, D.C., 16 December 1999.

countries and perhaps even to the U.S. In the year 1999, there were a few examples of President Clinton linking the issues of HIV/AIDS and security, even though he did not explicitly say that HIV/AIDS was a security issue or threat for the United States.

It is the year 2000 when Clinton and his administration made many securitizing moves that explicitly referred to HIV/AIDS as a security issue and a U.S. national security threat. The most influential policy statement regarding HIV/AIDS as a security threat occurred on 10 January 2000 at a special session of the U.N. Security Council (UNSC) on HIV/AIDS to mark the U.S. presidency of the Security Council. This key securitizing move occurred under the direction of Richard Holbrooke, U.S. Ambassador to the UN, who was the architect behind this decision to bring HIV/AIDS before the UNSC. It was Vice President Al Gore who called HIV/AIDS a security issue during this UNSC meeting that he chaired.

Ambassador Holbrooke repeatedly announced his intention to focus on Africa at the UNSC meeting throughout December 1999. An 8 December 1999 article in the *Boston Globe* reported that Holbrooke "vowed that the U.S. will concentrate on African crises when it assumes the presidency of the U.N. Security Council in January."[6] Then on 20 December 1999, Holbrooke announced that the U.S. would focus specifically on AIDS in Africa at the UNSC meeting on 10 January 2000. A *New York Times* article from 21 December 1999, quoted Holbrooke as saying, "'Some people wonder, why hold a Security Council meeting on a health issue? . . . The reason is simple. In Africa, in southern Africa . . . AIDS is far more than a health issue. It is jeopardizing the advances

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[6] Shillinger, *Boston Globe*, 8 December 1999 as quoted in Kaiser Daily HIV/AIDS Report, "AFRICA: Boston Minister Urges U.S. Officials to Fight Epidemic," 10 December 1999; available from http://www.kaisernetwork.org/aids/1999/12/kh991210.3.html; accessed 20 August 2003.

these countries have made,' he explained, adding, 'It's not just a gimmick.'"[7] As quoted

in a *The Washington Times* article on 6 January 2000, Holbrooke noted that by focusing

on AIDS, the UNSC is "consciously broadening the definition of security issues in the

U.N."[8] Holbrooke pointed to the spread of AIDS by UN peacekeepers as part of the

rationale for bringing HIV/AIDS before the UNSC.[9] Advance draft remarks for Vice

President Gore's statement before the UNSC were also provided to the press. These

advance draft remarks read in part, "For the nations of sub-Saharan Africa, AIDS has

crossed beyond the borders of a humanitarian crisis to become a security crisis because it

threatens not just the citizens of those nations -- it threatens the very institutions that

define and defend those nations."[10]

From the beginning of December 1999 through the days prior to 10 January 2000

there were many reports in the media of HIV/AIDS being a security issue. These reports

stated that the U.S. was bringing the issue of HIV/AIDS before the U.N. because the

Clinton administration wanted to broaden the definition of what constitutes a security

issue. It is noteworthy that Holbrooke and Gore used different definitions of why

HIV/AIDS was a security crisis. Holbrooke argued that one reason was because of the

[7] Crossette, *New York Times*, 21 December 1999, as quoted in Kaiser Daily HIV/AIDS Report, "UNITED NATIONS: Holbrooke Will Focus Security Council Agenda on Africa, AIDS," 21 December 1999; available from http://www.kaisernetwork.org/aids/1999/12/kh991221.3.htm; accessed 20 August 2003.

[8] Pisik, *Washington Times*, 6 January 2000, as quoted in Kaiser Daily HIV/AIDS Report, "UNITED NATIONS: Security Council to Hold Meeting on Africa, AIDS," 6 January 2000; available from http://www.kaisernetwork.org/aids/2000/01/kh000106.2.htm; accessed 20 August 2003.

[9] Kaiser Daily HIV/AIDS Report, "UNITED NATIONS: Peacekeepers Play Role in Spreading HIV," 10 January 2000; available from http://www.kaisernetwork.org/aids/2000/01/kh000110.4.htm; accessed 20 August 2003.

[10] Kaiser Daily HIV/AIDS Report, "UNITED NATIONS: Gore Expected to Announce $100M Plan to Support AIDS Fight in Africa, India," 10 January 2000; available from http://www.kaisernetwork.org/aids/2000/01/kh000110.3.htm; accessed 20 August 2003.

spread of HIV/AIDS by UN peacekeepers. Vice President Gore's remarks also focused

on how HIV/AIDS threatened the citizens of sub-Saharan African nations (human

security) and the state institutions themselves (a reference to more traditional security

concerns).

Then at the UNSC meeting on 10 January 2000 Vice President Al Gore

announced,

> Today, in sight of all the world, we are putting the AIDS crisis at the top of the
> world's security agenda. We must talk about AIDS not in whispers, in private
> meetings, in tones of secrecy and shame. We must face the threat as we are facing
> it right here, in one of the great forums of the earth – openly and boldly, with
> urgency and compassion.[11]

Gore went on to explain why HIV/AIDS is a security threat: "When 10 million people in

sub-Saharan Africa are infected every minute; when 11 million children have already

become orphans, and many must be raised by other children; when a single disease

threatens everything from economic strength to peacekeeping -- we clearly face a security

threat of the greatest magnitude."[12] Gore called for a broadening of the definition of

security; he explained that "the heart of the security agenda is protecting lives" thus

invoking a notion of human security.[13]

The UNSC meeting was significant for several reasons. First, it was the first time

that the UN Security Council dealt with an international health issue as a security threat.

Second, by placing HIV/AIDS on the agenda of the UNSC, the U.S. was showing a

commitment to the linkage between health and security. Third, it placed Africa as a

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[11] The White House, Office of the Vice President, "Remarks as Prepared for Delivery by Vice President Al Gore, UN Security Council Session on AIDS in Africa," 20 January 2000; available from http://www.un.int/usa/00_002.htm; accessed 23 January 2004.

[12] Ibid.

[13] Ibid.

continent of strategic importance to the U.S. The UNSC meeting, more than anything

else, increased the salience of the security frame for HIV/AIDS. By putting HIV/AIDS

before the UN Security Council, the U.S. was indeed showing before all the world the

urgency it attached to the HIV/AIDS pandemic and that it did in fact represent an

existential threat. This key securitizing move and emergency action by the Clinton

administration set off a chain of events where increasingly it became commonplace that

HIV/AIDS was referred to as a security issue.

Concurrently, with the meeting of the UNSC, a declassified version of National

Intelligence Estimate (NIE 99-17D), *The Global Infectious Disease Threat and its*

Implications for the United States, was published and released. The report examined how

infectious diseases, including HIV/AIDS, would affect U.S. and global security in the

coming years. It focused on the migratory potential of diseases to affect U.S. citizens, its

threat to U.S. armed forces overseas, and how diseases can magnify social and political

instability in countries and regions of strategic interest to the United States. The report

focused on all infectious diseases but paid special attention to the HIV/AIDS pandemic as

an infectious disease with serious national security impacts. The publication of this

report represented a key securitizing move on the part of the U.S. intelligence

community. In the preface to the NIE, it was noted that the NIE "responds to a growing

concern by senior U.S leaders about the implications in terms of health, economics, and

national security -- of the growing global infectious disease threat."[14] In the report

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[14] David F. Gordon, *National Intelligence Estimate: The Global Infectious Disease Threat and Its Implications for the United States*, NIE 99-17D (Washington, D.C., January 2000); available from http://www.fas.org/irp/threat/nie99-17d.htm; accessed 22 January 2001, web version, no page numbers.

HIV/AIDS was a major part of the overall content. The report's findings warned about

AIDS in particular:

> The most likely scenario, in our view, is one in which the infectious disease threat -
> - particularly from HIV/AIDS -- worsens during the first half of our time frame [of
> 20 years], but decreases fitfully after that, owing to better prevention and control
> efforts, new drugs and vaccines, and socioeconomic improvements.[15]

The report clearly articulated what the intelligence community saw as the implications of

infectious diseases in general and HIV/AIDS in particular for U.S. national security.

Some of these impacts were that the diseases would kill Americans overseas including

U.S. military personnel, slow socioeconomic development internationally, and lead to

tensions over travel and immigration restrictions from other countries. Also particular

attention was paid to how infectious diseases would impact foreign militaries and future

peacekeeping operations. The NIE noted that:

> The infectious disease burden will weaken the military capabilities of some
> countries -- as well as international peacekeeping efforts -- as their armies and
> recruitment pool experience HIV infection rates ranging from 10 to 60 percent.
> The cost will be highest among officers and the more modernized militaries in sub-
> Saharan Africa and increasing among FSU (former Soviet Union) states and
> possibly some rogue states.[16]

According to *Washington Post* national security reporter Barton Gellman, NIE 99-17D

appeared to mobilize the Clinton administration though nothing new was discovered from

NIE 95-5 which was published in 1995.[17] The report was important in generating

additional focus on HIV/AIDS and security by the Clinton administration. The report

employs both traditional and human security frameworks to explain the impact of

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[15] Ibid., web version, no page numbers.

[16] Ibid., web version, no page numbers.

[17] Barton Gellman, "World Shunned Signs of Coming Plague," *The Washington Post*, 5 July 2000.

HIV/AIDS internationally on U.S. interests. Thus, the report looks at this nontraditional

threat of HIV/AIDS, but in both traditional and nontraditional terms. The report was (and

continued to be) highly referenced and used to securitize HIV/AIDS by U.S. government

agencies and others.

During a 2000 congressional hearing on infectious diseases National Intelligence

Officer David F. Gordon testified about the NIE before the House Committee on

International Relations. During his testimony he provided further explanation of how

HIV/AIDS was a security issue. He clarified his position, stating, "While it is difficult to

make a direct connection between rates of HIV/AIDS prevalence and other infectious

diseases on overall military performance and readiness, it is likely, given a large number

of officers and other key personnel are dying or becoming disabled, that combat readiness

and capability of such military forces is bound to deteriorate."[18] Later on the hearing

Congressman Donald Payne (D-NJ) asked Dr. Gordon whether he believed infectious

disease was a national security issue or threat. Dr. Gordon responded in part, "I would

not want to get into an academic exercise of trying to define precisely whether and when

something becomes a national security issue or a national security threat, nor would I

suggest that all health issues are national security issues. I think many, if not most health

issues, are not national security issues, they are public health issues."[19] Nevertheless, Dr.

Gordon did argue (though a bit circuitously) that HIV/AIDS had security implications

through its impact on HIV/AIDS in foreign militaries. Dr. Gordon's testimony regarding

the NIE was more cautious and limited about the security implications of HIV/AIDS.

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[18] Congress, House, Committee on International Relations, *Infectious Diseases: A Growing Threat to America's Health and Security*, 29 June 2000 (Y4.IN8/16:D63), 38.

[19] Ibid., 41.

The creation of the report nevertheless represents a major securitizing move on behalf of the intelligence community.

Only three months later, at the end of April 2000, the Clinton administration formally announced that AIDS was a threat to U.S. national security. According to Dr. Kenneth Bernard, the Clinton administration was still debating whether to make a formal declaration of AIDS as a U.S. national security threat when Barton Gellman made the announcement in *The Washington Post* on 30 April 2000 in a front page article entitled, "AIDS Is Declared Threat to Security; White House Fears Epidemic Could Destabilize World."[20] The article read in part,

> 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.[21]

However, the article reported that "[for] all the stakes they now describe, Clinton administration officials do not contemplate addressing them on a scale with traditional national security."[22] In other words, while HIV/AIDS was declared a threat to U.S. national security (an existential threat), the Clinton administration did not envision this threat as requiring emergency actions at a commensurate level with a traditional (i.e.

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[20] Dr. Kenneth Bernard, "Health and Security," (statement at the United States Institute of Peace, Issues Briefing on Health and Security, Washington, D.C., 14 March 2002). Dr. Bernard was Special Assistant to the NSC on International Health during the Clinton administration, under the Bush administration he became Special Advisor on National Security to the Department of Health and Human Services.

[21] Barton Gellman, "AIDS is Declared Threat to Security; White House Fears Epidemic Could Destabilize World." *The Washington Post*, 30 April 2000.

[22] Ibid.

military) security threat. On the heels of this leak in *The Washington Post*, Clinton went ahead and made this announcement formally.

Once the Clinton administration made its formal announcement that AIDS was a threat to U.S. national security in April, President Clinton began to widely address HIV/AIDS and U.S. security before domestic and international audiences. Throughout the remainder of the year 2000 Clinton brought up the topic of AIDS and security in commencement addresses, remarks at DNC meetings, briefings with reporters, and during visits with heads of state.

During trips abroad and head of state visits to the United States, Clinton declared that AIDS was a security threat to the United States. For example, during a welcoming ceremony for South African President Thabo Mbeki, Clinton said, "We must be involved in Africa. That is why we . . . have been working to recognize AIDS as a security threat to the United States, and why we have moved to make critical drugs available at affordable prices and to lead an international effort to develop vaccines for AIDS, TB, and malaria."[23]

Clinton also promoted his new security agenda during a trip to Russia in June. In his "Remarks to the Russian State Duma in Moscow," Clinton said:

> As we and other nation-states look out on the world today, increasingly we find that the fundamental threat to our security is not the threat that we pose to each other, but instead the threats we face in common -- . . . public health threats, like AIDS and tuberculosis, which are now claiming millions of lives around the world and which literally are on the verge of ruining economies and threatening the survival of some nations.[24]

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[23] William J. Clinton, "Remarks at the Welcoming Ceremony for President Thabo Mbeki of South Africa," Washington, D.C., 22 May 2000.

[24] William J. Clinton, "Remarks to the Russian State Duma in Moscow," Washington, D.C., 5 June 2000.

Clinton proposed a new focus on security that was no longer state-centric, but encompassed new security threats like HIV/AIDS.

Clinton discussed AIDS as a U.S. national security issue before domestic audiences as well. During a commencement address for the U.S. Coast Guard Academy, Clinton explained some of the reasons why AIDS was a national security threat: "The fastest growing rage of AIDS is in India, which happens to be a nuclear power. In Africa, some countries are actually hiring two employees for every job, on the assumption that one of them is going to die from AIDS. In other African countries, 30 percent of the teachers and 40 percent of the soldiers have the virus."[25] Furthermore, Clinton stated, "These diseases can ruin economies and threaten the very survival of nations and societies. I think meeting this public health challenge is a moral imperative and a national security concern."[26] On 8 December Clinton asserted that AIDS was a national security crisis because large numbers of Africans will die from the disease, and it causes African countries' GDP to fall, which undermines the viability of democracies.[27] In these examples Clinton employed different referent objects of security -- nations and economies -- as that which needed protection from HIV/AIDS and argued that this was a U.S. national security concern. Also, Clinton linked HIV/AIDS to a traditional U.S. national security concern by focusing on India's nuclear power status.

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[25] William J. Clinton, "Commencement Address at the United States Coast Guard Academy in New London, Connecticut," Washington, D.C., 17 May 2000.

[26] Ibid.

[27] William J. Clinton, "Remarks by the President 'A Foreign Policy for a Global Age' at the University of Nebraska," 8 December 2000.

Throughout the year Clinton defended his characterization of HIV/AIDS as a security threat in response to counter-securitizing moves by Republican members of Congress. Some of the Republican leadership in the Congress actively ridiculed Clinton's declaration that HIV/AIDS was a security issue. As functional actors (and audience members) these members of Congress had clearly not accepted that HIV/AIDS was an existential threat to the U.S. These counter-securitizing moves were prevalent in the initial months following Clinton's designation of HIV/AIDS as a U.S. national security issue, but then dissipated.

For example, during remarks at a Democratic luncheon Clinton defended his decision to call AIDS a national security threat saying: "I think it helps America that we're trying to relieve the debts of the poorest people in the world, that we now treat AIDS as a national security problem. I know Senator Lott made fun of me the other day when our administration announced that we considered the AIDS problem to be a national security problem, but I think it is."[28] Later in the day, Clinton delivered remarks at a reception and continued on the same theme: "I was ridiculed the other day by one of the leaders of the other party because we said AIDS was an international security crisis for the United States. Seventy percent of those cases are in sub-Saharan Africa . . . we have armies where the infection rates is 30 to 40 percent, where a country can collapse on us, people that we believe in, that we're trying to help."[29] In this instance Clinton defined

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[28] William J. Clinton, "Remarks at a Democratic Luncheon in Minneapolis," Washington, D.C., 10 June 2000.

[29] William J. Clinton, "Remarks at a New Leadership Network Reception in Minneapolis," Washington, D.C., 10 June 2000.

AIDS as a security threat because of high rates of HIV infection in the military thus

focusing on foreign militaries as the referent object of security.

In some instances AIDS was deemed a security threat due to traditional national

security concerns such as AIDS' potential to undermine military readiness due to high

prevalence levels in military forces and therefore state stability; other times AIDS was

deemed a "soft" human security issue due to its devastation on human life. In other

instances both "hard" and "soft" notions of security were employed simultaneously. For

example while speaking at a DNC lunch in Palo Alto, California, Clinton said:

> We actually had -- Vice President Gore and I had some people in the other party
> making fun of us not very long ago when we said that AIDS was a security
> challenge. But it is when you look at democratic African countries with infection
> rates hovering around 40 percent in their military, when you look at countries
> we've worked hard to stabilize as free societies that within just a few years will
> have more people in their 60's than in their 30's, when you look at wars that have
> been propagated and the children that have been turned into soldiers and what
> that's doing to the fabric of society and how the epidemic feeds that, we have to
> have a broader notion of what is in our security interests. First, it's about more
> than military, it's about non-military causes as well. And, secondly, it's about a lot
> of things that have to do with health and education and well-being.[30]

HIV/AIDS as a security issue was part of this broadening of security interests by the

Clinton administration.

Furthermore, in addition to proclaiming HIV/AIDS a threat to U.S. national

security, President Clinton also spoke of HIV/AIDS as an international security issue.

Just prior to World AIDS Day on 30 November 2000 Clinton called AIDS "a national

and international security issue."[31] On World AIDS Day, 1 December 2000, Clinton

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[30] William J. Clinton, "Remarks by the President at DNC Lunch at a Private Residence [Doctors Mahal] in Palo Alto, CA," Washington, D.C., 23 September 2000.

[31] *Agence France-Press*, 1 December 2000 as quoted in *Kaiser Daily HIV/AIDS Report*, "Public Opinion on Epidemic Booms as World AIDS Day Dawns," 1 December 2000; available from http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=1379; accessed 20 August 2003.

spoke at Howard University in Washington, D.C. He called AIDS a "moral crisis," an "economic crisis," and a "security crisis." In his comments on World AIDS Day Clinton provided a host of reasons why AIDS was an "international security crisis," focusing on the epidemic in Africa, Eastern Europe and the nations of the former Soviet Union.[32]

By declaring that HIV/AIDS was a security issue, Clinton sought to broaden the national security agenda. Clinton said in an interview that he saw this effort as part of his presidential legacy. "I wanted to try to broaden the notion in America of what foreign policy and national security was, to include health issues, to include -- like we made AIDS a national security threat -- to include climate change; to include the globalized society, all these issues we started talking about."[33] As Clinton was leaving office, he emphasized nonmilitary security as an area where more work needed to be done after his departure. In many interviews and speeches at the conclusion of his presidency, he focused on the new security agenda and included HIV/AIDS as a crucial part of this agenda and his presidential legacy. For example, in an interview with Ron Brownstein of the *Los Angeles Times* on 11 August 2000, Clinton said:

> I've talked a lot about this, but we don't have the institutionalized commitment that I think we need to deal with the new security threats and the new opportunities of the 21st century. . . . . The breakdown of public health networks all over the world and the rise of AIDS, TB, and malaria -- but also just a breakdown of health care systems -- in Russia, not just in Africa, in Russia and lots of other countries in the former Soviet Union and other places, it's a serious problem. And I think there should be more money spent in nonmilitary massive security, foreign policy areas.[34]

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[32] William J. Clinton, "Remarks by the President on World AIDS Day," Washington, D.C., 1 December 2000; available from http://www.kaisernetwork.org/aids/2000/12/kh001201.4.htm; accessed 20 August 2003.

[33] William J. Clinton, "Interview of the President by Joe Klein," Washington, D.C., 5 July 2000.

[34] William J. Clinton, "Interview of the President by Ron Brownstein of the LA Times Aboard Air Force One En Route to Los Angeles," Washington, D.C., 11 August 2000.

Likewise in an interview with Joe Klein aboard Air Force One, Clinton described his

record on foreign policy:

> We should see our foreign policy and national security in terms of the traditional
> alliances and challenges that we have that haven't changed even though the Cold
> War is over. In terms of the new possibilities opened up either by the end of the
> Cold War or the emergences of this sort of global information society, and then the
> new security threats. And I think a lot of the security threats of the 21st century will
> come not from other nation states but from the enemies of the nation states.[35]

On 7 September 2000 Clinton delivered his final address before the UN Security

Council. While much of his remarks concerned peacekeeping in Africa, he also argued

that the UNSC needed to broaden the definition of security and respond to global

problems other than war, such as infectious diseases. Clinton concluded with some

parting words for critics of his new security agenda:

> Now, let me just say in closing, Mr. President, some people will listen to this
> discussion and say, well, peacekeeping has something to do with security, but these
> other issues don't have anything to do with security and don't belong in the
> Security Council. This is my last meeting; I just have to say I respectfully disagree
> -- these issues will be more and more and more in the Security Council. Until we
> confront the iron link between deprivation, disease, and war, we will never be able
> to create the peace that the founders of the United Nations dreamed of. I hope the
> United States will always be willing to do its part, and I hope the Security Council
> increasingly will have a 21st century vision of security that we can all embrace and
> pursue.[36]

At the end of his presidency, Clinton linked HIV/AIDS and other issues to

terrorism and narco-trafficking.[37] In 2000 this idea that the fight against AIDS was

necessary in part to prevent countries from becoming "breeding grounds for terrorists"

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[35] "Interview of the President by Joe Klein Aboard Air Force One From Monroe, Michigan to Andrews Air Force Base," Washington, D.C., 15 August 2000.

[36] William J. Clinton, "Remarks by the President to the Security Council, Security Council Chamber, the United Nations, New York, NY," Washington, D.C., 7 September 2000.

[37] William J. Clinton, "Remarks by the President 'A Foreign Policy for a Global Age' at the University of Nebraska," Washington, D.C., 8 December 2000.

was introduced by the Clinton administration. Following the 9/11 attacks this argument became more frequently invoked and became one of the primary ways that HIV/AIDS was seen as a security issue for the United States.

At the University of Warwick Clinton delivered his final foreign policy speech as President of the United States; he focused on accelerating global poverty reduction and included remarks on HIV/AIDS. Clinton in part addressed the nuclear countries reminding the audience: "We must also do all we can to stop the disease from spreading in places like Russia and India, where the rates of growth are large, but the overall numbers of infected people are relatively small. But we must not also forget that the number one health crisis in the world today remains AIDS in Africa."[38]

Especially at the end of his presidency, Clinton focused on HIV/AIDS globally and declared it an international and national security issue. He defined the issue as a security issue and threat for a variety of reasons, focusing on the effects of HIV/AIDS on foreign militaries, economies and society-at-large. President Clinton promoted a new understanding of security, one he described during his trip to Russia, as not about "the threat we pose to each other, but instead the threats we face in common."[39]

U.S. Bureaucracies under Clinton (1998-2000)

During the Clinton administration various U.S. government bureaucracies securitized HIV/AIDS through their discussions and understandings of HIV/AIDS as a

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[38] William J. Clinton, "Remarks by the President to the Community of the University of Warwick, Warwickshire, England," Washington, D.C., 14 December 2000.

[39] William J. Clinton, "Remarks to the Russian State Duma in Moscow," Washington, D.C., 5 June 2000.

security issue. This included the U.S. Department of State, USAID, U.S. Department of

Health and Human Services, the Office of National AIDS Policy, the Department of

Defense, and other agencies.[40] The following section analyzes the securitizing moves by

members of the bureaucracy involved in international HIV/AIDS policy that were not

examined in the previous section.

U.S. Department of State

In 1999, the U.S. Department of State stepped up its efforts to define HIV/AIDS

as a security issue for the U.S. In March 1999, the State Department released a report on

AIDS titled, *1999 U.S. International Response to HIV/AIDS.* The conclusion of the

report read in part, "Inadequate national and international political commitment to fully

address HIV/AIDS around the world has contributed to the escalation of the global

pandemic that now threatens the health and security of every nation. Any weak link in

the global chain, which binds the nations of the world, weakens us all."[41] In October

1999, Secretary of State Madeline Albright made a trip to Africa. According to a *Los

Angeles Times* article, Albright intended to use her trip to "'work with Africans to combat

threats to our mutual security,' including AIDS."[42] So while Clinton did not make

securitizing moves in 1999, the State Department did.

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[40] Though USAID is part of DOS, USAID is presented as a separate section because of its role in promoting international development.

[41] U.S. Department of State, *1999 U.S. International Response to HIV/AIDS*, Washington, D.C., 19 March 1999; available from http://www.state.gov/www/global/oes/health/1999_hivaids_rpt/index.html; accessed 16 February 2003.

[42] Kempster, *The Los Angeles Times,* 18 October, 1999 as quoted in Kaiser Daily HIV/AIDS Report, "AFRICA: AIDS Epidemic Deters Foreign Investors," 20 October 1999; available from http://www.kaisernetwork.org/aids/1999/10/kh991020.3.htm; accessed 20 August 2003.

As analyzed in part during the previous section, U.S. Department of State

personnel presented HIV/AIDS as a security issue especially beginning in late 1999

during the preparations for the UNSC meeting. Holbrooke was a major securitizing actor

in DOS. Following the January 2000 UNSC meeting these efforts at securitizing AIDS

increased. Both Holbrooke and Albright proclaimed that AIDS was a security issue

throughout the year 2000. In a 8 March 2000 congressional hearing on *H.R. 3529: The*

World Bank AIDS Prevention Trust Fund Act, Holbrooke testified about global

HIV/AIDS and the UN Security Council session which he spearheaded:

> Just as we expanded the dimensions of the problem by bringing the issue to the
> Security Council of the United Nations in January, as you just mentioned, you add
> a new dimension in bringing it before your committee. And in that regard, to have
> a representative, a very senior representative of the Treasury Department joining
> Sandy Thurman and me here today, I think it sends an additional signal, and that
> signal is unambiguous: AIDS is not just a health issue.[43]

In another 2000 hearing, the submitted statement of Ambassador Holbrooke reads

in part, "The Security Council formally acknowledged what many of us (including many

members of this committee) have long argued -- that post-Cold War international security

is about more than guns and bombs and the balance of power."[44] Holbrooke thus situated

HIV/AIDS as a security issue within a rethinking of international security in the post-

Cold War. Likewise Secretary Albright thought that the end of the Cold War led to a

broadening of security, stating, "The truth is that we now care about a lot more places

than we ever did before because they are not frozen in a cold war stance. So we have to

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[43] Congress, House, Committee on Banking and Financial Services, *H.R. 3519: The World Bank AIDS Prevention Trust Fund Act*, 8 March 2000 (Y4.B22/1:106-47), 13.

[44] Ibid., 104.

learn to absorb all these new threats and opportunities as they come up in the 21st

century."[45]

The securitizing moves of Holbrooke were supported and reinforced by Secretary

of State Madeline Albright. During a 2000 hearing on President Clinton's FY 2001

foreign affairs budget request, Albright testified about AIDS and security. She noted in

her statement that, "Ambassador Holbrooke really took an outstanding step and did

something unusual in making HIV/AIDS a security issue for the Security Council. He

thereby pushed the envelope of what is normally considered a security issue, which I

think HIV/AIDS definitely is."[46]

Other State Department officials also saw AIDS as a security issue. For example,

during an announcement about a joint venture between the U.S. and Japan to fight AIDS

in Cambodia in July 2000, Frank Loy, Under Secretary of State for Global Affairs

announced, "We feel that it [AIDS] is not only a humanitarian issue of huge proportions

but also is an issue that belongs on a development agenda and a security agenda."[47] At an

ASEAN meeting, Secretary Albright also called AIDS a threat to the security of

Southeast Asia.[48]

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[45] Ibid., 56.

[46] Congress, Senate, Committee on Foreign Relations, *2000 Foreign Policy Overview and the President's Fiscal Year 2001 Foreign Affairs Budget Request*, 8, 9, 10, 24, 25, 29 February and 8, 23 March 2000 (Y4.F76/2:S.HRG. 106-599), 44.

[47] *AP/Contra Costa Times*, 29 February 2000 as quoted in *Kaiser Daily HIV/AIDS Report*, "CAMBODIA: United States, Japan Team Up to Fight AIDS," 2 March 2000; available from http://www.kaisernetwork.org/aids/2000/03/kh000302.4.htm; accessed 20 August 2003.

[48] Kaiser HIV/AIDS Daily Report, "SOUTHEAST ASIA: HIV Threatens Region's Health, Security, Albright Says," 31 July 2000; available from http://www.kaisernetwork.org/aids/2000/07/kh000731.1.htm; accessed 20 August 2003.

National Security Council

Beginning in 2000 there was a new role for the National Security Council (NSC)

in infectious diseases. On 8 February 2000, the White House created an interagency

working group which included NSC members. It was instructed to "develop a series of

expanded initiatives to drive the international efforts" to combat HIV/AIDS.[49] Towards

the end of 2000, Clinton's National Security Advisor (NSA), Samuel Berger, gave a

speech at Georgetown University in October 2000 titled "A Foreign Policy for the Global

Age." He explained what this new security agenda was about and how and why

HIV/AIDS was included in it.

> National security is about more than defense against bitter enemies and deadly
> weapons. For example: . . . how can we say we are protecting our people if we fail
> to stop the spread of diseases like AIDS, malaria, and tuberculosis, which account
> for 25% of all deaths in the world? Flat earth proponents may not see disease as a
> national security priority. But a problem that kills massively, crosses borders, and
> threatens to destabilize whole regions is to me the very definition of a national
> security threat. So we have exponentially increased funding to help bridge the
> global health divide and to stimulate the development and delivery of drugs and
> vaccines for which there is no market in rich countries. This challenge will call for
> even greater resources and attention. To dismiss it as a "soft" issue is to be blind to
> hard realities.[50]

Also, Berger gave a preview of two of Clinton's final speeches on his foreign

policy efforts during his eight years in office. Berger explained that Clinton began his

presidency during the "post-Cold War period" and that the speech at the University of

Nebraska foresaw a future new period. Berger explained the purpose of the Warwick

speech as follows:

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[49] Barton Gellman, "AIDS is Declared Threat to Security; White House Fears Epidemic Could Destabilize World," *The Washington Post*, 30 April 2000.

[50] Samuel R. Berger, Assistant to the President for National Security Affairs, Office of the Press Secretary, The White House "A Foreign Policy for the Global Age at Georgetown University, Intercultural Center," Washington, D.C., 19 October 2000.

We've tried over the last few years, to focus and to bring into the first tier of national security concerns how to deal with what might be called a globalization gap, the globalization gap. That is, how do we deal with the digital divide; how do we deal with this terrible problem of AIDS and malaria and tuberculosis in the Third World, devastating Africa, India and many other parts of the world. Can we do serious leaps on Third World debt in a way that assures that the benefits of that relief will be plowed back into education, into health care and to things that . . . will change the lives of people in these countries.[51]

Furthermore, in an article for *Foreign Affairs* in the November/December 2000 issue, Berger explained why AIDS is a security issue, stating a "problem that kills huge numbers, crosses borders, and threatens to destabilize whole regions is the very definition of a national security threat."[52] Thus in 2000, the NSA supported and promoted HIV/AIDS being a security issue within the NSC.

Department of Defense

In a 1998 Congressional hearing on *The Spread of AIDS in the Developing World*, Colonel Deborah Birx, MD, Director of the U.S. Military HIV Research Program, called HIV/AIDS both a "global public health issue" and "a serious threat to the U.S. military forces."[53] Birx also implied that AIDS was a security issue for the U.S. when she said: "We also know that HIV/AIDS has emerged as a pandemic over the last 20 years, destabilizing some national governments and infecting a large number of our international military forces to which we are co-deployed."[54] Birx continued, "The

[51] Office of the Press Secretary, The White House, "Press Briefing by National Security Advisor Sandy Berger on President's Trip to Ireland and England," Washington, D.C., 7 December 2000.

[52] Sandy Berger, "A Foreign Policy for the Global Age," *Foreign Affairs* 79, No. 6 (November/December 2000), 32.

[53] Congress, House, Committee on International Relations, *The Spread of AIDS in the Developing World*. 16 September 1998 (Y4.IN8/16:AC7), 19.

[54] Ibid., 19.

Military HIV Research Program has been in the forefront of the global battle against

HIV, focusing on the aspects of the epidemic that pose a very specific threat to U.S.

military readiness."[55] Thus echoing statements in the 1980s, AIDS continued to be seen

by DOD as a threat to the U.S. armed forces. Those medical officers in the DOD

continued to view HIV/AIDS as a possible threat to military readiness.

ONAP

It is not until the summer of 1999 that Sandra Thurman, Director of ONAP, began

to securitize HIV/AIDS. In a 1999 congressional hearing on *What is the U.S. Role in*

Combating the Global HIV/AIDS Epidemic?, Thurman referred to AIDS as a health issue,

an economic issue, a security issue, and a crisis in her opening statement. Her prepared

statement reads in part, "Extremely high levels of HIV infection among senior officers

could lead to rapid turnover in those positions. In countries where the military plays a

central or strong role in government, such rapid turnover could weaken the central

government's authority."[56] Furthermore she noted, "The South African Institute for

Security Studies has also linked the growing number of children orphaned by AIDS to

future increases in crime and civil unrest. The assumption is that as the number of

disaffected, troubled, and under-educated young people increases, many Sub-Saharan

African countries may face serious threats to their social stability."[57] Thurman explained

that AIDS is a security issue because of its impact on foreign militaries and governments

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[55] Ibid., 20.

[56] Congress, House, Committee on Government Reform, Subcommittee on Criminal Justice, Drug Policy, and Human Resources, *What is the U.S. Role in Combating the Global HIV/AIDS Epidemic?* 22 July 1999 (Y4.G74/7:G51), 99.

[57] Ibid.

and the impact of AIDS orphans on stability. These securitizing moves by Thurman, like

those of Holbrooke, were in the lead up to the UNSC meeting and helped pave the way

for the designation of HIV/AIDS as a U.S. national security issue.

In 2000, following the UNSC meeting, Thurman continued on the theme of AIDS

and security, and included security as one of the many facets of the HIV/AIDS problem

internationally. In her statements in several year 2000 hearings, Thurman reiterated,

"Clearly, AIDS is not just a health issue. It is an economic issue. It is a fundamental

development issue, and it is a security and stability issue."[58] At another hearing, she

remarked that the UNSC meeting "speaks to a growing awareness that AIDS is a security

threat that requires global mobilization."[59]

USAID

Beginning in late 1999, top USAID officials focused on HIV/AIDS and security.

For example, in a 1999 congressional hearing on *President Clinton's FY 2000 Foreign

Assistance Budget Request*, the written (but not the read) statement of J. Brian Atwood,

Administrator, USAID, called HIV/AIDS a security issue while testifying about the

Development Fund for Africa. It read in part, "Two goals underlie U.S. foreign policy in

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[58] For example *see* Congress, Senate, Committee on Foreign Relations, *2000 Foreign Policy Overview and the President's Fiscal Year 2001 Foreign Affairs Budget Request*, 8, 9, 10, 24, 25, 29 February and 8, 23 March 2000 (Y4.F76/2:S.HRG. 106-599), 209; and Congress, House, Committee on Banking and Financial Services, *H.R. 3519: The World Bank AIDS Prevention Trust Fund Act*, 8 March 2000 (Y4.B22/1:106-47), 14.

[59] Congress, Senate, Committee on Foreign Relations, *2000 Foreign Policy Overview and the President's Fiscal Year 2001 Foreign Affairs Budget Request*, 8, 9, 10, 24, 25, 29 February and 8, 23 March 2000 (Y4.F76/2:S.HRG. 106-599), 209.

Africa: to accelerate Africa's integration into the global economy and to combat serious transnational security threats there, including HIV/AIDS and outbreaks of violence."[60]

Furthermore, during an interview in late 1999, Paul DeLay, the head of USAID's HIV/AIDS effort at the time, included security as part of the rationale for U.S. involvement in global HIV/AIDS. In response to a question about why the U.S. was involved in international HIV/AIDS DeLay provided several reasons including "political and military security," explaining that "when 50 to 100 per cent of enlisted and officer cadres are infected, this has a profound influence on the ability to provide national security and the way they function in the field. . . . The scariest thing in the world is a soldier who thinks he's already going to die."[61]

In 2000, USAID, while continuing to frame HIV/AIDS as a health and development issue, also securitized HIV/AIDS along with the other agencies in the Clinton administration.

Department of Health and Human Services

In 1999 and 2000, various HHS agency heads securitized AIDS and other health issues. Dr. David Satcher, Surgeon General, published an article in *JAMA* titled, "The Global HIV/AIDS Epidemic" which concluded with the idea that HIV/AIDS was a security issue, lamenting that: "Unfortunately, the world continues to devote greater

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[60] Congress, House, Committee on International Relations, *President Clinton's FY 2000 Foreign Assistance Budget Request,* 3 March 1999 (Y4.IN8/16:P92/3), 44.

[61] Paul DeLay, "The Global Dimensions of HIV/AIDS," interview by Jeff Stryker for HIVInSite, San Francisco, CA, November 1999; available from http://hivinsite.ucsf.edu/InSite.jsp?page=au-00-00&doc=2098.44ce, accessed 30 June 2004. HIVInSite is a project of the University of California at San Francisco Center for HIV Information.

attention and resources to traditional national security issues such a wars, postponing

notice of an epidemic that, if left to spread unchecked, will kill more people than any of

the terrible conflagrations that have so marked this century."[62]

In congressional hearings for 2000, various HHS agency heads including Dr.

Fauci, Director, NIAID, and Dr. Nathanson, Director, OAR, mentioned the UN Security

Council meeting in their testimony. In a congressional appropriations hearing that year,

Dr. Fauci noted, "Significantly, this year the United Nations Security Council for the first

time devoted an entire session to a health issue -- AIDS in Africa -- recognizing the

enormous threat that the disease poses to the security not only of that continent but the

world."[63] He also called AIDS, "one of the greatest threats to global health and one of

the most destructive scourges in human history."[64] Dr. Nathanson in his congressional

testimony mentioned that the UNSC declared AIDS a national security issue. Also, his

statement included the sentence, "AIDS is affecting military capabilities of some

countries as well as the international peacekeeping forces."[65] In another appropriations

hearing that year, Dr. Nathanson remarked, "By every definition, AIDS is the great

plague of the 20th century -- an epidemic of biblical proportions. In January, the United

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[62] David Satcher, "The Global AIDS Epidemic," *The Journal of the American Medical Association*. 28 April 1999; reprinted in Congress, House, Committee on Government Reform, Subcommittee on Criminal Justice, Drug Policy, and Human Resources. *What is the U.S. Role in Combating the Global HIV/AIDS Epidemic?* 22 July 1999 (Y4.G74/7:G51).

[63] Congress, Senate, Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education and Related Agencies, *Departments of Labor, Health and Human Services, Education and Related Agencies Appropriations, FY 2001*, 28 February and 30 March 2000 (Y4.AP6/2:S. Hrg. 106-817), 152.

[64] Ibid., 153.

[65] Ibid., 208.

Nations Security Council declared that AIDS has become an issue of national security, representing a new kind of threat to political stability."[66]

Especially following the UNSC meeting, the heads of HHS agencies involved in international HIV/AIDS included HIV/AIDS as a security issue while continuing to understand AIDS as a health issue. These directors jumped on the bandwagon and securitized HIV/AIDS throughout 2000.

Securitizing Moves under Clinton

During the Clinton administration, and especially in 2000, there were many securitizing moves in the White House, the Cabinet and U.S. government bureaucracies. In the months preceding the UNSC meeting and those following the meeting officials in every agency involved in global AIDS presented HIV/AIDS as a security threat. These actors sometimes defined why HIV/AIDS was a security issue and their explanations pointed to different referent objects for security. Sometimes it was militaries, other times it was economies and still other times it was human lives that were being threatened by the HIV/AIDS pandemic. Why each of these referent objects were threats to U.S. security also varied. Sometimes HIV/AIDS was deemed a threat due to its capacity to create state instability, which could cause a need for the U.S. to intervene militarily. Other times, the threat of HIV/AIDS to developing countries' economies was seen as a possible threat to the U.S. because of a shrinking of markets for U.S. exports that it could

[66] Congress, House, Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education and Related Agencies, *Departments of Labor, Health and Human Services, Education and Related Agencies Appropriations for 2001, Part 4B: National Institutes of Health*, 16, 17, 29 February and 1, 2, 8 March 2000 (Y4.AP6/1:L11/2001/PT.4B), 1179.

cause. And further still, HIV/AIDS was seen as a threat to human security because of the devastation it could cause worldwide. However, many times that HIV/AIDS is a security issue was merely stated as a fact with no further explanation.

In August 2000, as Al Gore accepted the democratic presidential nomination, he included increased funding for global AIDS in his speech and called AIDS a threat to national security.[67] In 2001, after eight years of the Clinton administration, the Democrats lost the White House and the President George W. Bush administration began. With this change in administration many of the functional actors of HIV/AIDS policy also changed. Thus the next section examines the new securitizing actors of the Bush administration.

Bush Administration (2001-2003)

During the first three years of the Bush administration, there continued to be securitizing moves, though these were not directly from President Bush, instead coming from prominent members of his administration. This section examines the securitizing moves by President Bush and prominent members of his administration while investigating some of the new language used by President Bush to describe the HIV/AIDS pandemic and the U.S. role in fighting it. The section then goes on to examine the different securitizing moves in the U.S. federal government bureaucracy that was involved in international HIV/AIDS.

In 2001, President Bush did not engage in securitizing HIV/AIDS even while members of his administration did. Secretary of State Colin Powell was at the forefront

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[67] Al Gore, "Democratic National Convention Speech." *The Washington Post*, 18 August 2000.

of linking HIV/AIDS in Africa and U.S. national security during the first term of the

Bush administration. Powell called HIV/AIDS a national security problem during the

ABC TV news program *This Week* on 4 February 2001. Then in May 2001, Secretary

Powell took a week-long tour of Africa.[68] During one of his appearances, outside a

Nairobi, Kenya health clinic, Powell announced: "There is no war causing more death

and destruction, there is no war on the face of the earth right now that is more serious,

that is more grave, than the war we see here in sub-Saharan Africa against HIV/AIDS."[69]

The attacks of September 11, 2001 (9/11) temporarily disrupted the Bush

administration's focus on HIV/AIDS internationally, initially shifting the focus of U.S.

foreign policy almost exclusively to terrorism. President Bush spoke often about the

problem of global AIDS even while not securitizing HIV/AIDS. The first time president

Bush spoke of AIDS following the 9/11 attacks was on 20 October 2001 while in Asia for

the APEC Leaders' meeting. During remarks to the CEO Summit in Shanghai, President

Bush said: "Diseases such as AIDS destroy countless lives and undermine the success of

many nations. Prosperous nations must work in partnership with developing nations to

help remove the cloud of disease from our world's future."[70] In 2001 Bush did not call

HIV/AIDS a security issue. This is a significant change from 2000 during the Clinton

administration.

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[68] Secretary Powell's visit to Africa closely preceded the UN General Assembly Special Session on HIV/AIDS (UNGASS) in New York, NY in June 2001, thus signaling continued U.S. support for combating HIV/AIDS globally. Also during this time is when President Bush promised his initial $200 million contribution to the yet unformed Global Fund to Fight AIDS, TB and Malaria.

[69] United States Institute of Peace, "AIDS and Violent Conflict in Africa," Special Report of the United States Institute of Peace (USIP) (Washington, D.C.: United States Institute of Peace, 25 October 2001); also available from http://www.usip.org/pubs/specialreports/sr75.pdf; accessed 18 July 2005.

[70] George W. Bush. "President Says Terrorists Tried to Disrupt World Economy at Pudong Shangri-La Hotel, Shanghai, PRC," Washington, D.C., 20 October 2001.

However, following 9/11 Bush created links between the war on terror and the war on AIDS, as well as between the war in Afghanistan and AIDS. While not referring to AIDS as a security issue, Bush did link AIDS to other issues he deemed security threats to the United States. In remarks before the UNGA on 10 November 2001, Bush spoke mostly about terrorism. However, he also said,

> We must press on with our agenda for peace and prosperity in every land. My country is pledged to encouraging development and expanding trade. My country is pledged to investing in education and combating AIDS and other infectious diseases around the world. Following September 11th, these pledges are even more important. In our struggle against hateful groups that exploit poverty and despair, we must offer an alternative of opportunity and hope.[71]

In 2002, the only explicit reference to HIV/AIDS and security by the President was in a "Joint Statement by the United States of America, the Republic of Kenya, and Ethiopia," which commented on a meeting they held and noted that "The leaders expressed concern over the devastating effects of the HIV/AIDS pandemic and other infectious diseases in Africa and their impact on social, economic, and security sectors."[72] The inclusion of the security impacts of HIV/AIDS appears to be due to the efforts of Kenya and Ethiopia.

While President Bush did not directly argue that HIV/AIDS was a security issue, he did find that other diseases could be a security risk through bioterrorism. Bush linked the benefits of funding for bioterrorism to efforts to fight HIV/AIDS as a further benefit to funding the war on terror. In February 2002, President Bush made the following statement:

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[71] George W. Bush, "Remarks by the President to the United Nations General Assembly at U.N. Headquarters, New York, NY," Washington, D.C., 10 November 2001.

[72] The White House, "Joint Statement by the United States of America, the Republic of Kenya, and Ethiopia," Washington, D.C., 10 December 2002.

> Scientists tell us that research we do to fight bioterrorism is likely to deliver great new advances in the treatment of many other diseases, such as tuberculosis, pneumonia, malaria and HIV/AIDS. The monies we spend to protect America today are likely to yield long-term benefits, are likely to provide some incredible cures to diseases that many years ago never thought would be cured. It's an investment that will pay off not only for better security, but for better health.[73]

Thus Bush saw bioterrorism as a security issue and AIDS as a health issue. Despite these differences, Bush is able to link the fight against HIV/AIDS to security through bioterrorism.

President Bush released *The National Security Strategy of the United States* in September 2002; HIV/AIDS and international health featured prominently. In the strategy, the U.S. promised to continue "to lead the world in efforts to reduce the terrible toll of HIV/AIDS and other infectious diseases."[74] In the section on promoting free trade and free markets, the U.S. promised to promote the connection between trade and development stating, "We will ensure that the WTO intellectual property rules are flexible enough to allow developing nations to gain access to critical medicines for extraordinary dangers like HIV/AIDS, tuberculosis, and malaria."[75] Likewise, in the section on expanding development for more of the world's nations, HIV/AIDS was mentioned often. While HIV/AIDS was not called a U.S. national security threat, its inclusion in Bush's *National Security Strategy* is significant.

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[73] The White House, "President's Remarks at Masonic Temple: President Increases Funding for Bioterrorism by 319 Percent at Masonic Temple, University of Pittsburgh, Pittsburgh, PA," Washington, D.C., 5 February 2002.

[74] The White House, *The National Security Strategy of the United States*, Washington, D.C., September 2002, v.; available from http://www.whitehouse.gov/nsc/nss.pdf; accessed 1 August 2006.

[75] Ibid., 19.

In 2003, Bush made one explicit reference to HIV/AIDS and security and one

implicit reference. The explicit reference linking security and HIV/AIDS in 2003 occurs

during "Remarks by the President to the People of Poland" in Krakow at the end of May:

> In the long-term, we add to our security by helping to spread freedom and alleviate suffering. And this sets a broad agenda for nations on both sides of the Atlantic. In Africa, the spread of HIV/AIDS threatens millions, and the stability of an entire continent. The United States has undertaken a comprehensive, $15 billion effort to prevent AIDS and to treat AIDS and provide humane care for its victims. I urge our partners in Europe to make a similar commitment, so we can work together in turning the tide against AIDS.[76]

In another reference to security and stability, during remarks on 29 April 2003, President

Bush refers to HIV/AIDS as both a public health crisis and a security issue by noting that

HIV/AIDS is "a threat to stability of entire countries and . . . regions."[77]

In 2003, Secretary Powell continued to securitize HIV/AIDS even while Bush did

not do so himself. At the signing ceremony for H.R. 1298, which authorized the funding

for PEPFAR in May 2003, Secretary Powell referred to the security implications of

AIDS. "HIV is one of the biggest killers on the face of the earth. It is more devastating

than any army, any conflict, or any weapon of mass destruction. Responding to

HIV/AIDS is not only a humanitarian and a public health issue; HIV/AIDS also carries

profound implications for prosperity, democracy and security."[78] At the ASEAN

Regional Forum, Secretary Powell also spoke of the destructive nature of HIV/AIDS,

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[76] George W. Bush, "Remarks by the President to the People of Poland,Krakow, Poland," Washington, D.C., 31 May 2003.

[77] George W. Bush, "Remarks by the President on Global HIV/AIDS Initiative, The East Room, The White House," Washington, D.C., 29 April 2003.

[78] Kaiser HIV/AIDS Daily Report, "President Bush Signs Into Law $15B International HIV/AIDS Bill; Some Democrats Say White House Commitment 'Hollow'," 28 May 2003; available from http://www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=1&DR_ID=17940; accessed 21 August 2003.

noting that while it was "not generally perceived to be a security threat" HIV/AIDS was a security threat to Asia.[79] Likewise at an annual dinner for the Global Business Coalition on HIV/AIDS on 11 June 2003, Powell said that AIDS "is threatening democracy, prosperity and security all around the world."[80] Then before the UNGA on 23 September 2003, Powell called AIDS "more devastating than any terrorist attack, any conflict, or any weapon of mass destruction."[81] On 1 December 2003, World AIDS Day, Powell spoke of the national security implications of HIV/AIDS for the nations of sub-Saharan Africa thus continuing his efforts to securitize the pandemic.

With the development of the PEPFAR initiative in 2003, a new department was created in the State Department -- the Office of the Global AIDS Coordinator. Soon after his confirmation by the Senate, Randall Tobias, the Global AIDS Coordinator, discussed AIDS as a security issue. According to one account in *The Washington Post*, "For shock value, Randall L. Tobias . . . likes to explain the world health pandemic in the more familiar terms of terrorism."[82] In the post-9/11 world, Tobias was able to link HIV/AIDS to security through terrorism. In an interview Tobias was quoted as saying about AIDS, "This is beyond being a health care issue. This is a national security issue, too."[83] Thus Tobias on occasion securitized HIV/AIDS, even as Bush did not.

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[79] *Agence France-Presse*, 18 June 2003 as quoted in Kaiser HIV/AIDS Daily Report, "Secretary of State Colin Powell Urges Asian Nations To See HIV/AIDS as Security Threat," 18 June 2003; available from http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=18331; accessed 21 August 2003.

[80] DATA, "Can You See the Connection?"; available from http://www.data.org/archives/000122.php, accessed 29 September 2003.

[81] Ibid.

[82] Robin Wright, "A CEO to Direct the AIDS Battle: Former Eli Lilly Chief Comes Out of Retirement," *The Washington Post*, 24 February 2004.

[83] Ibid.

However, as discussed previously in chapter 3, President Bush framed HIV/AIDS as a moral issue, especially in 2003. In addition to finding the response to AIDS a moral issue, Bush also often spoke of how U.S. global AIDS initiatives show America's compassion for the world. On 14 October 2003 President Bush made his case, "We've got a great -- very compassionate foreign policy. . . . One of the big scourges of the world is AIDS. And the United States of America is leading the fight against AIDS, particularly on the continent of Africa."[84]

During a July 2003 trip to Africa, President Bush explained the U.S. global HIV/AIDS response as indicative of the compassion of the U.S. While in Botswana President said, "We're not only a powerful nation, we're also a compassionate nation."[85] In Uganda he echoed this theme: "I oftentimes talk about the armies of compassion in my own country. There's not doubt in my mind today I met generals in the armies -- in the worldwide army of compassion. And I want to thank all of you who are involved in the fight to deal with this terrible pandemic."[86]

During a question-and-answer session at the end of a speech announcing the appointment of Tobias as Global AIDS Coordinator, President Bush concluded with the following statement: "And so it has been a great honor to lead our nation in not only the cause of humanitarian relief through an AIDS initiative, but also to lead our nation to free

[84] George W. Bush, "Interview of the President by Rosianna Silalahi, SCTV," Washington, D.C., 14 October 2003.

[85] "Remarks by President Bush and President Mogae of Botswana in a Photo Opportunity, Gaberone International Convention Centre, Gaberone, Botswana," Washington, D.C., 10 July 2003.

[86] George W. Bush, "Remarks by the President to the AIDS Support Organization Centre, Entebbe, Uganda," Washington, D.C., 11 July 2003.

people from the clutches of what history will show was an incredibly barbaric regime."[87]

Bush linked the U.S. war in Iraq to the PEPFAR initiative; he called them two great

examples of U.S. leadership.

In addition to calling AIDS a moral issue, Bush even included the need for a

strong response to the HIV/AIDS pandemic in the context of "freedom," one of his major

themes throughout his presidency.[88] During remarks in January 2003 Bush explained

how his program on HIV/AIDS was consistent with his self-described foreign policy

emphasis on promoting freedom. "As I said in my State of the Union, freedom is not

America's gift to the world, freedom is God's gift to humanity. Freedom means freedom

from a lot of things. And today, on Africa, in the continent of Africa, freedom means

freedom from the fear of a deadly pandemic."[89]

President Bush never used the word security when describing the HIV/AIDS

pandemic. He did however, on occasion, comment on how HIV/AIDS was undermining

state stability and did see benefits accrued to the fight against HIV/AIDS by focusing on

bioterrorism. More often Bush described the fight against HIV/AIDS internationally as a

moral one, a problem which the compassionate foreign policy of the United States was

impelled to focus on.

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[87] George W. Bush, "Remarks by the President in Announcement of the New Coordinator of U.S. Government Activities to Combat HIV/AIDS Globally," Washington, D.C., 2 July 2003.

[88] George W. Bush, "Address to the United Nations General Assembly, United Nations, New York, NY," Washington, D.C., 23 September 2003.

[89] George W. Bush, "Remarks by the President on Global and Domestic HIV/AIDS," Washington, D.C., 31 January 2003.

U.S. Bureaucracies under Bush (2001-2003)

During the Bush administration various U.S. government bureaucracies continued

to securitize HIV/AIDS even while Bush himself did not. Fewer prominent members of

the Bush administration securitized HIV/AIDS than did prominent members of the

Clinton administration's second term in office. Individuals within the DOS, USAID,

HHS and other agencies continue to securitize HIV/AIDS, though even these efforts were

less numerous than in 2000 under Clinton. The following section analyzes the

securitizing moves by members of the bureaucracy involved in international HIV/AIDS

policy during the Bush administration that were not discussed in the previous section.

U.S. Intelligence Community

The U.S. intelligence community continued to focus on HIV/AIDS and security

during the Bush administration. In September 2002 the National Intelligence Council

released the report *The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India, and

China*. The report focused on these five countries because they make up over 40% of the

world's population and because "all five countries are major regional or global players

and efforts to manage the growing AIDS problem have the potential to impinge upon

their political and economic outlook."[90] The overall finding of the report was that "the

rise of HIV/AIDS in the next-wave countries is likely to have significant economic,

social, political, and military implications."[91]

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[90] David F. Gordon, *The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India, and China,"* ICA 2002-04D, September 2002; available from http://www.fas.org/irp/nic/hiv-aids.html; accessed 23 October 2002, web version, no page numbers.

[91] Ibid.

The report noted that Nigeria and Ethiopia will be the hardest hit countries. "The

further deterioration of already weak government institutions by the escalating

HIV/AIDS crisis could leave Nigeria and Ethiopia seriously weakened states and is likely

to reduce their ability to continue to play a regional role."[92] The report also concentrated

in part on the impact of AIDS on their militaries noting that African nations would be hit

hardest here as well.

In testifying about the NIE on the next wave of HIV/AIDS, CIA Director George

Tenet told the Senate Intelligence Committee in February 2002 that "The national

security dimensions of the virus are plain: It can undermine economic growth, exacerbate

social tensions, diminish military preparedness, create huge social-welfare costs and

further weaken already beleaguered states."[93] Again in testimony before the Senate

Intelligence Committee in 2003, Tenet called AIDS a U.S. national security threat.[94] He

thus echoed the NIC report's emphasis on both the traditional security and human

security implications of HIV/AIDS.

The "2nd wave" report found many security implications of the HIV/AIDS

pandemic. The intelligence community continued to focus on HIV/AIDS as a security

issue and securitize HIV/AIDS during the Bush administration.

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[92] Ibid.

[93] Kaiser Daily HIV/AIDS Report, "CIA Director Tenet Declares AIDS is Security Threat to United States," 12 February 2003; available from http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=16003; accessed 21 August 2003.

[94] Ibid.

USAID

Following the issuance of Bush's *National Security Strategy*, USAID seized upon

the declaration that international development is in the U.S. national interest and released

its own report in 2002 titled *Foreign Aid in the National Interest: Promoting Freedom,*

Security and Opportunity which linked international development and U.S. security. In

the foreword to the report USAID Administrator Andrew Natsios wrote that "the main

message of this report: [is] foreign assistance will be a key instrument of foreign policy in

the coming decades."[95] The report found many new challenges for this century including

infectious diseases and terrorism warning that "these unconventional threats may pose the

greatest challenge to the national interest in coming decades."[96] One chapter titled,

"Improving People's Health," focused on the problem of infectious diseases. It

specifically mentioned HIV/AIDS and how it "threatens political stability" and that

"widespread infection among military and security forces is another concern."[97] The

chapter also referred to some of the 2nd wave countries noting that with HIV/AIDS, "the

main impact so far has been in Africa, but the disease is spreading rapidly in India,

China, and Russia."[98]

The report defined several ways in which international development assistance

helped mitigate the impact of unconventional security issues. It elaborated how "failed

and failing states are by definition dangerous to the United States and global security.

[95] United States Agency for International Development, *Foreign Aid in the National Interest: Promoting Freedom, Security, and Opportunity* (Washington, D.C., 2002), iv; available from http://www.usaid.gov/fani/Full_Report--Foreign_Aid_in_the_National_Interest.pdf; accessed 1 August 2006.

[96] Ibid., 1.

[97] Ibid., 83.

[98] Ibid.

They have destabilized entire regions and provided recruiting grounds and safe havens

for criminals, extremists, and terrorists -- a point that takes on new salience in the

aftermath of the September 11 attacks."[99] While HIV/AIDS was not defined as a security

issue, the report did warn that HIV/AIDS could lead to failed states. This link between

failed states and terrorism provided a rationale for all types of U.S. foreign assistance

programs including that for HIV/AIDS and other infectious diseases.

The USAID 2003 budget justification for USAID found that HIV/AIDS had

devastating national security effects.[100] However, it framed HIV/AIDS as a "major and

growing threat to both health and overall development, especially in poor countries."[101]

The budget justification also argued that international development was key to promoting

U.S. national security and referenced Bush's *National Security Strategy* stating, "For the

first time development has been elevated as the third pillar of U.S. national security along

with defense and diplomacy."[102] Furthermore, USAID found a key role for the agency as

part of "our country's national security agenda."[103]

In response to Bush's *National Security Strategy* which linked security and

development, USAID began to securitize its development programming in general

(including HIV/AIDS) as part of the U.S. national security agenda in 2002. USAID

emphasized its role in promoting U.S. national security, making specific references to

[99] Ibid., 125.

[100] Congress, House, Committee on Appropriations, Subcommittee on Foreign Operations, Export Financing, and Related Programs, *Foreign Operations, Export Financing and Related Programs Appropriations for 2004, Part 1B:Official Justification of Budget Estimates, Agency for International Development*, March 2003 (Y4.AP6/1:F76/6/2004/PT.1B), 102.

[101] Ibid.

[102] Ibid., 60.

[103] Ibid., 66.

how failed states (including those ravaged by HIV/AIDS) could become recruiting

grounds for terrorist causes. USAID Administrator Natsios, a key functional actor in

U.S. HIV/AIDS policy spoke often about these linkages in testimony before the U.S.

Congress and in other public fora.

Department of Health and Human Services

In the Bush administration, HHS officials continued to warn that AIDS and other

infectious diseases were threats to U.S. security. During congressional appropriations

hearings in 2001, heads of HHS agencies continued to testify about the threat of

infectious diseases to U.S. security. The Director of the CDC, Dr. Jeffrey Koplan,

testified before the House that "New and re-emerging infectious diseases pose a threat to

national security and to global health. . . These diseases will endanger U.S. citizens at

home and abroad, threaten U.S. armed forces deployed overseas, and exacerbate social

and political instability in key countries and regions in which the U.S. has significant

interests."[104] In another appropriations hearing for HHS, Dr. Gerald Keusch, the Director

of the Fogarty International Center noted in his prepared statement that, "AIDS is a

global emergency and has been identified as a threat to our national security."[105]

In a 2002 appropriations hearing, Dr. Jack Whitescarver the Acting Director of

OAR made note in his prepared statement that "AIDS is affecting the military capabilities

[104] Congress, House, Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, *Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations for 2002, Part 3: Department of Health and Human Services, Public Health Service*, 3, 8, 10 May 2001 (Y4.AP6/1:L11/2002/PT.3), 12-13.

[105] Congress, Senate, Committee on Appropriations. Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, *Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations for Fiscal Year 2002*, 6 March, 25, 26 April and 2, 10, 23 May 2001 (Y4.AP6/2:S.HRG.107-404), 335.

of some countries as well as the international peacekeeping forces,"[106] thus having clear

security implications. In a 2002 hearing, Secretary of HHS Tommy Thompson, who was

also a member of the Global Fund board, testified as to the importance of AIDS: "The

scourge of AIDS threatens to destroy economies and social systems, to promote national

instability and civil unrest, and to draw the United States and other developed nations

into national and regional conflicts."[107] While not using the word security, Secretary

Thompson clearly found that AIDS was having an impact on international and U.S.

security.

In a 2003 congressional hearing on *Global HIV/AIDS and Severe Acute*

Respiratory Syndrome (SARS) the prepared statement of Dr. Fauci, Director, NIAID,

concluded in part with the following: "After the emergence of SARS, HIV/AIDS, West

Nile Virus, drug resistant bacteria and other infectious disease threats -- including

bioterrorism -- it is clear that emerging or re-emerging infectious diseases pose serious

threats to global public health and security."[108] Dr. Fauci testified that infectious diseases

in general were threats to U.S. security. With a renewed emphasis on bioterror following

9/11 he securitized health issues writ large.

The HHS Directors continued to securitize HIV/AIDS in their statements before

the U.S. Congress during the Bush administration. As in the period of 1998-2000 the

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[106] Congress, Senate, Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education and Related Agencies, *Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations, FY 2003*, 7, 14, 21 March and 6 June 2002 (Y4.AP6/2:S.Hrg. 107-820), 191.

[107] Congress, Senate, Committee on Foreign Relations, *Halting the Spread of HIV/AIDS: Future Efforts in the U.S. Bilateral and Multilateral Response*, 13, 14 February 2002 (Y4.F76/2:S.HRG.107-330), 12.

[108] Congress, Senate, Committee on Appropriations, Subcommittee on Labor, Health and Human Services, and Education and Related Agencies, *Global HIV/AIDS and Severe Acute Respiratory Syndrome (SARS), Special Hearing*, 8 April 2003 (Y4.AP6/2:S.HRG.108-139), 15.

heads of HHS agencies involved in international HIV/AIDS securitized HIV/AIDS while continuing to understand AIDS as a health issue.

Securitizing Moves under Bush

President Bush personally did not make major securitizing moves regarding HIV/AIDS. There were some instances where he alluded to security implications of HIV/AIDS. Bush did not call HIV/AIDS a security issue for the United States and certainly not a U.S. national security threat. However, Bush's *National Security Strategy* while not calling HIV/AIDS a U.S. national security threat, did include HIV/AIDS as part of international development issues that needed attention to protect U.S. security interests. More than his focus on security, Bush often and increasingly discussed HIV/AIDS as a moral issue for a compassionate U.S. to address with its compassionate foreign policy.

With the start of the Bush presidency there were changes in the major government players who securitized HIV/AIDS. While President Bush did not securitize HIV/AIDS personally, several key officials in his administration did, including Powell, Tenet and Tobias. Also some members of the bureaucracy who had securitized HIV/AIDS under the Clinton administration, including those in HHS and the intelligence community, continued to do so under Bush. While there were changes in the frequency and prominence of the securitizing moves under Bush they certainly did not disappear.

U.S. Congress (1998-2003)

During the period of 1998-2003, spanning both the Clinton and Bush

administrations, prominent members of the U.S. Congress made securitizing moves.

There was more continuity here in the presentation of HIV/AIDS as a security threat for

the U.S. and the world. The Democratic members of the U.S. House and Senate

presented HIV/AIDS as a security issue throughout the period. Even members of the

Republican party who did not present HIV/AIDS as a security issue under Clinton, did so

under the Bush administration. The following section analyzes these securitization

efforts in chronological order.

While there were no major efforts to securitize HIV/AIDS in 1998, throughout

1999 and 2000 members of the U.S. Congress presented HIV/AIDS as a security issue.

In a May 1999 briefing on Capitol Hill sponsored by the Congressional Task Force on

International HIV/AIDS, the chair of the Task Force, Rep. Jim McDermott (D-WA),

warned that due to high infection rates in African and Asian country militaries,

HIV/AIDS "will soon lead to a major destabilization of militaries throughout the

developing world. If the United States is to help maintain global security, then we as a

nation must realize that HIV/AIDS could have a massive and very negative effect on

global security."[109] McDermott linked AIDS and security through AIDS' impact on

militaries. Likewise, in a 1999 Congressional hearing *What Is the U.S. Role in

Combating the Global HIV/AIDS Epidemic?* the prepared statements of Congressman

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[109] Kaiser Daily HIV/AIDS Report, "DEVELOPING COUNTRIES: AIDS Threatens Political Stability," 17 May 1999; available from http://www.kaisernetwork.org/aids/1999/05/kh990517.4.html; accessed 20 August 2003.

McDermott and Congressman Henry Waxman (D-CA) (neither of whom were present at the hearing) made references to HIV/AIDS as a security issue.[110]

Following the landmark UNSC meeting in January 2000, the U.S. Congress focused more on HIV/AIDS globally and HIV/AIDS as a U.S. national security issue. This renewed focus increased after the official announcement by the Clinton administration that HIV/AIDS was a security threat in April. Not all in the Congress were supportive of this move. Majority Leader Trent Lott (R-Miss) spoke against the designation of AIDS as a national security threat and claimed it was a political ploy.[111] As discussed earlier in the chapter, Lott thus presented a counter-move to the securitization of AIDS.

Senator Joseph Biden (D-Del.), in a 2000 hearing before the Senate Foreign Relations Committee expressed concern that the U.S. was training African troops who would then be sent abroad on peacekeeping missions and possibly spread AIDS. "We are training them to participate in peacekeeping activities in far foreign nations. Is that good public policy?"[112] The problem of AIDS being spread by UN peacekeepers became part of the definition of why AIDS was a security issue following the UNSC meeting. The spread of HIV/AIDS by military forces to civilian populations remained a component of

[110] Congress, House, Committee on Government Reform, Subcommittee on Criminal Justice, Drug Policy, and Human Resources, *What is the U.S. Role in Combating the Global HIV/AIDS Epidemic?* 22 July 1999 (Y4.G74/7:G51), 291, 235-236.

[111] Kaiser Daily HIV/AIDS Report, "AIDS EPIDEMIC: Clinton Administration Defends Declaration of AIDS as a National Security Threat," 2 May 2000; available from http://www.kaisernetwork.org/aids/2000/05/kh000502.1.htm; accessed 20 August 2003.

[112] Congress, Senate, Committee on Foreign Relations, *2000 Foreign Policy Overview and the President's Fiscal Year 2001 Foreign Affairs Budget Request*, 8, 9, 10, 24, 25, 29 February and 8, 23 March 2000 (Y4.F76/2:S.HRG. 106-599), 223.

the argument that HIV/AIDS is a security issue, whether these forces were the U.S. military, African militaries and/or UN peacekeepers.

A hearing on 29 June 2000 before the House International Relations Committee, *Infectious Diseases: A Growing Threat to America's Health and Security*, concerned the threat of infectious diseases in general, though some statements did single-out HIV/AIDS for special treatment and discussion. Thus, similar to the earlier period of study, HIV/AIDS was often thought of as one of many infectious diseases that threatened U.S. security. Congressman Richard Burr (R-NC) noted that the hearing "is focused on the threat posed to stability of countries around the world and our own national security by the spread of infectious diseases."[113] Likewise Congresswoman Barbara Lee (D-CA) referred to the spread of infectious diseases as a national security issue. Congressman Joseph Crowley (D-NY) also spoke about the Clinton administration defining AIDS as a threat to U.S. national security.[114] Others, such as Congressman Donald Payne (D-NJ), talked about the UN Security Council meeting "where Vice President Gore talked about the fact that the HIV virus and AIDS was a national security issue."[115]

The *Global AIDS and Tuberculosis Relief Act of 2000*, P.L. 106-264, was signed into law on 19 August 2000 and called for negotiations between the U.S. Secretary of the Treasury, the World Bank, and others in order to create a "World Bank AIDS Trust Fund." This was effectively the precursor to the Global Fund to Fight HIV/AIDS, TB and Malaria. While the bill was passed, nothing ever came of the called for negotiations

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[113] Ibid., 4.

[114] Ibid., 9.

[115] Ibid., 8.

between the U.S. and the World Bank. In his opening statement of a June 2001 hearing

on *The United States' War on AIDS*, Congressman Jim Leach (R-IA) was critical of the

bureaucracy for not starting the trust fund authorized by the act that he and Congressman

Lee co-sponsored:

> In the last Congress, we passed a bill called H.R. 3519, which was entitled "The
> Global AIDS and Tuberculosis Relief Act," which was a 2-year, $300 million
> authorization to establish an AIDS trust fund, a multilateral trust fund, to be
> administered by the World Bank. Unfortunately, only a small amount of
> appropriations came to be attended to that, in no small measure because the U.S.
> Agency for International Development objected, the White House objected, and the
> Treasury did not support it. And there was a phenomenal opportunity at the end of
> the last Congress for this to proceed.[116]

Despite the inaction on this law it contained several references to AIDS and

security that are noteworthy. The findings section of P.L. 106-264 referenced National

Intelligence Council (NIC) estimates about AIDS orphans and their possible role in

destabilizing societies, the NIE report on infectious diseases and the levels of HIV in

African militaries. Included among the purposes of the law was to "(2) help ensure the

viability of economic development, stability, and national security in the developing

world by advancing research to-- (A) understand the causes associated with HIV/AIDS in

developing countries; and (B) assist in the development of an AIDS vaccine."[117] Also,

Sec. 114. (African Crisis Response Initiative and HIV/AIDS) called on the U.S. to assist

African countries and "ensure that classroom training under the African Crisis Response

Initiative includes military-based education on the prevention of the spread of AIDS."[118]

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[116] Congress, House, Committee on International Relations, *The United States' War on AIDS*, 7 June 2001 (Y4.IN8/16:UN3/4), 9.

[117] P.L. 106-264, 19 August 2000, 114 STAT. 751.

[118] P.L. 106-264, 19 August 2000, 114 STAT. 754.

Among the findings in Sec. 114 were that "the spread of HIV/AIDS constitutes a threat to the security of Africa."[119]

In a hearing on 27 September 2000, *HIV/AIDS in Africa: Steps to Prevention*, the submitted testimony of Congressman Donald Payne, Ranking Member, Subcommittee on Africa, Committee on International Relations, began by thanking the committee chair for calling the hearing and calling the AIDS pandemic "a global national security threat."[120] Representative Lee submitted a summary of her findings from the International AIDS Conference in Durban, South Africa[121] in which she noted, "HIV/AIDS is not just a public health issue. It is a development, economic and even global security issue."[122]

In December 2000, prior to the Bush administration taking office, Representative Lee submitted an editorial in the *Ventura County Star* explaining why AIDS is a threat to international security and urging the Bush administration to continue with this approach. Lee noted that AIDS "fuels military instability," "fuels social instability," "destroys economic development," and "knows no borders."[123] Lee included in her editorial a section on HIV rates in India and states of the former Soviet Union and noted that "stability in those countries that possess nuclear weaponry has been a goal of our foreign policy since the early days of the Cold War."[124] Lee thus linked traditional national

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[119] Ibid.

[120] Congress, House, Committee on International Relations, Subcommittee on Africa, *HIV/AIDS in Africa: Steps to Prevention*, 27 September 2000 (Y4.IN8/16:AF8/21), 34.

[121] Durban, South Africa was the site of the International AIDS Conference in 2000.

[122] Congress, House, Committee on International Relations, Subcommittee on Africa, *HIV/AIDS in Africa: Steps to Prevention*, 27 September 2000 (Y4.IN8/16:AF8/21), 63.

[123] Barbara Lee, "Editorial: AIDS, the principal national security crisis of the coming decade," *The Ventura County Star*, 13 December 2000; available from http://www.insidevc.com/opinion/354390.shtml; accessed 8 May 2006.

[124] Ibid.

security concerns through the problem of nuclear proliferation to the spread of HIV/AIDS globally.

The idea that AIDS represents a security issue for the United States and its foreign policy was raised by several members of Congress in 1999 and 2000, especially those in the Democratic party. Several members of the Congressional Black Caucus made moves to securitize HIV/AIDS and noted the severe impact of HIV/AIDS on Africa. In 1999 and 2000 prominent members of the U.S. Congress made securitizing moves along with President Clinton and prominent members of his administration.

Once President Bush came to office, members of Congress continued to make attempts to securitize AIDS, especially those in the Democratic party. From 2001-2003 security language was included in many bills with provisions relating to AIDS that were introduced in Congress and referred to committee.[125] For example, Senator Dick Durbin (D-IL) introduced a bill to address the international HIV/AIDS pandemic, S. 1936, the Global CARE Act on 12 February 2003. The bill's findings noted, "The impact of the AIDS epidemic is not only a health issue, but a moral issue, fundamental to development, to human security, and the security of the United States."[126]

Members of Congress spoke of the security implications of the HIV/AIDS pandemic throughout congressional hearings in 2001 and 2002. In a 2001 appropriations hearing for foreign operations, Congressman Joseph Crowley (D-NY) warned that

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[125] In the 108th Congress some of these included: H.R. 1857 (Hastings) Humanitarian Assistance to Combat HIV/AIDS in Sub-Saharan Africa and the Caribbean and National Security Act of 2003, S. 250 (Durbin) Global Coordination of HIV/AIDS Response Act (Global CARE Act), and S. 1067 (Alexander) AIDS Corps Act of 2003.

[126] S. 1936, 107th Congress, 2nd Session, 12 February 2002.

HIV/AIDS threatened to destabilize regional security in Africa and Asia.[127] In a 2001

hearing on *U.S. Policy Towards the African Development Bank and the African*

Development Fund, Congressman Bernie Sanders (I-VT), who in previous years'

hearings criticized those who linked HIV/AIDS to U.S. national interests instead of

humanitarian interests, in a turnaround referred to HIV/AIDS and security in his prepared

statement.

> Mr. Chairman, the international financial institutions should do more to help the countries of Africa address the crises of debt, poverty and HIV/AIDS. And we, as a Subcommittee and a Congress, should insist that they do more. It is not only the right thing to do, it is in our national interest to do so. Indeed, the National Intelligence Council of the Central Intelligence Agency said this year that HIV/AIDS and other infectious diseases are a threat to the national security of the United States.[128]

In yet another 2001 hearing, this time before the House Committee on

International Relations, Congressman Tom Lantos (D-CA), ranking democratic member

of the committee, warned in his opening statement that "without a doubt, this pandemic

may threaten the very survival of entire nations in the third world."[129] In a markup

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[127] Congress, House, Committee on Appropriations, Subcommittee on Foreign Operations, Export Financing, and Related Programs, *Foreign Operations, Export Financing, and Related Programs Appropriations for 2002, Part 4: Testimony of Members of Congress and Other Interested Individuals and Organizations*, 28 March 2001 (Y4.AP6/1:F76/6/2002/PT.4), web .txt. version, no page numbers.

[128] Congress, House, Committee on Financial Services, Subcommittee on International Monetary Policy and Trade, *U.S. Policy Towards the African Development Bank and the African Development Fund*, 25 April 2001 (Y4.F49/20:107-10), 45.

[129] Congress, House, Committee on International Relations, *The United States' War on AIDS*, 7 June 2001 (Y4.IN8/16:UN3/4), 5.

hearing before the International Relations Committee on an amendment to H.R. 2069[130]

several committee members referred to AIDS as a threat to stability and global security

while noting humanitarian reasons for the U.S. to act. This included Chairman Henry

Hyde (R-IL) who believed that the HIV/AIDS crisis in Russia "could have serious

consequences for global security."[131] Also, Congressman Lantos argued that there were

"moral, humanitarian and national security interests in stemming the tide of the

HIV/AIDS pandemic."[132] Likewise, Congressman Robert Menendez (D-NJ) in his

statement warned that

> HIV infection rates are rapidly rising in India and south Asian countries, in Brazil,
> in Caribbean, in Russia. So they pose a serious threat, a very serious threat, to the
> security and stability in those countries and therefore should be of great concern to
> us. This is not, in my mind, as some have suggested, simply an humanitarian
> gesture. This is an act in the national interests of the United States.[133]

In 2001, individual congresspersons made securitizing moves, which presented the

HIV/AIDS pandemic as a threat to the U.S., international and other countries' security.

They warned of the alarming rates of HIV infection in Africa, Asia and also in Russia.

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[130] Also known as the Hyde-Lantos-Leach-Millander-McDonald amendment, the amendment "authorizes the Agency for International Development to carry out a comprehensive program of HIV/AIDS prevention, education and treatment at a level of $560 million in fiscal year 2002. . . .[and] an additional $50 million pilot program to provide treatment for those infected with HIV/AIDS by assisting the public and private sectors of developing countries in the procurement of HIV/AIDS pharmaceuticals and antiviral therapies. . .[and] authorizes the President to contribute to multilateral efforts to combat HIV/AIDS at the level of $750 million in fiscal year 2002." Congress, House, Committee on International Relations, *Amending the Foreign Assistance Act of 1961 To Authorize Assistance to Prevent, Treat and Monitor HIV/AIDS in Sub-Saharan Africa and Other Developing Countries and Expressing the Sense of the Congress in Support of Victims of Torture*, 27 June 2001 (Y4.IN8/16:F76/22), 3.

[131] Congress, House, Committee on International Relations, *Amending the Foreign Assistance Act of 1961 To Authorize Assistance to Prevent, Treat and Monitor HIV/AIDS in Sub-Saharan Africa and Other Developing Countries and Expressing the Sense of the Congress in Support of Victims of Torture*, 27 June 2001 (Y4.IN8/16:F76/22), 2.

[132] Ibid., 5.

[133] Ibid., 19.

On 13 February 2002, the Senate Foreign Relations Committee held a hearing on the HIV/AIDS pandemic. In testimonies before the Committee, the frame of HIV/AIDS as a U.S. national security issue was prevalent. Especially in the months following 9/11, HIV/AIDS was often linked indirectly to global terrorism by members of Congress and others interested in global AIDS. According to the *New York Times*, drawing the link between HIV/AIDS and security may have been a strategy of the Committee hearings: "At a time when the United States is focused on terrorism, Mr. Biden [Senator and Chairman of the Senate Foreign Relations Committee] hopes to use the hearing on Wednesday [13 February 2002] to draw attention to AIDS as a security concern. If the epidemic is not turned around he said, 'We will have much more than a health problem, we will have a security problem," because unstable countries 'are susceptible to the future bin Ladens of the world.'"[134]

In March 2002 a group of U.S. senators wrote a letter to President Bush asking for emergency funding for global AIDS. In one part of the letter the senators wrote, "Increased funding for programs to fight HIV/AIDS in the international community is in our national security interest. The AIDS epidemic and the opportunistic infections it breeds has become a pressing national security issue as much as it is a moral and humanitarian issue."[135] In a 2002 hearing on *AIDS Orphans and Vulnerable Children in Africa* before the House International Relations Committee, HIV/AIDS was referred to as a health, development and security issue by members of Congress. For example,

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[134] Sheryl Gay Stolberg, "AIDS Fund Falls Short of Goal and U.S. Is Given Some Blame," *The New York Times*, 12 February 2002.

[135] Global AIDS Alliance, "US Senators Durbin and Specter spearhead letter from more than 13 US Senators urging emergency spending to Stop Global AIDS,"5 March 2002; available from http://www.globalaidsalliance.org/durbin_specter.cfm; accessed 6 July 2004.

Chairman of the Committee, Congressman Hyde argued in his opening statement that

HIV/AIDS "creates a clear and present danger to our national security."[136] Also,

Congressman Gilman in his statement said "HIV/AIDS has been a national security and a

developmental crisis."[137] In another major hearing on HIV/AIDS in 2002, *Capacity to*

Care in a World Living with AIDS, a couple of senators called HIV/AIDS a national

security issue for the United States. Senator John Warner (R-VA) in his opening

statement explained his interest in HIV/AIDS as follows:

> My work here in the Senate is largely in national security and international
> security, and quite frankly, this disease has had a direct impact on many nations in
> Africa to be able to maintain internal political and military stability and political
> and military stability with their neighboring nations. This disease has spread to the
> point where they are unable to recruit and maintain the necessary armed forces in
> these respective nations to secure their borders and otherwise.[138]

Senator Christopher Dodd (D-CN) echoed his statement, "And I think Senator Warner is

absolutely right--this is a desperate health condition, but it goes beyond that. It is a

national security issue."[139] While not in his read statement, the prepared statement of

Senator Bill Frist (R-TN) linked AIDS and terrorism as follows:

> African orphans lack teachers, lack role models and leaders. This leaves them
> vulnerable to criminal organizations, revolutionary militias, and terrorists.
> Terrorism and crime could become a way of life for a young generation. . . . Just as
> our great Nation is the leader in the war on terrorism, we must continue to lead the
> fight against AIDS in order to build a better, safer world."[140]

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[136] Congress, House, Committee on International Relations, *AIDS Orphans and Vulnerable
Children in Africa: Identifying the Best Practices for Care, Treatment, and Prevention*, 17 April 2002
(Y4.IN8/16:AF8/24), 2.

[137] Ibid., 5.

[138] Congress, Senate, Committee on Health, Education, Labor, and Pensions, *Capacity to Care in a
World Living with AIDS*, 11 April 2002 (Y4.L11/4:S.HRG.107-407), 12.

[139] Ibid., 12.

[140] Ibid., 8.

The link between AIDS and terrorism was often made through the AIDS orphan. It was argued that AIDS orphans could become the world's future terrorists, thus linking AIDS and U.S. security. Likewise in a 2002 hearing there were several mentions of how AIDS orphans could become future terrorists due to their vulnerability. For example, Congressman Hyde cautioned that HIV/AIDS "creates an enabling atmosphere for religious extremism and terrorist activity. Our enemies abroad will have a ready supply of terrorist recruits to act upon the vengeful wishes of their leaders."[141]

A two-day hearing in 2002 *Halting the Spread of HIV/AIDS: Future Efforts in the U.S. Bilateral and Multilateral Response* was held to coincide with a visit of UN Secretary General Kofi Annan to Washington, D.C. Senator Biden, Chairman of the committee referred to AIDS as a health, development and security issue. Also he informed the committee in his opening statement that "the Defense Department as well as the CIA, has listed this [HIV/AIDS] as one of the great threats to U.S. security. This is not merely a health problem."[142] During the question and answer session Senator Biden noted he contemplated inviting witnesses from CIA and DOD to testify before the committee. He then spoke about the conclusions of the NIE from January 2000 on the threat from infectious diseases, "one of which is that this epidemic will challenge democratic development and transitions and possibly contribute to humanitarian

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[141] Congress, House, Committee on International Relations, *AIDS Orphans and Vulnerable Children in Africa: Identifying the Best Practices for Care, Treatment, and Prevention*, 17 April 2002 (Y4.IN8/16:AF8/24), 2.

[142] Congress, Senate, Committee on Foreign Relations, *Halting the Spread of HIV/AIDS: Future Efforts in the U.S. Bilateral and Multilateral Response*, 13, 14 February 2002 (Y4.F76/2:S.HRG.107-330), 2.

emergencies and civil conflicts in the world."[143] He furthermore stated that "the Defense

Department rates this as a greater concern than an attack from an ICBM, for example, in

terms of their interests."[144]

Senator Russ Feingold (D-WI) also securitized AIDS in his opening statement

and noted that one reason to respond to HIV/AIDS in Africa was "to protect our security

interest, because devastated societies are unstable societies."[145] There were additional

references to HIV/AIDS and security in the submitted statements. For example, the

prepared statement of Senator Durbin read in part, "As we all know, HIV/AIDS is a

national security issue, an economic issue, a health and safety issue, and most importantly

a moral issue."[146] In his prepared statement submitted for the record Senator Frist made a

link between terrorism and AIDS: "The orphans of Africa are left without parents,

without teachers, without role models and without leaders making them susceptible to

recruitment by criminal organizations, revolutionary militias, and terrorists."[147] The

definition of why HIV/AIDS was a security threat squarely focused on it capacity to

create unstable states and societies. It was then argued that this instability created several

types of security problems. Once again the notion of the AIDS orphan as a security

threat because of susceptibility to being recruited to terrorist causes was emphasized.

This contrasts with other definitions of HIV/AIDS as a human security issue. During the

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[143] Ibid., 46.

[144] Ibid.

[145] Ibid., 114.

[146] Ibid., 4.

[147] Ibid., 8.

Bush administration HIV/AIDS was often defined as a security threat because of its link to terrorism.

In 2003 several members of Congress warned of HIV/AIDS ability to threaten state stability and thereby have security consequences. In a 2003 hearing before the Senate Committee on Health, Education, Labor and Pensions, titled *AIDS Crisis in Africa: Health Care Transmissions*, Senator Kennedy's prepared statement included a reference to HIV/AIDS and security. His statement read in part: "We know that AIDS ends lives, destroys families, undermines whole nations, and threatens their stability and progress."[148] In another major hearing in 2003, this time before the Subcommittee on Health in the House Committee on Energy and Commerce, *HIV/AIDS, TB, and Malaria: Combating a Global Pandemic*, Congressman Ed Towns (D-NY) defined HIV/AIDS as a development and security issue in his opening statement noting, "This kind of internal disruption may cause political instability and ultimately pose a national security risk."[149]

During a mark-up hearing in 2003 there were several references to HIV/AIDS and security during the testimony of members of Congress. In his statement before the committee, Chairman Hyde said that "an AIDS pandemic touches our national security."[150] The prepared statement of Chairman Hyde was more direct. "The HIV/AIDS pandemic is more than a humanitarian crisis. Increasingly, it is a threat to the security of the developed world."[151] He went on to link the fight against HIV/AIDS to

[148] Congress, Senate, Committee on Health, Education, Labor, and Pensions, *AIDS Crisis in Africa: Health Care Transmissions*, 27 March 2003 (Y4.L11/4:S.HRG. 108-34), 4.

[149] Congress, House, Committee on Energy and Commerce, Subcommittee on Health, *HIV/AIDS, TB, and Malaria: Combating a Global Pandemic*, 20 March 2003 (Y4.C73/8:108-10), 7.

[150] Ibid., 76.

[151] Ibid., 77.

the war on terror. "So to those who suggest that the United States has no stake in this pandemic, let me observe that the specter of failed states across the world certainly is our business. Afghanistan certainly became our business when that failed state became fertile ground for terrorism. We do not need more Afghanistans."[152] The prepared statement of Congressman Adam Schiff (D-CA) referred to AIDS as a global health threat and "a potentially destabilizing force that presents a grave threat to international security."[153]

During a 2003 interview with the Kaiser Family Foundation, Rep. Jim Kolbe (R-AZ), who was chair of the House Appropriations Foreign Operations Subcommittee said, "[HIV/AIDS is] not only . . . a moral question for us, but it has real national security implications."[154] While Kolbe did not call HIV/AIDS a national security threat, he did say that there were national security implications to the pandemic. In an article in *The Washington Quarterly* Senator Barbara Boxer (D-CA) argued that the problem of infectious diseases was a national security issue. She noted that for the United States, focusing on infectious diseases was "not just the morally responsible thing to do but it is also vital to U.S. national interests."[155] And that furthermore, "these diseases are weapons of mass destruction."[156] Boxer thus alluded to Iraq's supposed weapons of mass

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[152] Ibid.

[153] Ibid., 168.

[154] Kaiser HIV/AIDS Daily Report, "Senate Majority Leader Frist to Bring House-Passed Global AIDS Bill to Floor Next Week," 9 May 2003; available from http://www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=1&DR_ID=17630; accessed 21 August 2003.

[155] Barbara Boxer, "Providing Basic Human Security," *The Washington Quarterly* 26:2 (Spring 2003), 200.

[156] Ibid., 200.

destruction as compared to the real destruction of HIV/AIDS. HIV/AIDS it was argued

is more dangerous than or at least as dangerous as Iraq.

In 2003 *Congressional Research Service* issue briefs and reports also continued to

find that HIV/AIDS had "security consequences." For example, the *CRS Issues Brief*

entitled "AIDS in Africa" read in part:

> AIDS may have serious security consequences for much of Africa, since HIV
> infection rates in many armies are extremely high. Domestic political stability
> could also be threatened in African countries if the security forces become unable
> to perform their duties due to AIDS. Peacekeeping is also at risk. South African
> soldiers are expected to play an important peacekeeping role in Africa in the years
> ahead, but this could be threatened.[157]

Both Democratic and Republican members of the U.S. Congress continued to

securitize AIDS during the Bush administration. Sometimes HIV/AIDS was presented as

a security issue for the same rationales presented during the Clinton years. However, the

problem of AIDS and terrorism became a new way of securitizing AIDS during this time

period. There were many efforts to link HIV/AIDS and terrorism, most notably through

AIDS orphans becoming vulnerable recruits for terrorist causes. Other times the link to

terrorism was made through the notion that HIV/AIDS could cause failed states, and

failed states could become safe-havens for terrorists. Members of the U.S. Congress

presented HIV/AIDS as an existential threat during the entire period of 1998-2003 during

both the Clinton and Bush administrations.

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[157] Raymond W. Copson, "AIDS in Africa," IB10050, *CRS Issue Brief for Congress*, Updated 23
August 2003, Washington, D.C., 6.

<u>Conclusion</u>

The year 1998 began a slow acceleration of securitizing moves claiming HIV/AIDS was a U.S. national security issue. Most (though by no means all) of these efforts occurred in the year 2000 beginning with the watershed U.N. Security Council meeting on HIV/AIDS in Africa on 10 January 2000. Ambassador Richard Holbrooke was a key securitizing actor who by presenting HIV/AIDS as an existential threat was greatly responsible for bringing HIV/AIDS before the UNSC (an emergency action with consequences discussed in more detail in chapters 7 and 8). There were many reinforcing securitizing moves by other government officials surrounding this emergency action of bringing HIV/AIDS before the UNSC. Many more U.S. government securitizing actors emerged following the emergency action of the 2000 UNSC meeting, including prominent members of the Clinton administration, as well as, directors of executive branch agencies in HHS and USAID. Whether these actors were entrepreneurs who were early securitizers of HIV/AIDS, or functional actors who accepted that HIV/AIDS was a security issue and then went on to spread the word, all made important securitizing moves. There were several oft-used definitions of why HIV/AIDS was a security threat under the Clinton administration. There was an emphasis on traditional security concerns through a focus on HIV/AIDS' impact on developing country militaries as well as a focus on human security concerns through a focus on the sheer devastation of the pandemic.

With the change in administration, under Bush there continued to be important securitizing moves though these did not come from Bush himself, but from key members of his administration. The securitizing actors of the Bush administration defined HIV/AIDS as a security threat differently. Many actors focused on HIV/AIDS as a

destabilizing force that could create a ripe environment for terrorism. This change was most evident following 9/11.

Throughout the period of study key members of Congress in both the House and the Senate engaged in securitizing the HIV/AIDS pandemic. As seen in chapter 4, members of Congress made securitizing moves prior to the UNSC meeting. Also they continued to make securitizing moves during the Bush administration. Some used the "old" definitions of HIV/AIDS and security from the Clinton years while others focused on the supposed link between HIV/AIDS and terrorism. The next chapter focuses on the same time period, but examines securitizing actors outside government.

CHAPTER 6

SECURITIZING MOVES OUTSIDE GOVERNMENT: PRESENTING THE

HIV/AIDS PANDEMIC AS AN EXISTENTIAL THREAT,

1998-2003

Introduction

This chapter examines organizations outside the U.S. government: think tanks and

research organizations, advocacy organizations, PVOs, professional associations,

foundations, and international organizations, that were involved in U.S. global HIV/AIDS

policy through their research, advocacy, funding or implementation of HIV/AIDS

programs. These actors were involved in global HIV/AIDS and all tried to influence U.S.

foreign policy towards the HIV/AIDS pandemic. They are all important functional actors

in the securitization process that needed to be convinced that HIV/AIDS was a security

issue. These functional actors, in part, comprise the audience for securitization and are

analyzed as such.

Functional actors are those who affect the dynamics of U.S. foreign policy

towards HIV/AIDS but do not necessarily make securitizing moves. In fact, some

functional actors either did not accept the securitizing moves or actively opposed them.

Functional actors are also important members of the audience that, at the very least, need

to accept the view that HIV/AIDS is a security threat. When HIV/AIDS is

called a security threat, functional actors in the health, development and security fields need to accept this view as members of the elite audience. Securitizing actors are those functional actors that engaged in securitizing moves of the HIV/AIDS pandemic and actively promoted the definition of HIV/AIDS as a security issue. While some actors securitized AIDS, others in public and private disputed this designation.

This chapter analyzes these securitizing actors and functional actors outside of the U.S. government that made securitizing or counter-securitizing moves regarding HIV/AIDS in the period of 1998-2003. As seen in chapter 5, many of the securitization efforts by these groups outside of government occurred in close proximity to the UNSC meeting. Also, as in chapter 5, this chapter evaluates the changing referent objects of security presented by the securitizing actors outside government. In conclusion, the chapter evaluates the level of audience acceptance that HIV/AIDS was a security issue by functional actors.

U.S. Think Tanks and Research Organizations

Prior to 2000, overall, one sees very little activity in the think tank community on the linkages between HIV/AIDS and security. It is only after the UN Security Council meeting in January 2000 and the Clinton administration's announcement that HIV/AIDS in Africa is a U.S. national security threat in April 2000 that one sees a proliferation in task forces, symposia, and reports on the intersection of HIV/AIDS and security. Several major think tanks and research institutions in Washington, D.C. and elsewhere produced reports on how HIV/AIDS is a security issue. However, most of these reports were produced after the main securitizing move by the Clinton administration, thus these

actors echoed the securitization efforts of the administration. Therefore, while still important for securitizing HIV/AIDS, most of these organizations efforts were ultimately less important than the administration's efforts.

This section analyzes the published reports, statements, meeting transcripts and activities of several think tanks and research organizations which focused on HIV/AIDS and security. Rather than focus on all the research institutions which write about HIV/AIDS, this section examines a small sample of those who have focused specifically on HIV/AIDS as a security issue. In order to determine whether HIV/AIDS has been securitized within the U.S. government, it made sense to focus on those research institutions that address U.S. policy implications and tried to inform the debate on U.S. policy.

Each of these organizations studied the issue of HIV/AIDS and security often providing a venue for different actors both inside and outside government to debate whether and why HIV/AIDS was a security threat. The working groups and symposia sponsored by these organizations often worked to gain audience acceptance of the securitization of HIV/AIDS. Furthermore some researchers actively engaged in securitizing moves of their own. Below is an analysis of seven major think tank and research organizations with offices in Washington, D.C. which focused on HIV/AIDS and security during the period of 1998-2003: the Brookings Institution, Chemical and Biological Arms Control Institute, Center for Strategic International Studies, the Council on Foreign Relations, International Crisis Group, the United States Institute of Peace, and the Woodrow Wilson Center.

Chemical and Biological Arms Control Institute

The Chemical and Biological Arms Control Institute (CBACI) began to study the

nexus between health and security early in 1998. This made CBACI the second U.S-

based research organization (the first was CSIS) to examine the link between HIV/AIDS

and security. The CBACI started being involved in these issues by studying biological

and chemical weapons and the public health and medical response to these weapons.[1]

The head of CBACI, Michael Moodie wanted to know what else was out there at the

intersection of health and security beyond biological and chemical weapons. With

funding from the Loundsberry Foundation, CBACI teamed up with the International

Security group at CSIS to produce a research study on the health-security nexus. They

convened a working group on health and security that met quarterly and included a wide

range of individuals from health, military, and foreign aid communities. While its first

report, *Contagion and Conflict: Health as a Global Security Challenge* was published in

January 2000, the project convened jointly by the CBACI and the CSIS International

Security Program began studying these issues in the summer of 1999.

The report, *Contagion and Conflict: Health as a Global Security Challenge* began

with the question: "Does this growing number of intersections between health and

security issues create a national security challenge for the United States?"[2] The report

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[1] CSIS/CBACI Health and Security Working Group member, interview by author, telephone, 26 August 2004, Washington, D.C.

[2] Michael Moodie and William J. Taylor, Project Co-directors. *Contagion and Conflict: Health as a Global Security Challenge*, A Project Report of the Chemical and Biological Arms Control Institute and the Center for Strategic and International Studies (Washington, DC: CSIS, January 2000), also available at http://www.cbaci.org/PDFContagionConflictFullReport.pdf; accessed 8 August 2002, vii.

begins by explaining a rationale for focusing on health and security -- "Disease accounts for the greatest proportion of human morbidity and mortality in history, far surpassing war as a threat to human life."[3]

The report focused on several linkages between health and security, one of which was infectious diseases. However, it asked the important question of whether "the intersections of health and security developments in today's world need attention from national security as well as health professionals?"[4] The report found that bringing different actors and perspectives to bear on global health issues was important, but that "Portraying all health issues as security problems that demand attention from the national security community would risk turning off that community and making it insensitive, precisely at a time in which the interaction between health and security really does matter."[5] Furthermore, the report recognized the potential positive impact of securitizing health issues when it stated: "Introducing even a limited national security perspective into one's thinking may add a greater sense of urgency about addressing such problems, shift the calculations that support thinking, or open up new approaches."[6]

The CBACI also formed a Senior Working Group for a two-year project on "Health, Security, and U.S. Global Leadership" in 2001 to build on the report *Contagion and Conflict*. One of the foci of the group was "Infectious Disease and the Military" and included an emphasis on HIV/AIDS. The group involved individuals inside and outside government from the health and security fields. In the first meeting Dr. Bernard spoke on

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[3] Ibid., 1.

[4] Ibid., 1-2.

[5] Ibid., 2.

[6] Ibid., 54.

"Priorities at the Health and Security Intersection during the Clinton Administration and Beyond," and the second meeting featured Laurie Garrett, *Newsday* columnist and author, on "Implications of Declining Health on Security."

The CBACI held its 1st Annual International Workshop on "Health and Security: The Need for Global Partnerships," in Geneva 14 -15 June 2001 for approximately forty participants from governments, militaries, international organizations, health organizations, humanitarian NGOs and others. There were various participants from the United States and Europe who debated the health-security nexus including HIV/AIDS. The CBACI continued to focus on HIV/AIDS in 2002 and 2003. They held a 2nd Annual International Workshop in Geneva in June 2002 and continued their working groups.

The working groups and the reports they created were important for debating HIV/AIDS as a security issue and presenting HIV/AIDS as an existential threat. It created a forum for actors from the military, health and development fields to discuss the intersections of HIV/AIDS (and health more generally) and security. Furthermore, CBACI created opportunities for different actors to securitize HIV/AIDS and try to gain the audience acceptance of functional actors that HIV/AIDS did in fact represent a security threat.

International Crisis Group

The International Crisis Group (ICG) began studying HIV/AIDS as a security

issue following the UN Security Council meeting on HIV/AIDS.[7]   When Mark

Schneider came to the ICG Washington, DC office following his role as head of the

Peace Corps, he believed that ICG should look at the issue of HIV/AIDS and security.[8]

The idea that HIV/AIDS and security should be examined was brought up at an ICG

board meeting in 2000 and the Board decided that the issue should be looked at

contingent upon additional outside funding.[9]   The Gates Foundation provided some

funding for the report and Sandra Thurman's organization, International AIDS Trust,

received funding to write the report for ICG. During the course of the research and the

writing, both ICG and International AIDS Trust consulted closely with UNAIDS in

conducting the analysis and the policy recommendations. The report was issued in June

2001 in time to precede the UNGASS.

The report, *HIV/AIDS as a Security Issue*, used a war metaphor to explain how

HIV/AIDS is a threat to security. The report argued that "For a growing number of

states, AIDS can no longer be understood or responded to as primarily a public health

crisis. It is becoming a threat to security."[10] The report used an exhaustive list of

definitions of security to explain how HIV/AIDS is a security threat, namely that "AIDS

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[7] The International Crisis Group (ICG) – "is a private multinational organization committed to strengthening the capacity of the international community to anticipate, understand and act to prevent and contain conflict." (See International Crisis Group, *HIV/AIDS as a Security Issue*, (ICG Report: Washington, D.C., 19 June 2001), i; also available from http://data.unaids.org/Topics/Security/icgreport_en.pdf; accessed 1 August 2005.)

[8] International Crisis Group senior staff member, interview by author, 14 September 2001.

[9] Ibid.

[10] International Crisis Group, *HIV/AIDS as a Security Issue*, i.

is a security issue in the following ways: (1) a personal security issue (2) an economic

security issue (3) a communal security issue (4) a national security issue (5) an

international security issue."[11] The report went on to explain what each of these

dimensions of security meant in practice, that "HIV/AIDS has heightened pressures

toward instability by undercutting human security, harming economic and social stability,

breaking down governance and directly affecting armed forces and the police."[12]

The report argued for the need for a security lens to understand the HIV/AIDS

pandemic: "For a growing number of states, AIDS can no longer be understood or

responded to as primarily a public health crisis. It is becoming a threat to security."[13]

The report tried to securitize HIV/AIDS and presented it as an existential threat. The

report received mixed reviews from those concerned with U.S. foreign policy and

HIV/AIDS, including those who work in security and those who work in health. Some

found the report weak and speculative while others found it to be the seminal report on

HIV/AIDS and security.[14] The report clearly attempted to securitize HIV/AIDS and did

so by looking at various dimensions of security. ICG tried to inform the debate on

HIV/AIDS and security by working closely with UNAIDS and publishing its report just

prior to UNGASS. The report used a host of referent objects for security to demonstrate

that no matter which way you examined the issue HIV/AIDS was a threat to security.

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[11] Ibid., i.

[12] Ibid., 4.

[13] Ibid., i.

[14] Interviews and informal communications by author in 2004 including: CSIS HIV/AIDS Task Force member, interview by author, Washington, D.C., 8 October 2004; CSIS HIV/AIDS Task Force member, interview by author, Washington, D.C., 18 October 2004; Dr. Paul Zeitz, Executive Director, Global AIDS Alliance, interview by author, Washington, D.C., 8 October 2004.

The Council on Foreign Relations

The Council on Foreign Relations (CFR) focused on HIV/AIDS several times

during the period of study. As part of CFR's "Meetings Program," the Council on

Foreign Relations held a meeting in June 2000 titled "AIDS: A New Priority for

International Security."[15] Those in attendance included Ambassador Holbrooke, ONAP

Director Thurman, Executive Director of UNAIDS Dr. Piot, Secretary of Health and

Human Services Donna Shalala and Harvard University Professor David Bloom.[16]

While HIV/AIDS as a security threat falls under the rubric of the health and

security nexus, this is not to say that all reports that focused on this intersection examined

infectious diseases, the specific disease of HIV/AIDS, or HIV/AIDS in Africa. A 2001

joint report by the Council on Foreign Relations and the Milbank Memorial Fund titled,

Why Health is Important to U.S. Foreign Policy, began with the statement: "Supporting

public health worldwide will enhance U.S. national security, increase prosperity at home

and abroad, and promote democracy in developing countries and those in transition."[17]

Furthermore, the report called for an increased emphasis on health security and the

creation of an interagency structure "headed by a special assistant to the president and

senior director of international health at the National Security Council."[18] However,

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[15] Kaiser Daily HIV/AIDS Report, "NATIONAL SECURITY: Clinton Administration Explains AIDS as a Security Threat," 8 June 2000; available from http://www.kaisernetwork.org/aids/2000/06/kh000608.2.htm; accessed 20 August 2003; Council on Foreign Relations, *Annual Report: July 1, 1999 - June 30, 2000*, 69; available from http://www.cfr.org/content/about/annual_report/ar_2000/12-CFRAR.pdf.; accessed 20 June 2006.

[16] Council on Foreign Relations, *Annual Report: July 1, 1999 - June 30, 2000*, 69.

[17] Jordan S. Kassalow, *Why Health is Important to U.S. Foreign Policy*, A Joint Report of the Council on Foreign Relations and the Milbank Memorial Fund (Washington, D.C., 2001), 1; also available from http://www.cfr.org/content/publications/attachments/Why-Health-Is-Important-To-Foreign-Policy.pdf; accessed 5 August 2005.

[18] Ibid., 2.

while the report recommended that USAID funding be increased for HIV/AIDS

programming in India, China, and Russia, Africa was notably missing from the regions to

focus on. These countries were seen as being in the strategic interest of the United States,

while poorer countries of sub-Saharan Africa were not. The report did, however,

promote the securitization of health in developing countries more generally.

> Policymakers and the global health community can strengthen this link [between
> foreign policy and international health] by framing global health priorities in terms
> of a broad set of interests that include national security, as well as economic,
> political and humanitarian concerns. This should encourage the U.S. government
> to make global health a more central component of its foreign policy agenda.[19]

To announce the report and its findings, CFR held a breakfast meeting on the

record on 17 May 2001 with Dr. Bernard, Senior Advisor for International Health

Affairs, Office of Senator Frist presiding over the meeting. According to a senior CSIS

HIV/AIDS Task Force member, Leslie Gelb, who was head of CFR at the time, wanted

the report to be titled *Why Health is Important to National Security*, but was rebuffed in

this effort since the public health professionals from the Milbank Memorial Fund

opposed the idea.[20] According to the CSIS HIV/AIDS Task Force member, this

disappointed Gelb who thought that national security would elevate the importance of

health; for him, to say "just" foreign policy, was a weaker argument.[21]

After a hiatus, in 2003 the Council on Foreign Relations again teamed up with the

Milbank Memorial Fund to focus this time exclusively on U.S. foreign policy towards

HIV/AIDS. The project held meetings with staff from more than thirty government and

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[19] Ibid., 4.

[20] CSIS HIV/AIDS Task Force member, interview by author, Washington, D.C., 18 October 2004.

[21] Ibid.

private organizations working in HIV/AIDS and the U.S. Global AIDS Coordinator and

his staff also participated.[22] The project's efforts culminated in the report, *Addressing the*

HIV/AIDS Pandemic: A U.S. Global AIDS Strategy for the Long Term, which commented

on and critiqued the Bush administration five-year strategic plan for implementing

PEPFAR. In one critique it noted the lack of focus on the military and security:

> The military in Africa is particularly hard hit by the disease and is a key source of
> its spreading. The U.S. Department of Defense has begun HIV/AIDS programs
> with many African military forces, and continuation of these programs is vital for
> PEPFAR's success. However, the strategic statement [for PEPFAR] makes no
> mention of how these programs will be funded or incorporated into the overall
> plan.[23]

In fact, focusing on the military in Africa was one of the report's seven key

recommendations for U.S. global AIDS policy. The report argued that because of

HIV/AIDS infection rates in African militaries and the role of African militaries in

peacekeeping operations, "The disease must therefore be recognized as a threat to

regional, global, and U.S. national security."[24] It also argued that countries ravaged by

AIDS could become havens for terrorists and that AIDS orphans were vulnerable recruits

for becoming child soldiers in civil and regional conflicts. The conclusion of the report

read in part, "Global AIDS is also changing the social, economic, and geopolitical

landscape of our world, threatening to beget dislocation and instability. It is a

humanitarian issue, a social issue, an economic issue, a political issue, and it is a threat to

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[22] Council on Foreign Relations and Milbank Memorial Fund, *Addressing the HIV/AIDS Pandemic: A U.S. Global AIDS Strategy for the Long Term* (CFR: New York, NY, 2004), v; also available from http://www.cfr.org/content/publications/attachments/HIV-AIDS.pdf; accessed 18 July 2005.

[23] Ibid., 2.

[24] Ibid., 17.

The Brookings Institution's Center on the United States and France held a one-day conference in conjunction with CSIS on "France and the United States: Strengthening Collaboration on HIV/AIDS in Africa," on 3 December 2001, which included Richard Holbrooke, David Gordon, Paula Dobriansky, and Dr. Anthony Fauci among the participants and speakers. The efforts of the Brookings Institution to securitize HIV/AIDS were less notable than CBACI, CSIS and CFR.

<div align="center">United States Institute of Peace</div>

In May 2001, the United States Institute of Peace (USIP) convened a panel on the nexus between conflict and AIDS in Africa, publishing a summary report in October 2001. One of the major themes of the panel was the link between "AIDS and American strategic interests."[29] Among the panelists, were David Gordon, author of the January 2000 declassified NIE, and Thomas Homer-Dixon, a scholar who studies the link between national security and the environment. Gordon articulated four areas of concern that link U.S. national security to the HIV/AIDS pandemic: impact on U.S. public health; effect on U.S. and international troops and peacekeeping operations; slowing of economic development in states where the U.S. has strategic and economic interests; and the destabilization of Africa societies.[30] Gordon was quoted as saying, "If national security is defined as protection against threats to a country's population, territory, and way of life, then AIDS certainly presents a clear and present danger to much of sub-

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[29] United States Institute of Peace, "AIDS and Violent Conflict in Africa," Special Report of the United States Institute of Peace (Washington, D.C.: United States Institute of Peace, 25 October 2001), 4; also available from http://www.usip.org/pubs/specialreports/sr75.pdf; accessed 18 July 2005.

[30] Ibid., 5.

Saharan Africa, and a growing threat to the vast populations of Asia and Eurasia, which have the world's steepest HIV infection curves."[31]

The USIP provided opportunities for those engaged in research and policy on HIV/AIDS and security to make both securitizing moves and counter-securitizing moves. The panels convened by USIP concerning HIV/AIDS are yet another example of research organizations bringing together different actors to discuss and debate HIV/AIDS. These panels, unlike some of the working groups, however, were open to the public.

Center for Strategic and International Studies

As discussed in chapter 4, after CSIS issued its report on HIV/AIDS in 1994 under the direction of Dr. Kitchen, CSIS stopped looking at AIDS and security until the late 1990s. This time the International Security section at CSIS convened a joint working group on AIDS and security with CBACI. After the report was issued the International Security team at CSIS decided not to pursue the topic further. It was not until Dr. J. Stephen Morrison came on board as head of the Africa Unit in 2001 that CSIS began to look at HIV/AIDS and security again.

Under the direction of Dr. Morrison, the Africa Unit spearheaded the formation of the CSIS Task Force on HIV/AIDS in 2001. Prior to the creation of the task force Morrison and Cooke published an edited volume with CSIS press on *Africa Policy in the Clinton Years: Critical Choices for the Bush Administration.* In a chapter by Morrison his final recommendation was to "strengthen U.S. understanding of the interrelationship between AIDS, development and security." Furthermore he wrote:

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[31] Ibid., 6.

The approaches taken by the Department of Defense and the intelligence agencies to internal, regional, and transnational security threats will require updating. New models will be needed to address weak and failing states that come under grave new strains from AIDS and lack effective infrastructure to deliver health care or guarantee elemental security. More, not less, state failure and violent insecurity is projected, which will translate into new forms of transnational security threats. How these threats unfold, how precisely AIDS fuels them, and how they can best be mitigated within and outside Africa is at present only poorly understood.[32]

On 13 November 2001, CSIS launched this two-year CSIS Task Force co-chaired by Senator Bill Frist (R– TN) and Senator John Kerry (D-MA) (both members of the Senate Foreign Relations Committee) to strengthen U.S. leadership on HIV/AIDS. The task force was led by a panel of individuals from Congress, the Bush administration, advocacy and public health groups, corporations and others. Other key members of the task force were John Hamre, President and CEO, CSIS; J. Stephen Morrison, Director, Africa Program, CSIS; Tim Wirth, President, UN Foundation; and Ronald V. Dellums (former Congressman), President, Healthcare International Management. The CSIS Working Group on HIV/AIDS did the analytical work for the Task Force and met more or less on a monthly basis. The first meeting for the Task Force was held in July 2001. There were a number of different separate groups, one of which concerned security or "counteracting the destabilizing consequences of AIDS." A press launch for the CSIS Task Force on HIV/AIDS was postponed due to the events of 9/11 and then held on 13 November 2001 at the Russell Senate building.

The working group and task force were prominent in government forums about U.S. policy on HIV/AIDS. During congressional testimony of the Senate Foreign

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[32] J. Stephen Morrison, "Chapter 2: U.S. Policy Toward HIV/AIDS in Africa: Momentum, Opportunities, and Urgent Choices," in *Africa Policy in the Clinton Years: Critical Choices for the Bush Administration*, eds. J. Stephen Morrison and Jennifer G. Cooke (CSIS Press: Washington, D.C., 2001), 31.

Relations committee on 13 February 2002, many participants mentioned the work of these groups. For example, Paula J. Dobrianski, Undersecretary of State for Global affairs made special note of the work of the task force: "Two of your Committee colleagues, Senators Frist and Kerry, deserve special mention for their involvement with the work done by the Center for Strategic and International Studies on HIV/AIDS, work in which my colleagues and I have participated and from which we have benefited."[33] While the task force focused on all of the intersections on HIV/AIDS and U.S. foreign policy, national security concerns featured prominently.

In a 2002 congressional hearing, Ambassador Princeton Lyman, speaking on behalf of the CSIS Task Force on HIV/AIDS, focused in part on HIV/AIDS and militaries in developing countries. He noted in his testimony that one effort of the task force "is to address the problem of HIV in the military establishments in developing countries. It is having a major impact on peacekeeping, on the options for peacekeeping, and we certainly do not want peacekeeping contributing to the problem."[34] Ambassador Lyman referenced the problem of AIDS and terrorism in his prepared statement, though not in his read statement:

> No less important, in the aftermath of September 11, an additional, powerful factor entered the debate over the HIV/AIDS pandemic: the awareness that runaway infectious diseases, accompanied by and contributing to broken states and damaged economies, are generating desperation and rising criminality. If we are to sustain

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[33] Paula J. Dobrianky, Under Secretary of State for Global Affairs, "The Global Fight Against HIV/AIDS, Tuberculosis, and Malaria" (statement before the Senate Foreign Relations Committee, Washington, D.C., 13 February 2002).

[34] Congress, Senate, Committee on Foreign Relations, *Halting the Spread of HIV/AIDS: Future Efforts in the U.S. Bilateral and Multilateral Response*, 13, 14 February 2002 (Y4.F76/2:S.HRG.107-330), 81-82.

an anti-terrorist coalition, we cannot afford a lackluster response to the threat that HIV/AIDS and related problems pose to developing societies.[35]

After the conclusion of the task force in early 2003, at the request of the US Congress, CSIS convened the Africa Policy Advisory Panel. The final report of advisory panel was submitted to Secretary of State Powell in February 2004 and was published by CSIS as a series of papers in May 2004 under the title *Rising U.S. Stakes in Africa: Seven Proposals to Strengthen U.S.-Africa Policy*. One chapter titled, "Continuing U.S. Leadership to Combat HIV/AIDS in Africa and Globally," written by Todd Summers, Progressive Health Partners and former Deputy Director, ONAP, included a host of recommendations for how to implement PEPFAR and structure U.S. global HIV/AIDS efforts. He based his recommendations on five core principles, one of which was that

> Only through a truly multi-sectoral approach, in which the strengths, expertise, and resources of various federal agencies are strategically mobilized, will the president's objectives be achieved. This is particularly true with respect to increasing our understanding of, and response to, the implications of the growing epidemic on U.S. national security interests."[36]

The chapter included several recommendations to expand the focus of HIV/AIDS in Africa and U.S. national security interests. For example, the report recommends that "The coordinator [for Global HIV/AIDS] working closely with the Department of Defense and various intelligence agencies, should conduct a serious and comprehensive analysis of the implications of HIV/AIDS on U.S. national security interests and integrate a response within its broader HIV/AIDS strategy."[37] The report warned that not enough had been done in this area and that "many in the military (both in the United States and

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[35] Ibid., 83.

[36] Walter H. Kansteiner III and J. Stephen Morrison, *Rising U.S. Stakes in Africa: seven proposals to strengthen U.S.-Africa policy* (Washington, D.C.: CSIS Press, 2004), 137.

[37] Ibid., 137.

other countries) still consider HIV/AIDS as a health or social issue and resist efforts to

classify the epidemic as a security and strategic threat."[38] Summers listed a series of

questions that need answering, including, "What are the destabilizing impacts of millions

of children orphaned by HIV/AIDS and potentially disenfranchised through lack of adult

support or economic opportunity?" and "How will rising rates of infection, illness, and

death among young men affect conscription and combat readiness of domestic or

peacekeeping forces, and how will that affect demands on U.S. or allied forces?"[39]

Furthermore, the chapter urged for an increased focus in PEPFAR on the so-called "next

wave" countries as identified by the National Intelligence Council. The report

recommended for PEPFAR: "Within PEPFAR's 14 priority nations, focus particular

attention on the "next wave" states of Nigeria and Ethiopia" and that the PEPFAR should

move beyond these fourteen countries to include other countries including the other

"second wave" states of China, Russia and India.[40] Finally, the report concluded with a

specific recommendation for Secretary Powell to "continue to speak out on the military

and security implications of HIV/AIDS."[41]

CSIS has been a consistent and influential player in HIV/AIDS and security. By

bringing together AIDS experts inside and outside government, CSIS continued the

discussion of AIDS as a security issue. A large number of important players in U.S.

foreign policy towards HIV/AIDS have been involved in these working groups, task

forces and symposia organized by CSIS throughout the period of study. Furthermore,

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[38] Ibid., 142.

[39] Ibid.

[40] Ibid., 144.

[41] Ibid., 150.

CSIS focused specifically on HIV/AIDS as a traditional security issue making a place for

DOD and the intelligence community in HIV/AIDS policy and programming. CSIS also

focused on the role of HIV/AIDS in international peacekeeping operations.

Private and Voluntary Organizations

There are a large number of NGOs that have projects in the developing world

designed to address the HIV/AIDS pandemic, including both international NGOs and

indigenous NGOs. However, this section focuses on a subset of U.S.-based NGOs that

are registered as Private and Voluntary Organizations (PVOs)[42] with the USAID or are

members of InterAction, which is "a coalition of 160 U.S.-based private relief,

development and refugee assistance agencies."[43] Together these two factors account for

nearly all of the prominent NGOs with headquarters in the United States.[44] PVOs which

are involved in international health and development work overseas also began to

securitize HIV/AIDS in 2000 and 2001.[45] There was less emphasis on AIDS and security

by PVOs in 2002 and 2003. However, in 2002 and 2003 PVOs seized on the Bush

administration's *National Security Strategy* which called foreign assistance part of U.S.

national security and the USAID report on *Foreign Aid in the National Interest* which

also spoke of development and national security. PVOs discussed their role as

development agencies in contributing to U.S. security. While not focusing specifically

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[42] The terms PVOs and NGOs are used interchangeably throughout.

[43] Not all, but most InterAction members are registered as PVOs with USAID. One notable exception is Oxfam, which does not accept U.S. government funding.

[44] Specifically, data was compiled from the USAID's private voluntary organization registry, NGO Websites, and transcripts of meetings of USAID's Advisory Committee on Voluntary Foreign Aid.

[45] Carrie Sheehan, "NGOs as Security Actors in the Fight against HIV/AIDS?" in *New Threats and New Actors in International Security*, ed. Elke Krahmann (New York: Palgrave Macmillan, 2005).

on HIV/AIDS these groups focused on foreign aid for development (including HIV/AIDS

funding). This was a clear reaction to the securitizing moves of development by the Bush

administration.

One venue where one finds mention of HIV/AIDS as a U.S. national security

issue is at meetings of the Advisory Committee on Voluntary Foreign Aid (ACVFA).

ACVFA is a committee organized by the U.S. government that brings together U.S.

government development assistance organizations and members of the PVO community

that were active in international development and humanitarian assistance to discuss key

issues.[46] This section examines the public transcripts from ACFVA meetings in the years

1998-2003. There were several opportunities for members of U.S. development

assistance organizations and U.S.-based NGOs to focus on HIV/AIDS internationally;

only some of which involved a debate about the security implications of HIV/AIDS.

It was not until the year 2000 that the ACFVA meetings concerned HIV/AIDS.

The focus of a 14 September 2000 meeting was exclusively on "Combating the

HIV/AIDS Pandemic in Developing Countries." Publicly available notes from the

meeting showed some PVOs securitizing HIV/AIDS and others accepting the designation

of AIDS as a security issue. For example:

> An audience member noted that there had been countless references to this battle
> against AIDS as a war. She agreed that it is a vital national security issue. Given
> that, she pointed out that resources need to come from the military budget. This
> would be a bold step that would help ensure that funds from HIV/AIDS are not
> siphoned from development projects, and would also avoid the phenomenon of
> development agencies fighting each other over crumbs.[47]

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[46] For more information on the Advisory Committee On Voluntary Foreign Aid (ACVFA) see USAID, "ACVFA,"; available from http://www.usaid.gov/about_usaid/acvfa, accessed 1 February 2004.

[47] Advisory Committee on Voluntary Foreign Aid, "Combating the HIV/AIDS Pandemic in Developing Countries," Full Report, (Washington, D.C.: 14 September 2000), 26; available from http://www.usaid.gov/about_usaid/acvfa/acvfafullreptsept2000.pdf; accessed 1 February 2004.

Mr. Louis Mitchell, ACVFA member, opened the panel on NGO strategies and

successes "recalling that during the morning sessions the fight against HIV/AIDS has

been described as a war. . . .The purpose of this meeting is to get out the word that this is

a war."[48] In this forum for relief and development assistance, the need to link HIV/AIDS

to national security was an object of discussion. In the words of one participant, linking

HIV/AIDS and security was a way to increase the overall pie of development assistance

and use funds allocated to traditional security through the Department of Defense and

other budgets. In this instance the participant was engaging in disingenuous securitizing

moves since it was not really an effort to securitize HIV/AIDS, but rather to get more

funding for HIV/AIDS programming.

Two meetings of the ACVFA during 2001 also included the HIV/AIDS pandemic

on its agenda. The focus of the 10 January 2001 meeting was "A New Agenda for

Foreign Aid." The ACVFA gave seven recommendations for U.S. foreign assistance

priorities, the last of which was to "launch a more comprehensive and better funded

assault on the HIV/AIDS pandemic."[49] While not directly describing the security

dimension, the group further reported that "the HIV/AIDS pandemic is not solely a health

issue, but rather, a crosscutting theme that affects all sectors and threatens economic and

political stability."[50] However, in the discussion period "one participant pointed out that

new messages, such as American security interests might be needed. He reminded the

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[48] Ibid., 12.

[49] Advisory Committee on Voluntary Foreign Aid, "A New Agenda for Foreign Aid," Full Report, (Washington, D.C., 10 January 2001), 2; available from http://www.usaid.gov/about_usaid/acvfa/acvfafullreptjanuary2001.pdf; accessed 1 February 2004.

[50] Ibid., 4.

audience that President Eisenhower had sold the interstate highway system as the

'National Defense Highway System.' Several others agreed that linking development

assistance to U.S. national interests is critical."[51] Here a member of the NGO community

contemplated securitizing HIV/AIDS in order to garner attention and funds for

addressing the pandemic.

The 17 October 2001 meeting of the ACVFA also included HIV/AIDS as one of

its agenda topics, but had no mention of HIV/AIDS as a security issue.[52] However, a

finding of the meeting was a recommendation to the NGO community to "develop a

strategy to educate the Congress and PVO/NGO constituencies about development and

the link to national and global security."[53] In the weeks following September 11 there

was concern that funding would turn away from global concerns to focus on security at

home.

The next meeting to include HIV/AIDS was the 9 October 2002 meeting which

included on its agenda an "Update on the Global Fund to Fight HIV/AIDS, Tuberculosis

and Malaria." During the session on the Global Fund there was no discussion on the

linkages between HIV and security, though there was discussion about the need for multi-

[51] Ibid., 6.

[52] This is probably because of the meeting's close proximity to the September 11, 2001 attacks on the World Trade Center and the Pentagon. The US government less than one month after attacks was focused on traditional security concerns and on terrorism.

[53] Advisory Committee on Voluntary Foreign Aid, "USAID's Strategies for Conflict Prevention, Procurement Reform, the Global Development Alliance, and HIV/AIDS," Full Report (Washington, D.C., 17 October 2001) 10-11, available from http://www.usaid.gov/about_usaid/acvfa/acvfafullreptoct2001.pdf; accessed 1 February 2004.

sectoral approaches to HIV/AIDS and the importance of not separating HIV/AIDS from other issues such as health, food security, and education.[54]

Two AVCFA meetings in 2003 also mentioned HIV/AIDS even though the topic was not the main focus of the meetings. The 11 February 2003 meeting focused on the USAID report *Foreign Aid in the National Interest: Promoting Freedom, Security, and Opportunity*, but references were made to President Bush's announcement of $15 billion over five years for global HIV/AIDS, the eventual PEPFAR initiative.[55] Likewise, the 14 May 2003 meeting titled, "U.S. Foreign Assistance Strategy - A New Role for NGOs and USAID?" included HIV/AIDS and its impact on economic development.[56]

During the ACVFA meetings, there was less discussion on HIV/AIDS and security over time with the most emphasis occurring during the September 2000 meeting. This was the first meeting focusing on HIV/AIDS to follow the January 2000 UNSC meeting. Nevertheless, there were a couple of examples of ACVFA members securitizing HIV/AIDS or contemplating doing so. However, in most instances, these ACVFA members were engaging in disingenuous securitizing moves by not trying to really securitize HIV/AIDS but rather to garner additional funding for these NGOs to implement international HIV/AIDS programs.

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[54] Advisory Committee on Voluntary Foreign Aid, "Monterrey to Johannesburg to Beyond: What the Administration's New Development Initiatives Mean for US Foreign Assistance Policy and Programs," Full Report (Washington, D.C., 9 October 2002) 4-5, available from http://www.usaid.gov/about_usaid/acvfa/acvfafullreptoct2002.pdf; accessed 1 February 2004.

[55] Advisory Committee on Voluntary Foreign Aid, "Public Diplomacy and Foreign Aid in the National Interest," Meeting Report (Washington, D.C., 11 February 2003); available from http://www.usaid.gov/about_usaid/acvfafinalreport_021103.pdf; accessed 2 June 2006.

[56] Advisory Committee on Voluntary Foreign Aid, "U.S. Foreign Assistance Strategy - A New Role for NGOs and USAID?" Meeting Report (Washington, D.C., 14 May 2003); available from http://www.usaid.gov/about_usaid/acvfa/acvfafullreptmay2003.pdf; accessed 2 June 2006.

The remainder of this section draws on public documents from close to fifty U.S.-based NGOs that have projects in the developing world designed to address the HIV/AIDS pandemic to determine whether these functional actors accept the view that HIV/AIDS was a security issue and, furthermore, to determine whether any of them became securitizing actors in the own right. The names of these organizations along with their website addresses are provided in appendix D.

In January-February 2003, the author searched each organization's website for information regarding HIV/AIDS and security. There were only eight organizations mentioning anything having to do with "HIV/AIDS and security" on their websites; these are Africare, American Jewish World Service, CARE, Catholic Relief Services, Church World Service, United Methodist Committee on Relief, U.S. Fund for UNICEF and World Vision. A ninth organization, Lutheran World Relief, mentioned a connection between "the world's problems and U.S. security at home," but did not refer to HIV/AIDS specifically. Even among these eight, HIV and security was mentioned very few times on their sites. Furthermore, most often the websites provided links to news articles, the UN website or other places on the internet where HIV/AIDS and security was discussed.

Africare mentioned the UN Security Council resolution on HIV/AIDS but did not use the phrase "HIV/AIDS and security" in its discussion of the resolution. On CARE's website, in a question and answer session with their Director of HIV/AIDS, Kristin Kalla referred to the U.S. calling HIV/AIDS a security threat as a "positive development," though did not specifically refer to it as one herself. Catholic Relief Services merely reprinted a news story from *The Catholic Herald* that had one mention of HIV and

security in the article.[57] Church World Service had links to news stories about the UN

Security Council meeting in January 2000, but never referred to HIV as a security threat.

There were only four out of fifty organizations whose websites referred in original

content to HIV as a security issue and even in these sites there was scant mention of it.

The American Jewish World Service (AJWS) wrote an editorial in the *New York Times*,

which said that HIV is a threat to global stability, but emphasized the humanitarian

impact of the pandemic: "The AIDS epidemic is a humanitarian catastrophe. But as the

virus spreads insidiously around the world, it is becoming something else, a threat to

global and regional stability, because of its potential to disrupt the economic, political

and military structures of key countries."[58] The United Methodist Committee on Relief

had links to UNAIDS and journalist accounts discussing the link between HIV/AIDS and

security. It also had its own statement regarding HIV/AIDS and security in its role as a

member of the Ecumenical Advocacy Alliance. The Alliance issued a communiqué that

identified the HIV/AIDS pandemic as one of the gravest challenges to health and also "to

prospects of social and economic development and global security."[59] The U.S. Fund for

UNICEF had several mentions and hyperlinks to the UNAIDS site referencing

HIV/AIDS and security which can be explained by the fact that it is an organization

designed to help fund UNICEF, part of the UN system. Of the organizations analyzed

thus far only AJWS engages in securitizing HIV/AIDS.

[57] Linda Busetti, "Catholic Relief Services Launches Africa Campaign," reprinted with permission of *The Catholic Herald,* available from http://www.catholicrelief.org/newsroom/in_news_africa_campaign.cfm; accessed 16 October 2003.

[58] "AIDS as a Threat to Global Stability," *The New York Times*, 4 October 2002.

[59] "Global Trade and HIV/AIDS First Priorities for New Ecumenical Alliance," 11 December 2000; available from http://gbgm-umc.org/mission/news2000-2/ncaids121100.html; accessed 25 January 2003.

Of the eight organizations, the most extensive efforts at securitizing HIV/AIDS

were by World Vision. World Vision is one of the largest U.S.-based PVOs and is a

Christian organization. Also, Andrew Natsios was the head of World Vision before

becoming USAID Administrator under the Bush administration. An article in the *Seattle*

Post Intelligencer by Joseph Riverson, an advisor on AIDS for World Vision, explained

the security implications of AIDS: "The AIDS epidemic already has devastated my

continent, Africa. Of the 42 million people worldwide with AIDS, more than 29 million

live there. But the pandemic's center of gravity is shifting to Europe and Asia, where

sheer population size--let alone military and economic power--threaten global security."[60]

On 17 April 2002, Ken Casey, Senior Vice President for World Vision gave a statement

before a hearing of the House International Relations Committee of the U.S. Congress

titled *AIDS Orphans and Vulnerable Children in Africa: Identifying the Best Practices*

for Care, Treatment and Prevention. The majority of his statement concerned the role of

faith-based organizations, of which World Vision is one, in HIV/AIDS care, treatment

and prevention, and lessons learned from World Vision's decade or more of experience

with HIV/AIDS programming. However, the concluding section discussed security in his

plea to the Congress:

> The HIV/AIDS pandemic in Africa has left in its wake at least 13 million orphans
> and 2-3 times the number of vulnerable children. The massive and growing number
> of orphans and other vulnerable children in HIV/AIDS-affected areas constitute a
> humanitarian and development crisis of unprecedented proportions. If the
> international community does not respond immediately and at a large scale to this
> crisis, the potential threats to national, regional, and global security and stability
> will be severe. A generation of marginalized young people who grow up without
> guidance and support are highly susceptible to recruitment by terrorist networks,

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[60] Joseph Riverson, "AIDS a Century from Now," *Seattle Post Intelligencer*, 1 December 2002.

warlords and guerilla groups, criminal gangs, and other forces who can tear societies apart.[61]

Searches of major newspapers on *Lexis-Nexis* for the PVOs and HIV and security did not reveal any accounts other than those reported earlier. However, early debates in February 2002 on the Bush Administration budget for 2003 brought the linking of security to international assistance, of which international HIV/AIDS funding is one component, to the forefront. These debates, as documented in U.S. newspaper articles, were another place where one sees NGOs making linkages between their work and international security, even though they did not refer to HIV/AIDS specifically. Some U.S.-based international NGOs positioned their projects as a way to enhance U.S. national security and the war on terrorism. This linkage between the war on terror and international assistance was similar to arguments made by congresspersons and senators that fighting HIV/AIDS would result in fewer recruits for terrorist causes. According to one newspaper account, "some Americans involved in grass-roots international assistance say that if the focus on national security gives foreign aid more urgency, they are for it."[62] According to another account, Mary McClymont, President of InterAction, in commenting on the foreign aid budget employed "the rationale advanced by the

[61] Ken Casey, Senior Vice President, World Vision, International, "AIDS Orphans and Vulnerable Children in Africa: Identifying the Best Practices for Care, Treatment and Prevention," Statement before the House International Relations Committee, Washington, D.C., 17 April 2002; available from http://www.worldvision.org/worldvision/wvususfo.nsf/stable/globalissues_aids_testimony; accessed 26 January 2003. The full transcript of the hearing can be found at: Congress, House, Committee on International Relations, *AIDS Orphans and Vulnerable Children in Africa: Identifying the Best Practices for Care, Treatment, and Prevention*, 17 April 2002 (Y4.IN8/16:AF8/24). This section of his testimony appears on page 54.

[62] Howard LaFranchi, "Foreign aid recast as tool to stymie terrorism: Looking to fight root causes of attacks, some call for doubling international aid," *The Christian Science Monitor*, 26 February 2002.

administration for its war on terror" by contending "that increases in foreign aid will 'enhance our own state security.'"[63]

Thus, some in the NGO community at least contemplated securitizing international assistance in order to gain more support for the work they do. In a world of competition for funding, PVOs have debated whether to link development assistance, of which HIV/AIDS assistance is one component, to the needs of U.S. national security, especially post-September 11. In the words of one email from a development list serve: "A lot of organizations have been thinking hard about whether (or how) to connect their issue to the public's deep concerns about security. Many groups are already moving in that direction."

However, apart from statements by InterAction on behalf of its members and personal, as opposed to organizational commentaries, there was not much evidence of NGOs engaging in securitizing moves of HIV/AIDS. PVOs increasingly implemented USG grants and programs in the area of HIV/AIDS. These functional actors, however, seemed less likely to accept the view that HIV/AIDS was a security issue, these comments in the ACFVA meetings aside. There was scant mention of the links between HIV/AIDS and security on the NGO websites, nor other statements of support for this policy. It follows that U.S.-based NGOs were for the most part not promoting the link between HIV/AIDS and security in the public documents they posted on their websites. It was not a focus of the extensive information presented on their response to the HIV/AIDS pandemic on their public websites. Especially the larger NGOs have a wealth

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[63] Peter Slevin, "US Urged to Double Overseas Aid: Assistance Groups Link Funding to the War Against Terrorism," *The Washington Post*, 12 February 2002.

of information on their websites about their projects on HIV/AIDS and use the web as

part of their communications strategy to reach their computer literate audiences and

attract financial and other support. These NGOs were by and large not securitizing

actors. Apart from statements by World Vision, there were no major securitizing moves

either. There were nevertheless some suggestions of securitizing AIDS in the Advisory

Committee on Voluntary Foreign Aid meetings, congressional hearings and newspaper

accounts.

<div align="center">Professional Organizations and Societies</div>

Another type of nongovernmental organization is those professional societies and

organizations which represent health and development organization professionals. One

such organization, the Global Health Council, made securitizing moves of HIV/AIDS

during the time period of 1998-2003. Staff of the Global Health Council used the

security rationale in their statements before the Congress both pre- and post-2000.

<u>The Global Health Council</u>

The Global Health Council[64] is a U.S-based, non-profit membership organization

for public health professionals and NGOs, foundations, corporations, government

agencies and academic institutions involved in global health.[65] Many times during the

period of 1998-2003, the Global Health Council made securitizing moves of HIV/AIDS.

Dr. Nils Daulaire, President and CEO was a former USAID official who focused on

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[64] In 1999 the National Council for International Health was renamed the Global Health Council.

[65] Global Health Council, "Who We Are;" available from
http://www.globalhealth.org/printview.php3?id=25; accessed 21 July 2006.

HIV/AIDS during his tenure there. He was an early securitizing actor of HIV/AIDS

beginning in 1998. For example, in a 1998 congressional hearing, Dr. Daulaire testified

that AIDS was a security issue. If fact, he was the only person to call AIDS a security

issue during this hearing. He provided several rationales for why this was the case.

During his testimony he said, "These AIDS orphans are the children of the 21st century's

ragtag armies; they are the seeds of social decay and chaos, and they should be as much

concern to a committee concerned with international security as any particular disease."[66]

His statement provided for the record contains many more references to AIDS as an

international security threat.[67] He also warned that "by early in the 21st century more

people will have died of AIDS since it emerged on the world stage than died in all of the

20th century's devastating wars. This is truly a matter of international security."[68] Dr.

Daulaire then linked U.S. security to global health stating "we in the United States should

be as concerned about them [PLWAs] as we are about the victims of a terrorist attack or

of a famine. In fact we should be more concerned because each person infected with

AIDS contains the seeds of a further spread of the epidemic, endangering us all."[69]

Again in a 1999 congressional hearing, Dr. Daulaire, Director, Global Health

Council, made several references to health and security in his prepared (though not his

read) statement titled, "Child Survival, Global Health and the Security of Americans in a

Time of Budget Cuts." He called child survival and global diseases, "a matter that goes

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[66] Congress, House, Committee on International Relations, *The Spread of AIDS in the Developing World*, 16 September 1998 (Y4.IN8/16:AC7), 36.

[67] Ibid., 100.

[68] Ibid.

[69] Ibid.

to the heart of both U.S. humanitarian concerns and of U.S. national security for the 21st century."[70] Dr. Daulaire also referred to the budget cuts for global health as, "the gravest threat to both our humanitarian traditions and security needs" in his professional life.[71] His final reference to health and security was as follows:

> The progress that has been made over the past decades in Child Survival has been remarkable and stands as a testament to political will and technical know-how. The world now appears poised to take HIV/AIDS and other infectious diseases equally seriously. As a physician myself, I take enormous pleasure in the knowledge that has been developed and applied around the world in pursuit of a goal worthy of our finest ideals. As a pragmatist, I see how this investment has paid for itself many times over in the health and security of the American people.[72]

Dr. Daulaire made securitizing moves of global health issues and HIV/AIDS in particular throughout his statements before the U.S. Congress in 1998 and 1999. He also engaged in securitizing global health in general, and HIV/AIDS in particular, during an October 1999 talk before the Association of Academic Health Centers titled, "U.S. National Security, Foreign Policy and Global Health." In it he included the following topics: "why global health matters to national security and foreign policy," "what the key issues in global health are that relate to U.S. national interests," and "what role academic health centers can play in addressing these issues."[73] In his speech he focused on AIDS as a key issue in global health that related directly to U.S. national interests. Dr. Daulaire noted that AIDS' "direct and predictable effects in countries of the developing world should be

[70] Congress, House, Committee on International Relations, *Child Survival and Infectious Disease Program: Achievements and Challenges for the Future,* 15 April 1999 (Y4.IN8/16:C43/4), 116.

[71] Ibid.

[72] Ibid., 124.

[73] Nils Daulaire, President and CEO, Global Health Council, "U.S. National Security, Foreign Policy and Global Health," (speech before the Association of Academic Health Centers, 2 October 1999); available from http://www.globalhealth.org/assets/html/drmed1a.html; accessed 21 July 2006.

of direct concern to American foreign policy leaders."[74] Dr. Daulaire explained how

AIDS orphans in Africa could become street children who could then become child

soldiers. He also explained how due to the increase in U.S. military interventions in

humanitarian crises "it is very likely that the American military will get involved in one

or more of these conflicts in Africa."[75] He thus concluded that "AIDS is a serious

national security issue."[76]

Other staff members of the Global Health Council also testified that HIV/AIDS

was a security issue before congressional hearings. In a 2003 congressional hearing on

HIV/AIDS, TB, and Malaria: Combating a Global Pandemic Sophia Mukasa Monico,

Director of the AIDS Program, in her prepared statement explained that AIDS was a

health, development and security issue. "Especially in developing countries, HIV has

moved beyond the realm of public health alone and is now a social, economic, and

security concern."[77]

The Global Health Council, under the direction of its CEO and President Dr.

Daulaire, consistently made securitizing moves of HIV/AIDS both prior to and following

the 2000 UNSC meeting. In testimony before the U.S. Congress Dr. Daulaire provided

many rationales for why HIV/AIDS represented a threat to international security. He

argued that HIV/AIDS and other infectious diseases were the new security threats of the

century and attempted to redefine U.S. national security.

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[74] Ibid.

[75] Ibid.

[76] Ibid.

[77] Congress, House, Committee on Energy and Commerce, Subcommittee on Health, *HIV/AIDS, TB, and Malaria: Combating a Global Pandemic,* 20 March 2003 (Y4.C73/8:108-10), 41.

Advocacy Organizations

Beginning in 2000, some but by no means all HIV/AIDS advocacy organizations

included security arguments as part of the reason why America should be involved in

fighting HIV/AIDS globally. These arguments often stood side-by-side with more

traditional arguments regarding heath, international development, and solidarity with

people in the developing world who could not afford treatment granted patients living

with HIV in the U.S. For example, a group of over 130 organizations, including those

from the U.S. advocacy community, sent a letter to President Bush on 6 November 2001

asking for emergency funding for AIDS. The letter noted, "The AIDS pandemic and its

related causes in Africa, Asia and elsewhere threaten to destabilize nations and

undermine global security."[78] This section draws on an array of public documents

including congressional hearings, advocacy organization websites and brochures, and

articles in the print and broadcast media, as well as interview data.

The Global AIDS Alliance

The Global AIDS Alliance (GAA) was a relative newcomer, but an important

advocate for affecting U.S. HIV/AIDS policies. The GAA was launched in March 2001

and created by over forty organizations that are involved in some way with arguing for or

providing treatment, care and services to People Living with HIV/AIDS. The GAA was

launched at a small Capitol Hill event with its founding partners and several members of

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[78] Global AIDS Alliance, "Numerous organizations send appeal to White House for AIDS program emergency funding," 6 November 2001; available from http://www.globalaidsalliance.org/cd_ngoletter1101.cfm; accessed 6 July 2004.

Congress. The GAA included HIV as a security issue as one of many messages used to reach out to diverse constituents for why the U.S. needs to do more to stop global AIDS.[79]

In a congressional hearing in 2001, the prepared statement of Dr. Paul Zeitz, Executive Director, attempted to demonstrate "tangible benefits to the American people" in fighting global AIDS.[80] His statement argued that, "U.S. leadership in combating AIDS will protect U.S. national security interests by reducing the need for U.S. intervention in HIV/AIDS devastated countries in Africa, Asia, and Europe," and "[will] strengthen the U.S. economy by strengthening the attractiveness of new markets."[81] Also around the time of its founding, GAA called on President Bush to endorse debt cancellation to fight AIDS with the rallying call that "the African HIV/AIDS security crisis demands urgent action now."[82]

Zeitz continued to engage in securitizing HIV/AIDS throughout 2002 and 2003. For example, in a January 2002 press release commenting on Bush's state of the union address, Zeitz called for the Bush administration to address HIV/AIDS and follow a new approach to national security,

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[79] Dr. Paul Zeitz, Executive Director, Global AIDS Alliance, interview by author, Washington, D.C., 8 October 2004.

[80] Congress, House, Committee on International Relations, *The United States' War on AIDS,* 7 June 2001 (Y4.IN8/16:UN3/4), 55.

[81] Ibid., 55.

[82] Global AIDS Alliance, "Global AIDS Alliance Calls on President Bush to Endorse Debt Cancellation by the World Bank (WB) and the International Monetary Fund (IMF) to Combat the HIV/AIDS Pandemic," 25 April 2001; available from http://www.globalaidsalliance.org/press250401.cfm; accessed 6 July 2004.

With the President's popularity at an all time high, he has ample room to forge a balanced approach to world crises, in which the U.S. provides its fair share of resources to combat poverty and disease. Instead, the emphasis in budgetary terms seems to be 99% on the military and 1% on addressing the causes of misery and frustration abroad. This approach to national security is doomed to failure.[83]

In a 2003 press release he was more direct about securitizing HIV/AIDS and noted,

"AIDS is such a global emergency it has become a security crisis. If we don't fight AIDS with adequate resources now we will only pay a worse price later as the epidemic spreads to Asia and other regions."[84] Also, the GAA used the security argument to criticize the Bush administration when it did not fully fund PEPFAR or the Global Fund. In another press released in late 2003 Zeitz noted, "The shortfall [in funding] will be paid in lives and diminished global security."[85]

As an organization whose mission is "to galvanize the political will and financial resources needed to slow, and ultimately stop, the global AIDS crisis, and reduce its impacts on poor countries hardest hit by the pandemic," the GAA used many messages to accomplish its goals.[86] The presentation of HIV/AIDS as a security issue was not a true effort to securitize HIV/AIDS, but rather one of many messages employed to change policy and increase funding. Nevertheless, the security argument was used often to various audiences as a reason why HIV/AIDS was deserving of attention and money.

[83] Global AIDS Alliance, "Bush Speech Ignores Threat from Global Diseases, Lofty Rhetoric on Poverty Not Backed Up with Real Dollars," 29 January 2002; available from http://www.globalaidsalliance.org/press2901102.cfm; accessed 6 July 2004.

[84] Global AIDS Alliance, "Senator Nickles Blocking AIDS Funding Increase," 29 October 2003; available from http://www.globalaidsalliane.org/press102903.cfm; accessed 6 July 2004.

[85] Global AIDS Alliance, "Senate Could Reject Bush Stinginess on AIDS Spending," 28 October 2003; available from http://www.globalaidsalliance.org/press102803.cfm; accessed 6 July 2004.

[86] Global AIDS Alliance, "FAQs"; available from http://www.globalaidsalliance.org/about/faqs/; accessed 6 July 2004.

AIDS Action

The activist organization AIDS Action made securitizing moves regarding

HIV/AIDS beginning in 1999. While AIDS Action focused mostly on domestic policy

towards HIV/AIDS it does include advocacy for global AIDS as part of its work. In San

Francisco in July 1999, former U.S. Rep. Ronald Dellums testified before a Senate

hearing in his role as a board member for AIDS Action and emphasized that HIV/AIDS

had U.S. national security implications.[87] Once the Clinton administration announced

that AIDS was a national security threat, AIDS Action praised this decision.[88] However,

AIDS Action also used the declaration to criticize the administration when it felt that the

U.S. government was not doing enough. For example, Jeff Jacobs, Director of

Government Affairs said, "Less than one week after the United States government

declared AIDS a national security threat, this Congress has buckled under pressure from

giant pharmaceutical companies," referencing the U.S. decision about South Africa's law

on access to affordable pharmaceuticals for AIDS.[89]

AIDS Action wrote several documents about AIDS and security. A fact sheet

titled "Africa: The Raging Epidemic" updated in December 2000 concluded in part with

a message securitizing HIV/AIDS:

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[87] Kaiser Daily HIV/AIDS Report, "AIDS FUNDING: Advocates Request More Spending in U.S., Africa," 12 July 1999; available from http://www.kaisernetwork.org/aids/1999/07/kh990712.1.html; accessed 20 August 2003.

[88] Kaiser Daily HIV/AIDS Report, "AIDS EPIDEMIC: Clinton Administration Declares Disease a Threat to National Security," 1 May 2000; available from http://www.kaisernetwork.org/aids/2000/05/kh000501.1.htm; accessed 20 August 2003.

[89] Kaiser Daily HIV/AIDS Report, "AFRICA TRADE BILL: AIDS Action Echoes Feinstein's Call for Executive Order," 9 May 2000; available from http://www.kaisernetwork.org/aids/2000/05/kh000509.1.htm; accessed 20 August 2003.

In some areas, HIV is equally common among men and women, threatening the economic stability and national security of many developing countries. HIV/AIDS poses a grave threat to the future security and well being of the world. With increasing rates of HIV infection, AIDS threatens to destabilize entire nations if action is not taken immediately.[90]

Likewise an "International AIDS Fact Sheet," also from December 2000, noted that "HIV also threatens the economic stability and national security of many developing countries."[91] In a statement on "The Global AIDS Challenge," on its website, AIDS Action noted that "without positive and aggressive intervention, the national security of many countries could be at risk."[92] This statement remained after President Bush came to office.

In its public statements AIDS Action was more likely to argue that HIV/AIDS was a security threat to developing nations rather than U.S. national security. However, as a functional actor and audience member, AIDS Action supported the Clinton designation that HIV/AIDS was a security threat and then went on to become a securitizing actor through the remainder of 2000 and beyond.

Africa Action

The NGO and activist organization Africa Action included HIV/AIDS as a major area of focus. Starting in 2000, following the UNSC meeting Africa Action made its own securitizing moves of HIV/AIDS. It continued do so through 2003 though after 9/11

[90] AIDS Action, "Africa: The Raging Epidemic," Fact Sheet, December 2000; available from http://www.aidsaction.org/legislation/pdf/Africa_fs.pdf; accessed 25 July 2006.

[91] AIDS Action, "International AIDS Fact Sheet," December 2000; available from http://www.aidsaction.org/legislation/pdf/International.pdf; accessed 25 July 2006.

[92] AIDS Action, "The Global HIV/AIDS Challenge,"; available from http://www.aidsaction.org/legislation/global_challenge.htm; accessed 25 July 2006.

Africa Action referred to HIV/AIDS as a human security issue.[93] During a Special

Plenary at the African Studies Association annual meeting in November 2000, Salih

Booker, Executive Director said, "AIDS is more than a disease. AIDS is more than a

public health crisis. AIDS is a global health crisis. AIDS is national security threat as

declared by the Clinton administration and AIDS is a global security threat."[94]

Following the attacks of 9/11 and the U.S. war with Iraq, Africa Action explained

how HIV/AIDS was a greater threat than terrorism. Also the language shifted from a

focus on global and/or national security to human security. In an article in the *Seattle*

Post-Intelligencer Booker began with the statement, "Whether judged by the number

killed each day or by the potential collapse of entire nations, the AIDS pandemic is a

greater threat to global human security than are organized terrorist groups."[95] In January

2002 Africa Action tried to focus attention on AIDS and away from terrorism and Iraq.

Africa Action along with other activist groups held a forum, "Malign Neglect: A Briefing

on U.S. Policy toward Africa under the Bush Administration."[96] Booker said, "The

HIV/AIDS pandemic is the single greatest global threat to human security today . . . far

more deadly than terrorism or the alleged existence of Iraqi weapons."[97] Booker

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[93] By 2005, Africa Action moves away from this messaging. In an article on its website, Africa Action cautions against the message about AIDS creating breeding grounds for terrorists and the importance of AIDS to America's security. *See* Africa Action, "Tool: Mixed Media Messages," available from http://www.africaaction.org/campaign_new/page.php?op+read&documentid=1180&type=25; accessed 20 July 2005.

[94] Salih Booker, "Combating HIV/AIDS in Africa: 21st Century Strategies," (remarks during Special Plenary, African Studies Association Annual Meeting, Nashville, TN, 18 November 2000); available from http://www.africaaction.org/desk/asa0011.htm; accessed 25 July 2006.

[95] Salih Booker, "AIDS pandemic threatens planet," *Seattle Post-Intelligencer*, 7 December 2001, also available from http://www.africaaction.org/docs01/aids0112.htm; accessed 25 July 2006.

[96] OneWorld.org, "U.S. African Policies Greatest Threat to Global Security, Experts Say," 23 January 2002; available from http://www.oneworld.org; accessed 25 July 2006.

[97] Ibid.

continued on this theme during a commentary on *National Public Radio* for the first

anniversary of the 9/11 attacks. Thinking back on 9/11 he said:

> For a moment longer it seemed we were about to realize that the idea of "national
> security" was obsolete ... Because the greatest threats were global, requiring a
> shared global response. Threats like terrorism ... or AIDS ... or global warming ...
> or poverty. We stood on the verge of discarding outdated thinking in favor of a
> new concept of "global human security" ... a view of the world preoccupied less
> with nations and more with the security of people, families, indeed humanity ...
> But such an epiphany eluded us ...We have largely ignored the greatest immediate
> threat to global human security - the AIDS pandemic.[98]

In April 2003 Africa Action issued a statement signed by seventy-three groups

and organizations which called on the U.S. government to make fighting global AIDS a

priority, not fighting Iraq. The statement called HIV/AIDS "the greatest global threat to

human security that exists today," and furthermore, said "It is more deadly than terrorism

or the alleged existence of weapons of mass destruction in Iraq."[99] Likewise, in a

presentation at Africa Action's first "Annual Baraza" in October 2003, Ann-Louise

Colgan, Assistant Director for Policy Analysis and Communications called "the global

AIDS pandemic, centered in Africa . . . the greatest threat to human security in the world

today."[100]

Throughout the period of 2001-2003 Africa Action made securitizing moves

regarding HIV/AIDS, but only did so in the context of HIV/AIDS as a human security

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[98] Salih Booker, "Commentary," *National Public Radio, Morning Edition*, 5 September 2002; transcript available from http://www.africaaction.org/docs02/sec0209.htm; accessed 25 July 2006.

[99] Kaiser HIV/AIDS Daily Report, "Africa Action Issues Statement Demanding U.S. Funding To Fight AIDS Rather Than War," 15 April 2003; available from http://www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=1&DR_ID=17173; accessed 20 August 2003.

[100] Ann-Louise Colgan, "The State of U.S. Africa Policy," (presentation at Africa Action's first Annual Baraza, 3 October 2003); available from http://www.africaaction.org/events/baraza/2003/policy.php; accessed 25 July 2006.

issue. For Africa Action the referent object of security was the individuals impacted by the disease. Africa Action argued that for much of the globe human security issues were much more pressing than more traditional security concerns. Instead of linking HIV/AIDS to terrorism as did several members of the Bush administration and Congress, Africa Action compared the two issues. They argued that AIDS, not terrorism, not Iraq, was the real global threat.

Constituency for Africa

Constituency for Africa is a non-profit group started by the PVO Africare to do advocacy work for the benefit of Africa. In statements before Congress beginning in 2001 Constituency for Africa defined HIV/AIDS as a security threat. For example, in a 2001 appropriations hearing for Foreign Operations, a statement by the Constituency for Africa read in part: "If ever there was a national and world security threat on our horizon, this is it. For these reasons, U.S. national interests in combating HIV/AIDS in Africa on moral, humanitarian, economic and transnational security grounds will increasingly be understood on global terms."[101] Constituency for Africa staff and board members tried to securitize HIV/AIDS while using other arguments for why HIV/AIDS is a threat to the world. Like the other activist organizations they used several different messages to get across the urgency of the HIV/AIDS pandemic.

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[101] Congress, House, Committee on Appropriations, Subcommittee on Foreign Operations, Export Financing, and Related Programs, *Foreign Operations, Export Financing, and Related Programs Appropriations for 2002, Part 4: Testimony of Members of Congress and Other Interested Individuals and Organizations.*, 28 March 2001 (Y4.AP6/1:F76/6/2002/PT.4), web .txt. version, no page numbers.

Debt, AIDS, Trade, Africa (DATA) and Bono

Bono, as an individual and then through his organization DATA, became a

headliner in the fight against AIDS. While mostly viewing AIDS as a humanitarian

issue, Bono and DATA too linked AIDS to the war on terror - a security issue as defined

by the Bush administration. During an interview with the Kaiser Family Foundation in

2003, Bono explained connections between AIDS and the war on terror.

> In fact, it was Colin Powell who said the war against terror is bound up in the war
> against poverty. He's a military guy. And if military guys start talking like that we
> should listen. And it's cheaper to prevent the fires than to put them out. And even
> though Africa's not on the front line in the war against terror it's the second line. . .
> . So I don't think that what we're here today to discuss is in any way fringe and any
> way I think it's at the very center of our, of who we decide we are. And it's at the
> very center of who we might be dealing with in the future. It's strategic as well as
> the right thing to do.[102]

Likewise a DATA press release in 2003 read in part, "DATA -- like the Bush

administration -- knows that there is a security imperative to fight AIDS in Africa, as well

as a humanitarian imperative."[103] In information provided on its website, DATA once

again, like the Bush administration, linked terrorism to HIV/AIDS while referring to

HIV/AIDS also as a moral issue:

> While the moral case stands alone as a reason to act, richer countries also have
> economic and security reasons to fight this emergency. As we've seen in the case
> of Afghanistan, devastated, unstable states can become breeding grounds for
> terrorists. Seeing Africa as our neighbor, and acting now to stop the spread of
> AIDS, is not just the moral thing to do -- it's the practical thing.[104]

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[102] Kaiser Family Foundation, "Kaiser Conversations on Health with Bono," 3 December 2003; available from http://www.kaisernetwork.org/health_cast/uploaded_files/120303_kff_bono_transcript_correction1.pdf; accessed 26 July 2003.

[103] DATA, "Ashley Judd Speaks Directly to Voters: Tell Senators Specter and Santorum to Fully Fund the Global AIDS Initiative," 30 September 2003; available from http://www.data.org/archives/000236.php; accessed 26 July 2006.

[104] DATA, "The AIDS Crisis"; available from http://www.data.org/whyafrica/issueaids.php; accessed 26 July 2006.

In a report issued by DATA in 2003, "Keep the President's Promise to Africa," DATA

argued that "emergency AIDS relief is a humanitarian, security and economic necessity --

for all of Africa and for the rest of the world."[105] The report also warned that if

emergency AIDS funding was not forthcoming "countries may implode under the weight

of AIDS and extreme poverty. Failed states are havens for terrorists, criminals, violence

and disease -- all of which pose threats far beyond Africa's borders."[106]

DATA made securitizing moves of HIV/AIDS mostly by linking the AIDS

pandemic to the security issue of terrorism. These securitizing moves, however, stood

side-by-side with other arguments about how fighting global AIDS was the right, moral

thing to do. DATA's language mirrored that of the Bush administration through its focus

on AIDS' link to terrorism and fighting AIDS as a moral endeavor.

Other AIDS Spokespersons and Activists

There were other activist organizations and self-appointed spokespersons for

global HIV/AIDS that also supported securitizing moves of others or made their own.

For example, National Organizations Responding to AIDS (NORA), which is a group of

mostly domestic AIDS advocacy organizations, also discussed AIDS as a security issue.

NORA wrote in its *AIDS Appropriations Recommendations Fiscal Year 2002* that "the

global HIV/AIDS epidemic poses a national security threat to the United States."[107]

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[105] DATA, "Keep the President's Promise to Africa," 30 June 2003, 5; available from http://www.datadata.org; accessed 26 July 2006.

[106] Ibid.

[107] National Organizations Responding to AIDS (NORA), "AIDS Appropriations Recommendations Fiscal Year 2002," (Washington, D.C., 25 April 2001), 36.

NORA also recommended that DOD global HIV/AIDS programs increase from $10

million to $20 million because HIV/AIDS "has significant national security implications

because many militaries around the world are being destabilized by the pandemic."[108]

There were many individuals who spoke out about global AIDS, including many

celebrities. Many of these celebrities also spoke of HIV/AIDS and security. For

example, actor Danny Glover whose brother was HIV positive submitted written

testimony for a 2000 congressional hearing and in it referred to AIDS as both a security

and a development issue in his written statement.

> I applaud Vice President Albert Gore and U.S. Ambassador to the United Nations
> Richard Holbrooke for defining HIV/AIDS as a security issue during the January
> special session of the United Nations Security Council on this subject. I also
> strongly applaud the Secretary-General of the United Nations Kofi Annan and
> UNDP Administrator and current Chairman of the UNAIDS Committee of
> Cosponsoring Organizations Mark Malloch Brown for both saying at the same
> Security Council meeting that this issue of HIV/AIDS in Africa is also
> fundamentally a development issue.[109]

Dr. Jeffrey Sachs who moved from the head of the now defunct Harvard Institute

for International Development to the Earth Institute at Columbia University spent time as

a spokesperson for HIV/AIDS relief for the developing world. In a 2002 congressional

hearing Sachs focused his read statement on AIDS treatment for the developing world.

However, in his prepared statement he made several references to HIV/AIDS and

security and cautioned that "AIDS is creating a breeding ground for terrorism."[110]

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[108] Ibid., 39.

[109] Congress, House, Committee on Banking and Financial Services, *H.R. 3519: The World Bank AIDS Prevention Trust Fund Act*, 8 March 2000 (Y4.B22/1:106-47), 74.

[110] Congress, Senate, Committee on Foreign Relations, *Halting the Spread of HIV/AIDS: Future Efforts in the U.S. Bilateral and Multilateral Response*, 13, 14 February 2002 (Y4.F76/2:S.HRG.107-330), 152.

Various individuals and other activist organizations made securitizing moves of HIV/AIDS during this time period. Around the time of the UNSC meeting, these actors securitized HIV/AIDS because of its impact on Africa. After 9/11, like other groups and organizations some activists began to include terrorism as a reason for why HIV/AIDS was a security issue. Other activists saw AIDS as a human security issue which was different from and more important than terrorism. There was evidence of acceptance by activists that AIDS was a security issue followed by securitizing moves. There was some evidence of disingenuous securitizing moves by activists.

Foundations

The so-called "mega foundations" -- the UN Foundation and the Bill and Melinda Gates Foundation were large funders of global health in the year 2000 and beyond. They also provided a large amount of funding to global HIV/AIDS specifically. Also, after President Clinton left office, he formed the William J. Clinton Presidential Foundation which also included HIV/AIDS as one of its major areas of focus. These foundations became important players in the global fight against HIV/AIDS because of the large amount of funding they bring to the table. In addition to providing much needed funds, these organizations sometimes made securitizing moves of HIV/AIDS, while other times engaged in counter-securitizing moves.

The UN Foundation

In order to disperse the money from his gift to the UN, Ted Turner formed the UN Foundation in 1998. The UN Foundation provided funding for a variety of UN programs

including those for combating the HIV/AIDS pandemic and launched a media campaign

called "Apathy is Lethal" to help in the fight against AIDS. The foundation also accepted

contributions from individuals and organizations to The Global Fund. The foundation

called HIV/AIDS a security threat in many of the publications about HIV/AIDS found on

its website. For example, a piece on "The Global HIV/AIDS Crisis" read in part, "The

global HIV/AIDS epidemic has emerged as one of the great health, development, and

security crisis in human history."[111] The UN Foundation, an important functional actor,

accepted that HIV/AIDS was a security threat and used the three major frames of health,

development and security to define the HIV/AIDS pandemic.

The Bill and Melinda Gates Foundation

The Bill and Melinda Gates Foundation is a large funder of HIV/AIDS programs

internationally. The Bill and Melinda Gates Foundation which was founded in January

2000 initially gave $250 million annually to HIV/AIDS and this amount has continued to

increase.[112] Closely following the 2000 UNSC meeting, the Gates Foundation made

securitizing moves of HIV/AIDS, but this changed over time. Dr. William Foege while a

Gates Fellow spoke before the World Health Assembly 2000 about international public

health.[113] In his speech he said, "Many of you have known for a long time that AIDS, in

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[111] UN Foundation, "The Global HIV/AIDS Crisis," available from
http://www.unfoundation.org/media_center/publications/pdf/Global_HIV_AIDS_02.pdf; accessed 26 July
2006.

[112] J. Stephen Morrison and Todd Summers, "United to Fight HIV/AIDS?" *The Washington
Quarterly* 26:4 (Autumn 2003), 180.

[113] Foege is an Emeritus Professor of International Health at Emory University and was a former
Director of the CDC and Executive Director of the Carter Center.

your country, is a national security issue. Now, that is being recognized globally."[114]

But by 2003, Gates Foundation representatives including Dr. Helene Gayle, former head

of CDC's AIDS program, said that AIDS was neither a security issue nor an economic

issue. Furthermore, during a speech before the annual Global Health Conference (put on

by the Global Health Council), Bill Gates, Sr. argued that AIDS was really a

humanitarian issue.

> Today, many people are making the case that global health is an economic issue
> and a national security issue. That's all right with me. If we have to make that
> argument to get the public funds we need to fight the disease, we should do it. But
> to me, disease . . . is a humanitarian issue. . . . People suffering from poverty and
> disease are human beings. They are not 'national security assets.' They are not
> 'markets for our exports.' They are not 'allies in the war against terrorism.'[115]

Under the Bush administration the Gates Foundation was not a securitizing actor though

there was some evidence of Gates linking AIDS and security during 2000 under Clinton.

The William J. Clinton Presidential Foundation

President Clinton began to focus more on global HIV/AIDS through his

foundation after he left office. He continued to refer to AIDS as an international security

issue in his new role. In November 2003 he was quoted as saying during a lecture in

Oslo, Norway, "If you believe in democracy, and you believe in freedom, and if you want

more partners and fewer terrorists, the rest of the world has to do something about the

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[114] William Foege, M.D., M.P.H., Gates Fellow, "Remarks before the World Health Assembly 2000" (Geneva, Switzerland, 16 May 2000); available from http://www.gatesfoundation.org/MediaCenter/Speeches/GHSpeeches/BFSpeechWHA-000516.htm; accessed 26 July 2006.

[115] William H. Gates, Co-Chair, Bill and Melinda Gates Foundation, "Speech at the 31st Annual Global Health Conference, Youth and Health: Generation on Edge" (Washington, D.C., June 2004); available from http://www.globalhealth.org/conference_2004/onsite; accessed 26 July 2006.

problem [of HIV/AIDS]."[116] Clinton continued to make securitizing moves of AIDS and also provided funding for ARV treatment for Africa through foundation grants - serving as a go-between for those who have the capacity to distribute medications, but are unable to secure the medications at favorable prices.

Each of these foundations provided large sums of money for the fight against global HIV/AIDS. In some instances they made securitizing moves while in others they debated whether making securitizing moves was either necessary or positive. Overall, securitization was more of an emphasis during 2000 than afterwards.

The United Nations System

Several agencies in the United Nations system engaged in the securitization of HIV/AIDS in the period of 1998-2003; this included the WHO, UNDP, World Bank, UNICEF and of course, UNAIDS. As noted in chapter 4, these organizations were included in the analysis both because of the special role of the U.S. in the U.N. system and the U.N.'s role in fighting the global HIV/AIDS pandemic. This section draws on public documents from websites, news articles, U.S. congressional hearings and other sources.

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[116] Kaiser HIV/AIDS Daily Report, "Former President Clinton Says AIDS Is Security Issue That Threatens Political Stability," 5 November 2003; available from http://www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=1&DR_ID=20695; accessed 21 August 2003.

The World Health Organization

Staff members of the World Health Organization (WHO) discussed infectious

disease and security and HIV/AIDS and security beginning in 1998 before U.S.

audiences. In a 1998 appropriations hearing the prepared statement of Dr. David

Heymann, WHO read in part: "The diseases that have crossed or threaten to cross

international borders menace international public health security. Today these infectious

disease outbreaks and epidemics are not only costly to the economies of the countries in

which they occur, but are also a concern for all countries because no country is safe from

infectious disease."[117] He defined international public health security later on in his

statement as "ensuring that infectious diseases which are occurring elsewhere do not

spread internationally across borders."[118] Through this term, "international public health

security," Heymann attempted to create a nexus between public health and security. Also

in June of 1999, the WHO released a report *Removing Obstacles to Healthy Development*

which warned about the threat of infectious diseases to national security and economic

growth.[119] Both the report and Heymann's statement occurred prior to the UNSC

meeting. In each of these instances infectious diseases writ large were threats to security.

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[117] Congress, Senate, Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education and Related Agencies, *Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations, FY99*, 5, 20, 18 March and 1 April 1998 (Y4.AP6/2:S.Hrg. 105-872), 400-401.

[118] Ibid., 401.

[119] Kaiser Daily HIV/AIDS Report, "WHO: Global Complacency Exacerbates Spread of Infectious Diseases," 18 June 1999; available from http://www.kaisernetwork.org/aids/1999/06/kh990618.1.html; accessed 21 August 2003.

Then in a 2000 hearing Heymann testified via video conference that "the security threat of AIDS and other infectious diseases is great."[120] He further commented that "infectious diseases are no longer seen exclusively as a health issue" and pointed to the UN Security Council meeting, as well as the upcoming G-8 in Okinawa on the 21-23 June, where global health and AIDS was on the agenda.[121] Dr. Heymann included PowerPoint slides to accompany his testimony; one slide compared disease and war and was titled, "Defending National Borders -- A Strong Defense Must Include Protecting the Population from Microbial Invaders."[122] The WHO through Dr. Heymann linked infectious diseases in general and HIV/AIDS specifically to international security concerns.

Dr. Gro Harlem Brundtland, Director-General of the WHO, beginning in July 1998 also found linkages between economics and security and health and security.[123] During a speech before the Council on Foreign Relations in December 1999, Dr. Brundtland agreed with other participants that it was "high time to revisit the notion of security and fully appreciate the role of global health for the future of your country [the U.S.] and the entire system of international cooperation."[124] Furthermore, Dr. Brundtland

[120] Congress, House, Committee on International Relations, *Infectious Diseases: A Growing Threat to America's Health and Security,* 29 June 2000 (Y4.IN8/16:D63), 118.

[121] Ibid.

[122] Ibid., 118.

[123] Prior to serving as Director-General of the WHO, Dr. Gro Harlem Brundtland (a medical doctor) was Prime Minister of Norway and led the UN World Commission on Environment and Development from 1981 to 1987.

[124] Dr. Gro Harlem Brundtland, "Why Investing in Global Health is Good Politics" (speech before the Council on Foreign Relations, New York, NY, 6 December 1999); available from http://www.globalhealth.org/news/article/231; accessed 6 July 2004.

argued that "investing in global health is investing in national security."[125] During a talk

at the Brookings Institution in 2002, Dr. Brundtland spoke of how poor health in

developing countries provides an opening for extreme ideas to take root and the need for

the international community to support weak and failed states.[126] She called for a "new

and wider notion of national security, we can call human security," and argued that

"investing in global health is investing in national security."[127] While not referring

specifically to HIV/AIDS, her plea for the talk was for health issues to be part of a wider

security agenda.[128] After leaving WHO, Dr. Brundtland continued to refer to these

intersections between global health and national security.[129]

It was under Brundtland's leadership that the WHO Commission on

Macroeconomics and Health was formed in January 2000. Jeffrey Sachs was appointed

the head of this Commission. In his role as head of the WHO Commission on

Macroeconomics and Health he argued the importance of health promotion for

strengthening global security.[130] The report of the Commission was presented to Dr.

Brundtland on 20 December 2001. It found that "extending the coverage of crucial

health services, including a relatively small number of specific interventions, to the

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[125] Ibid.

[126] Gro Harlem Brundtland, "Remarks on Failed States and Global Security: How Health Can Contribute to a Safer World" (Remarks before the Brookings Leadership Forum, The Brookings Institution, Washington, D.C., 26 September 2002); available from http://www.brookings.edu/comm/events/20020926.pdf; accessed 26 July 2006.

[127] Ibid.

[128] Ibid.

[129] For example in an article in 2003, Dr. Brundtland wrote "above all, we need to move health security to the center of the international agenda," and warned how AIDS could "destabilize whole regions." See Gro Harlem Brundtland, "The Globalization of Health," *Seton Hall Journal of Diplomacy and International Relations*, Vol. IV, No. 2 (Summer / Fall 2003), 8, 9.

[130] Howard LaFranchi, "Foreign aid recast as tool to stymie terrorism: Looking to fight root causes of attacks, some call for doubling international aid," *The Christian Science Monitor*, 26 February 2002.

world's poor could save millions of lives each year, reduce poverty, spur economic

development, and promote global security."[131]

WHO was the first UN agency to respond to the HIV/AIDS pandemic beginning

in the 1980s. WHO which was once criticized for taking a narrow health approach to the

pandemic takes a broader multi-sectoral view of HIV/AIDS and its impact in the period

of 1998-2003. Through Heymann and Brundtland WHO made securitizing moves of

infectious diseases included HIV/AIDS even before the UNSC meeting.

Other UN Agencies

During their attendance at the 10 January 2000 UNSC meeting, both World Bank

President James Wolfensohn and UNDP Administrator Mark Malloch Brown, made

securitizing moves of HIV/AIDS. Wolfensohn supported the declaration that AIDS was

a security threat, noting in part, "We're losing judges, lawyers, government officials,

persons in the military."[132] Likewise, during his attendance at this UNSC meeting,

Brown noted, "This is a new security front line. Many times more people are being killed

from the disease in sub-Saharan Africa each year than in the world's wars."[133] He thus

explained why HIV/AIDS was a security issue, using a human security lens. As the

leaders of two co-sponsors of UNAIDS, the head of the World Bank and UNDP publicly

[131] Report of the Commission of Macroeconomics and Health, Chaired by Jeffrey D. Sachs, *Macroeconomics and Health: Investing in Health for Economic Development* (Geneva: WHO, 2001), i.

[132] Kaiser Daily HIV/AIDS Report, "UNITED NATIONS: Gore Proclaims AIDS a Global Security Threat, Pledges Additional Funds to Fight Diseases," 11 January 2000 quoting Crossette, *New York Times*, 11 January 2000; available from http://www.kaisernetwork.org/aids/2000/01/kh000111.1.htm; accessed 20 August 2003.

[133] Ibid.

supported the emergency action of the UNSC meeting and made reinforcing securitizing

moves supporting this action.

UNAIDS

The Joint Program on HIV/AIDS (UNAIDS) was created in January 1996 and is a

group of six co-sponsor agencies: WHO, UNICEF, World Bank, UNDP, UNFPA and

UNESCO. UNAIDS was developed in order to be a truly multi-sectoral agency, which

would not focus on only the health and medical aspects of HIV/AIDS, as was done when

the program was housed in WHO. Also, all six agencies were already involved in

HIV/AIDS programming at the time of UNAIDS formation.

In the summer of 1998 Dr. Peter Piot, Executive Director of UNAIDS, held a

brainstorming session with a group of experts on how to get AIDS to the top of the global

political agenda.[134] It was at this meeting that UNAIDS decided to move beyond health

to discussing economic and security concerns of HIV/AIDS.[135] UNAIDS decided to

make securitizing moves regarding HIV/AIDS. This began in earnest in 1999, for

example, during an interview in July Dr. Piot said that "developing countries themselves

must contribute more to HIV prevention 'since this is a real matter of national

security.'"[136] On the heels of the UNSC meeting, UNAIDS also focused on AIDS

orphans as threats in Africa without calling them security threats per se. Dr. Piot was

concerned that the orphans could become street children who were "prime targets for

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[134] Behrman, 175.

[135] Ibid., 175-176.

[136] Kaiser Daily HIV/AIDS Report, "UNAIDS: Piot Focuses on Preventing HIV Transmission," 20 July 1999 quoting Stamberg, *NPR*, "Weekend Edition," 17 July 1999; available from http://www.kaisernetwork.org/aids/1999/07/kh990720.4.html; accessed 20 August 2003.

gangs (and) militia and creating more child armies like those that participated in

massacres in West Africa."[137]

During the question and answer session of a hearing before the Senate Foreign

Relations Committee in 2000, Piot noted "the key challenge is not to convince any of

these leaders, certainly not in Africa, that AIDS is a threat to their security, to the survival

of the nation, but is to assist with the how."[138]   Also UNAIDS representatives in Russia

began to talk about AIDS in Russia as a threat to its national security in November

2000.[139]

Other members of the UNAIDS secretariat also made securitizing moves in 2000.

In a 2000 congressional hearing, Dr. James M. Sherry, Director, Programme

Development and Coordination, UNAIDS, called AIDS a *human* security issue, stating,

"The Security Council meeting made clear that AIDS is not a health or development

problem like any other. It has become in Africa an issue of human security in all senses

of the word."[140] His prepared statement was informed by a re-thinking of post-Cold War

security that allowed the inclusion of AIDS and other nontraditional security issues.

UNAIDS continued to make securitizing moves of HIV/AIDS in 2001. During a

speech at the United Nations University on 2 October Dr. Piot said, "As a global issue . . .

[137] Masland/Norland, *Newsweek*, 17 January 2000 as quoted in Kaiser Daily HIV/AIDS Report, "AFRICA: AIDS Epidemic Requires More Awareness and Action," 13 January 2000; available from http://www.kaisernetwork.org/aids/2000/01/kh000113.2.htm; accessed 20 August 2003.

[138] Congress, Senate, Committee on Foreign Relations, *Halting the Spread of HIV/AIDS: Future Efforts in the U.S. Bilateral and Multilateral Response*, 13, 14 February 2002 (Y4.F76/2:S.HRG.107-330), 67.

[139] Kaiser Daily HIV/AIDS Report, "Russian AIDS Epidemic May Reach 'Catastrophic Proportions, 'UNAIDS Warns," 17 November 2000; available from http://www.kaisernetwork.org/aids/2000/11/kh001117.2.htm; accessed 20 August 2003.

[140] Congress, House, Committee on Banking and Financial Services, *H.R. 3519: The World Bank AIDS Prevention Trust Fund Act*, 8 March 2000 (Y4.B22/1:106-47), 150.

we must pay attention to AIDS as a threat to human security, and redouble our efforts against the epidemic and its impact."[141] He went on to explain the impact of AIDS on all different types of security: national security, economic security, food security, health security, personal security, community security and political security.

Following 9/11 UNAIDS began to seize on the question of AIDS orphans as being possible recruits for terrorist organizations as well. In an interview with kaisernetwork.org Dr. Piot warned that AIDS orphans "may even become part of armies of warlords."[142] Also he discussed AIDS and terrorism more generally after President Bush came to office. Piot said:

> There is a world of difference between the root causes of terrorism and the impact of AIDS on security. But at some deep level, we should be reminded that, in many parts of the world, AIDS has caused a normal way of life to be called into question. As a global issue, therefore, we must pay attention to AIDS as a threat to human security.[143]

Beginning in 1999 UNAIDS made securitizing moves of HIV/AIDS. HIV/AIDS was presented as an existential threat, alongside arguments of its health and development impacts. UNAIDS leadership and its co-sponsors increased its efforts at securitization once the U.S. made the emergency action of bringing the HIV/AIDS in Africa before the UNSC.

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[141] Peter Piot, UNAIDS Executive Director, "AIDS and human security" (speech before the United Nations University, Tokyo, Japan, 2 October 2001); available from http://www.unaids.org/whatsnew/speeches/eng/piot021001tokyo.html; accessed 8 September 2003.

[142] Kaiser Family Foundation, "Ask the Experts with Peter Piot," 19 November 2003; available from http://www.kaisernetwork.org/heatlh_cast/uploaded_files/111803_ask_peterpiot_transc.pdf; accessed 26 July 2006.

[143] Barbara Boxer, "Providing Basic Human Security," *The Washington Quarterly* 26:2 (Spring 2003), 203.

Audience Acceptance

In order for the securitizing moves to lead to emergency actions and changes in inter-unit relations, it is important that the audience accept the securitization argument. Thus for HIV/AIDS to be fully securitized, the audience should believe in the veracity of the securitizing moves and support them. The main audience for U.S. foreign policy towards HIV/AIDS is comprised of the functional actors -- those who affect HIV/AIDS policy in the health, development, and security fields, as well as those concerned only with HIV/AIDS. The previous sections of this chapter analyzed functional actors outside of government -- some of whom made counter-securitizing moves while others became securitizing actors in their own right, while chapter 5 focused on those functional actors within the U.S. government. The following section analyzes additional evidence about the level of audience acceptance by functional actors that was gathered through interviews with participants in working groups on health and security and HIV/AIDS and transcripts of public meetings and symposiums.

According to insiders involved in working groups concerning health and security there were concerns on both the health side and the security side about linking these issues. Furthermore, during the course of secondary research and interviews conducted by the author, there was often noted a passive resistance to the idea that HIV/AIDS was a security issue or threat from the health, international development and security fields. Each of these different interpretive communities had differing rationales for why HIV/AIDS was or was not a security issue.

According to an account by Jonathan Ban formerly of CBACI:

The health and security debate has at times met resistance from the traditional national security community who argued that casting security in such terms dilutes the concept to an unmanageable degree . . . Meanwhile, many in the public health community are also uneasy about viewing public health problems in security terms, fearing that framing the issues in such a way would offer a skewed perspective on what are in actuality public health, ecological, humanitarian and developmental issues.[144]

For members of the traditional national security community, some still believed that security concerned issues of war and peace, and, after 9/11, global terrorism. According to a participant in the CSIS HIV/AIDS Task Force, "some hard-nosed security types were worried that if security is everything, then it is nothing."[145] According to a participant in the CSIS/CBACI health and security working group, many members of the military community "saw health and security as the same thing as environmental security, in that it was not really security."[146] Furthermore, this participant reported that many in the military community thought that health should be left to doctors and public health practitioners.[147]

Following the UNSC meeting and the focus on AIDS in the uniformed services, symposia were held not just on AIDS and security but on AIDS in African militaries as well. For example, during a talk at The Woodrow Wilson Center in Washington, D.C. in 2002 on this topic, "some attendees argued that not enough reliable data existed to justify

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[144] Jonathan Ban, "Health as a Global Security Challenge," *Seton Hall Journal of Diplomacy and International Relations*, Vol. IV, No. 2 (Summer / Fall 2003), 20.

[145] CSIS Task Force member, interview by author, in-person, 8 October 2004, Washington, D.C.

[146] CSIS/CBACI Health and Security Working Group member, interview by author, telephone, 26 August 2004, Washington, D.C.

[147] Ibid.

to the U.S. military that HIV is a security issue."[148] At this symposium there was concern among those who argued that HIV/AIDS was a security issue, that if they spoke to the traditional security community as if AIDS was Al Qaeda or Iraq they would not listen.[149] In the initial days of the Bush administration this concern seems to be well-founded. According to a second-hand account, a member of the CSIS/CBACI working group spoke to Condoleeza Rice, then NSA, about AIDS and security and she replied that if he wanted to talk about AIDS as a security issue, he should talk to Leon Fuerth (the former National Security Advisor to Vice President Gore).[150]

The public health community also had some resistance to the security argument. Some public health officials were concerned that there was a public health response to AIDS and other health problems. For some, the security argument would risk doing things the way the military does things, which was a negative. Many in the international development community had a similar response of being concerned about military involvement.[151]

While many functional actors came to accept the view that HIV/AIDS was a security issue, others in the health, development, and security interpretive communities did not. Some passively resisted that HIV/AIDS represented a security threat while others spoke out against this categorization.

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[148] Jennifer Wisnewski Kacsor, "HIV/AIDS in the Ranks: Responding to AIDS in African Militaries, June 4, 2002, Meeting Summary," *PECS News: A Population, Environmental Change, and Security News Letter,* Washington, D.C.: The Woodrow Wilson Center, Issue No. 7 (Fall 2002) 3.

[149] Ibid., CSIS/CBACI Health and Security Working Group member, interview by author, telephone, 26 August 2004, Washington, D.C.

[150] Ibid.

[151] Ibid.

Conclusion

This chapter analyzed an eclectic group of securitizing actors and functional actors outside the U.S. government who made securitizing and counter-securitizing moves, respectively toward the HIV/AIDS pandemic. As a group, think tanks and research organizations provided opportunities for a host of actors to securitize AIDS. Researchers at these organizations were some of the early securitizing actors of HIV/AIDS. This was similar to top agency officials in the UN system that also made securitizing moves in 1998 and 1999. These efforts by think tanks, research organizations and the UN continued following the UNSC meeting.

There was little evidence of NGOs making securitizing moves of HIV/AIDS in 1998 and 1999. However, following the UNSC meeting, there were many actors who both presented HIV/AIDS as a threat to security. Still there was conflict over whether HIV/AIDS should be presented as a security threat. Among the NGOs, the advocacy organizations and professional associations were more likely to engage in securitizing HIV/AIDS. PVOs made few securitizing moves and in most instances these moves were suggestive of attempts to get more funding rather than securitize HIV/AIDS.

In conclusion, many actors made reinforcing securitizing moves surrounding the 10 January 2000 UNSC meeting. In many instances HIV/AIDS was viewed as a human security issue and emphasized a rethinking of post-Cold War security. With the change to the Bush administration and especially following 9/11, most groups who continued to make securitizing moves did so by linking HIV/AIDS to terrorism. Still, while there was evidence of audience acceptance that AIDS was a security issue for the U.S. following

the UNSC meeting, there was also evidence of individuals and groups disputing this designation and/or making counter-securitizing moves.

In order for HIV/AIDS to be fully securitized there must be more than securitizing moves and audience acceptance; there must also be also emergency actions and effects on inter-unit relations. Chapter 7 examines the next two steps of the securitization process: the enactment of emergency actions and effects on inter-unit relations by breaking free of rules. Chapter 8 then examines other possible securitization impacts.

CHAPTER 7

EMERGENCY ACTIONS AND EFFECTS ON

INTER-UNIT RELATIONS

Introduction

The first step in the securitization process which was analyzed in chapters 4-6 is

the securitizing moves which presented the HIV/AIDS pandemic as an existential threat.

This chapter analyzes the next two steps in the securitization process: emergency actions

and effects on inter-unit relations. These steps need not occur in chronological order;

they can occur simultaneously or in reverse order. Engaging in emergency actions is to

move HIV/AIDS beyond "politics as usual." If it engages in emergency actions, the U.S.

government can mobilize to fight HIV/AIDS and/or take special powers in its fight

against global AIDS. What does an emergency action look like in practice? In the case

of a traditional security issue, one example of an emergency action is engaging in

warfare, but it can also mean less physically violent acts such as instituting economic

sanctions.

When people living with HIV/AIDS (PLWAs) are seen as the threat from which

one needs protection, two examples of possible emergency actions are quarantining them

or blocking them from entering a country. In the early years of the pandemic there was some consideration in the U.S. about instituting quarantines (Cuba did)[1] and there was a time when U.S. immigration policy did restrict both visitors and immigrants with HIV/AIDS from entering the country.[2] However, in the securitization of HIV/AIDS most of the securitizing moves present the HIV virus itself as that from which the individual, society, military, state, etc. needs protection. Thus enacting emergency actions to combat the virus is to take special powers to increase the amount of attention, funding and programs to fight the virus and assist those living with it. Emergency actions would also appear to be skewed toward finding a cure for AIDS and mitigating its effects on economies and society. In this chapter these types of emergency actions are evaluated. The chapter assesses such emergency actions as laws and executive orders passed that result in major global HIV/AIDS initiatives by the U.S. government and funding increases.

The third step in the securitization process is that the securitizing moves have effects on inter-unit relations that result in the breaking of rules and procedures. These sections on effects on inter-unit relations examine both the changes within individual bureaucracies in the U.S. government as well as how the bureaucracies interact with one another. In other words, inter-unit relations examined here are institutional relationships. This section examines whether new positions are created within individual government agencies to deal with global HIV/AIDS and U.S. foreign policy towards the pandemic. It

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[1] Marvin Leiner, "AIDS: Cuba's Effort to Contain," in *AIDS: The Politics and Policy of Disease.* ed. Stella K. Theodolou (Upper Saddle River, NJ: Prentice Hall, 1996).

[2] For information on this policy see Congress, House, Committee on Energy and Commerce, Subcommittee on Health and the Environment, *HHS Authority over Immigration and Public Health,* 27 June 1990 (Y4.En2/3:101-201).

also analyzes the relationships between U.S. government agencies responsible for global

HIV/AIDS. Furthermore, the chapter examines how well security and HIV/AIDS has

been institutionalized. Institutionalization is important because it can increase the staying

power of framing an issue in a particular way. Within the U.S. government bureaucracy

once an office has been created with staff, a building and funding, it is more likely to stay

in place. Thus, if HIV/AIDS is to continue to be dealt with as a security issue some

institutionalization of the issue would be a sign that it is to stay that way for some time.

The section on inter-unit relations also examines any changes in the content of global

HIV/AIDS programs funded by the U.S. government.

The data for the chapter included evidence of emergency actions and effects on

inter-unit relations from several sources. The data sources include presidential decision

directives, laws, executive orders, and the creation of new entities within the White

House and the bureaucracies over this period. One avenue for determining both

emergency impacts and effects on inter-unit relations is the signing of Executive Orders

(EOs) and the passage of U.S. Public Laws (PLs). Those EOs and PLs that called

HIV/AIDS a security issue or treated HIV/AIDS as an emergency could be the result of

the securitization of the issue. EOs and PLs can also change inter-unit relations by

creating new agencies or granting existing agencies new mandates and responsibilities.

The chapter also examines funding levels for different executive branch agencies

involved in the global HIV/AIDS pandemic. Which agencies received targeted funding

tells us something about inter-unit relations. Also, the level of funding that HIV/AIDS

programs command is also an indication of whether HIV/AIDS was considered to be an

emergency. Thus, these funding levels in part indicate the level of urgency attached to

HIV/AIDS globally as well as demonstrate which agencies had the most import in U.S. global HIV/AIDS programs.

The chapter begins by analyzing the period of 1986-1997 for any evidence of emergency actions and effects on inter-unit relations during that era. Next, it analyzes the emergency actions and effects on inter-unit relations during the period of 1998-2003. For AIDS to have been securitized, U.S. foreign policy towards HIV/AIDS should operate in an emergency mode with exceptional procedures taken to fight global HIV/AIDS. However, since the full sequence of securitizing moves to major emergency actions and effects on inter-unit relations while present, was weak, the chapter concludes with the finding that HIV/AIDS was only partially securitized.

Emergency Actions and Effects on Inter-unit Relations, 1986-1997

As reported in chapter 4, from 1986-1997 there were few securitizing moves by U.S. government actors. Furthermore, these securitizing moves were largely behind the scenes at this point in time. They were hidden from public view and did not have a large impact on the broader process of defining HIV/AIDS as a foreign policy issue. Hence, it is not remarkable that there were no emergency actions in U.S. foreign policy towards the HIV/AIDS pandemic during this period. Still, there were some changes in the bureaucracies responsible for the U.S. foreign policy response to global HIV/AIDS, even if they did not rise to the level of acting in an emergency mode. In this period of no major securitizing moves, no emergency actions and little changes in inter-unit relations, HIV/AIDS was clearly not yet securitized.

Emergency Actions, 1986-1997

As noted in the introduction there were no true emergency actions by the U.S. concerning its foreign policy toward HIV/AIDS during this time period. A thorough examination of PDDs, PLs and EOs turned up no evidence of emergency actions. Also an analysis of funding levels is indicative of the non-emergency nature of the response. While USAID began its international HIV/AIDS program in 1986 by funding WHO/GPA, the magnitude of the response to HIV/AIDS internationally by the U.S. was minimal at best until the mid-1990s. In fact in 1986, US government funding for HIV/AIDS internationally was a mere $1.1 million. In 1987, USAID funding for AIDS prevention and control grew substantially to $30 million total, but remained small. From 1987 to 1993 there was a steady increase in US government funding for HIV/AIDS internationally until it leveled off at approximately $125 million in 1993, where it stayed flat for seven years. While moving from $1 million in 1986 to $125 million in 1993 was a significant increase, this level of funding was hardly commensurate with an emergency action.

The meager funding levels for global HIV/AIDS by the U.S. government in this period provide one indication of the non-emergency nature of global HIV/AIDS during this time. The funding amounts were no where near what would comprise an emergency response and suggest that international HIV/AIDS was simply politics as usual for the period of 1986-1997. Funding levels aside, from 1986-1997 there was no evidence of emergency actions concerning HIV/AIDS as a foreign policy issue. Since as discussed in chapter 4 there were so few securitizing moves and no evident audience acceptance that

HIV/AIDS was a security issue, it makes sense that there were no emergency actions during this time period.

Effects on Inter-unit Relations, 1986-1997

In addition to finding no emergency actions, there were few changes in the inter-unit relations of those agencies involved in U.S. foreign policy towards HIV/AIDS. From 1986 -1997, there were three sets of relevant though minor changes to inter-unit relations. First, security agencies were involved in the creation of U.S. international HIV/AIDS policy, mostly through their involvement in government committees and commissions on HIV/AIDS. Second, there were new entities created to deal with HIV/AIDS domestically and internationally. Third, there were changes to the structures and mandates of the bureaucracies responsible for HIV/AIDS internationally.

Various committees and commissions on HIV/AIDS were formed in the U.S. government between 1986 and 1997. While most of these concerned HIV/AIDS as a domestic problem, there was some emphasis on HIV/AIDS as an international problem. Furthermore, some of these committees included representatives from the Department of Defense and the intelligence community, two agencies involved in traditional national

security matters.[3] As discussed in chapter 2, DOD was included because of concern with

HIV in U.S. military personnel not because of concern with HIV in foreign militaries.

The HIV/AIDS committees and working groups changed over time, and in the

1990s some begin to focus solely on global AIDS. The Interagency Working Group on

International AIDS Issues convened by the State Department included members from

foreign policy, health and military agencies.[4] In 1994, the State Department led an

interagency process to develop the first U.S. strategy on HIV/AIDS as a foreign policy

issue for the United States.[5] This included all relevant Departments involved in

international HIV/AIDS: Health and Human Services, Defense, Commerce, Education,

Labor, Justice, as well as USAID, Peace Corps, the intelligence community, and the

National AIDS Policy Director.[6] The CIA was in charge of the implications of

international HIV/AIDS for U.S. security interests.[7] The interagency process resulted in

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[3] For example, the AIDS Federal Coordinating Committee which formed in December 1986 had USAID taking the lead on coordinating international HIV/AIDS efforts, but other agencies were involved including representatives of the Departments of State, Defense, and Health and Human Services. (See Congress, House, Committee on Appropriations, Subcommittee on Foreign Operations, Export Financing, and Related Programs, *Foreign Operations, Export Financing, and Related Programs for 1989, Part 4*, 23 24, 30 March, 13, 14, 20-22 April 1988 (Y4.Ap6/1:F76/6/pt.4), 631.) Another coordinating body, the National Commission on AIDS, established during the Bush 41 administration included the Secretary of HHS, the Secretary of Veterans Affairs and the Secretary of Defense, but not the Department of State. This commission focused mostly on domestic policy which perhaps explains the exclusion of the Department of State, even though later on the Commission became vocal advocates for changing U.S. immigration policy regarding HIV positive individuals. (*See* President George H.W. Bush, "Appointment of Five Members of the National Commission on Acquired Immune Deficiency Syndrome," Washington, D.C., 20 July 1989.)

[4] Lois McHugh, Foreign Affairs and National Defense Division, *AIDS: International Problems and Issues. CRS Issues Brief,* 1 November 1991 (No. 1B87214), 8.

[5] Congress, House, Committee on Appropriations, Subcommittee on Foreign Operations, Export Financing, and Related Programs, *Foreign Operations, Export Financing, and Related Programs Appropriations for 1995, Part 4*, 21, 28 April and 5, 6, 10 May 1994 (Y4.AP6/1:F76/6/995/PT.4), 390.

[6] U.S. Department of State, *U.S. Strategy on HIV/AIDS,* Pub. No. 10296 (July 1995).

[7] Congress, House, Committee on Appropriations, Subcommittee on Foreign Operations, Export Financing, and Related Programs, *Foreign Operations, Export Financing, and Related Programs Appropriations for 1995, Part 4*, 21, 28 April and 5, 6, 10 May 1994 (Y4.AP6/1:F76/6/995/PT.4), 300.

the creation and release of the *U.S. Strategy on HIV/AIDS* in July 1995. Another entity

was the Interdepartmental Task Force on HIV and AIDS which represented all federal

agencies (including international agencies) in the response to HIV/AIDS and helped to

develop *The National AIDS Strategy* in 1997.[8] This strategy included international

HIV/AIDS.

Some new agencies and positions were created to respond to international

HIV/AIDS. In addition, some agencies and positions were created to tackle both

HIV/AIDS domestically and internationally. For example, in 1993, President Clinton

created the position of AIDS Policy Coordinator and a White House Office on AIDS in

order to have a single focal point and person in the White House in charge of AIDS.[9]

There were various reorganizations of HIV/AIDS units in HHS agencies and

USAID which implemented U.S. international HIV/AIDS programs. Several agencies

responsible for implementing U.S. HIV/AIDS programs internationally created or

expanded separate AIDS departments in the mid-1990s. USAID, a focal point for

HIV/AIDS programming in the developing world throughout the period of study,

changed the location of HIV/AIDS programming within the structure of USAID several

times. While these structural changes were important they were not the result of

securitizing moves concerning HIV/AIDS.

During the period of 1986-1997, there were some changes in the inter-unit

relations of those entities responsible for U.S. foreign policy towards the HIV/AIDS

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[8] The White House, Office of National AIDS Policy, *The National AIDS Strategy* (Washington, D.C., 1997), 1.

[9] William J. Clinton, "Remarks on the Appointment of Kristine M. Gebbie as AIDS Policy Coordinator and An Exchange with Reporters," Washington, D.C., 25 June 1993.

pandemic. Those changes in institutional relationships that did occur, however, were not the result of the breaking of rules and procedures or the creation of novel ones. Even before there were *major* securitizing moves or emergency actions, security-type agencies were involved in creating U.S. global AIDS strategies. While this initially included only DOD, by 1994 the U.S. intelligence community's involvement was acknowledged publicly. The inclusion of security-type agencies in the U.S. government HIV/AIDS commissions and task forces was an important sign of greater changes to come.

Emergency Actions and Effects on Inter-unit Relations, 1998-2003

As analyzed in chapters 5 and 6, during the period of 1998-2003 there were many securitizing moves which presented HIV/AIDS as an existential threat to U.S. foreign policy. Furthermore, there was evidence of partial audience acceptance that HIV/AIDS was a security issue. While the securitizing moves climaxed in the year 2000, there were securitizing moves that occurred in the years immediately before and after. The months following January 2000 were the ripest moments for both emergency actions and effects on inter-unit relations to occur.

The first section below on emergency actions examines laws and executive orders which resulted in major presidential initiatives that are emergency actions. Information is also provided on changes in funding levels as another indicator of the emergency status of HIV/AIDS. The second section is on inter-unit relations and it also analyzes changes in funding levels to different agencies for HIV/AIDS programming as indication of which agencies were most influential in the U.S. foreign policy response to HIV/AIDS. It reviews the creation of new entities within the White House and the bureaucracies as well

as the relationships among the various entities involved in U.S. foreign policy towards HIV/AIDS and how these changed over time.

Emergency Actions, 1998-2003

This section highlights to what extent the U.S. government mobilized to fight HIV/AIDS by taking special powers to take control of the issue and elevate it as important to U.S. national security. It begins with an analysis of U.S. laws passed on global HIV/AIDS and then analyzes the emergency actions and funding levels during the Clinton and Bush administrations.

Below is an analysis of the U.S. laws passed on global HIV/AIDS which found some evidence for emergency actions and changes in inter-unit relations. Appendix E lists the laws passed after the UN Security Council meeting through January 2004 that included global HIV/AIDS. Most of the laws concerning global AIDS appropriated funds for international AIDS programs administered through USAID or CDC. Several appropriations acts passed by Congress earmarked funds for global HIV/AIDS.[10] In addition, several Sense of the Congress amendments were passed as part of larger bills, which did not create new legislation, but expressed concern over the expanding HIV/AIDS pandemic, especially in sub-Saharan Africa.

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[10] These included P.L. 107-20, July 24, 2001, 115 STAT. 175, P.L. 107-115, January 10, 2002, 115 STAT. 2120, and P.L. 107-116, January 10, 2002, 115 STAT. 2188. For example, P.L. 107-20, the *Supplemental Appropriations Act, 2001* dated July 24, 2001 called for $100 million in the USAID Child Survival and Disease Programs Fund to be used for the Global Fund. P.L. 107-115, *Foreign Operations, Export Financing, and Related Programs Appropriations Act, 2002* provided specific earmarks for funding specific provisions for HIV/AIDS. The *Departments of Labor, Health and Human Services, and Education and Related Agencies Appropriations Act, 2002* also earmarked funds for international HIV/AIDS, including over $143 million of the CDC's funds.

There were only a couple of laws that attempted to make real substantive changes to the way the U.S. conducted its foreign policy towards the HIV/AIDS pandemic; these are: the *Global AIDS and Tuberculosis Relief Act of 2000* and the *United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003*. Furthermore, only the latter successfully led to meaningful changes in U.S. foreign policy towards HIV/AIDS. It is discussed in the section on the Bush administration.

Clinton Administration

In late 1999 and 2000 there were major securitizing moves by the Clinton administration which made it more likely and easier for emergency actions on HIV/AIDS to occur. An analysis of the funding levels for 1998-2000 demonstrates an increased response to HIV/AIDS. Eventually, funding amounts were commensurate with an emergency response. It was not until the link between AIDS and security was addressed by the U.S. government in 2000 that funding for HIV/AIDS internationally substantially increased. In fact, as noted earlier, international HIV/AIDS funding remained flat from 1993-1999 and therefore declined in real dollars over this time period. In FY 2000, international HIV/AIDS funding finally did increase in conjunction with the first major global HIV/AIDS initiative by the U.S. government. On 19 July 1999, the Clinton White House unveiled the Leadership and Investment in Fighting an Epidemic (LIFE) Initiative which was a $100 million initiative to fight global AIDS to begin in FY 2000.[11] Initially the $100 million for FY 2000 was to be divided among the CDC and USAID for

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[11] Raymond W. Copson, "AIDS in Africa," IB10050, Updated 23 August 2003, *CRS Issue Brief for Congress*, Congressional Research Service: Washington, D.C., 12.

programming in nine countries in Africa plus India. This increased the total international

HIV/AIDS U.S. government funding for FY 2000 to $347 million. The LIFE initiative

was an emergency action on the part of the Clinton administration. Finally, there was a

large U.S. international HIV/AIDS program underway commanding significant

resources.

The Clinton administration's major and most crucial emergency action for the

U.S. government approach to HIV/AIDS foreign policy was bringing HIV/AIDS before

the UN Security Council and officially declaring AIDS as a threat to U.S. national

security. By bringing the issue before the UNSC, the U.S. took control of the issue and

elevated its importance for the international community. The decision to go to the UNSC

came at the end of Ambassador Holbrooke's thirteen day trip to Africa in early December

1999 that he took with Senator Russ Feingold (D-WI).[12] There was resistance to this idea

from many corners. According to Feingold, Holbrooke called UN Secretary General

Kofi Annan from the plane on their way back to the U.S. and told him that they needed to

have a Security Council meeting on AIDS. Initially, "the Secretary-General said, 'We

can't do that. AIDS isn't a security issue.'"[13]

Bringing what some saw as exclusively a health issue to the UNSC took some

effort and not all agreed initially with this approach. According to RP Eddy, an aide to

Ambassador Holbrooke, there was initial resistance to bringing AIDS before the UNSC

from within the U.S. Department of State, other nations on the UNSC and African

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[12] Steve Sternberg, "Former diplomat Holbrooke takes on global AIDS," *USA Today*, 11 June 2002; available from http:www.usatoday.com/news/healthscience/health/aids/2002-06-22-holbrooke.htm; accessed 6 July 2004.

[13] Ibid.

country militaries.[14] When Eddy discussed the issue with African militaries days before

the UNSC meeting was scheduled, many "were offended that the United States would

suggest a disease was threatening to overwhelm their ability to rule their own

countries."[15]

According to his recollection of events, "When Eddy reported [the resistance]

back to his boss . . . Holbrooke explained, 'RP, one of the only entities that ever gets

anything done is the Security Council, that's where attention is focused.' . . . 'If we get

AIDS in the Security Council that will begin to get more money to the issue; that will

bring more leadership to the issue, and that will lead to a solution.'"[16] According to

Eddy, in the end they were able to get the issue before the Security Council by focusing

on UN peacekeepers who were HIV positive -- "that was our hook."[17] A former director

of the UNDP's HIV and Development Program also noted that bringing HIV before

UNSC was "largely due to pressure from the United States, and against the opposition of

some members of the council."[18] Even during the meeting, not all were pleased with the

U.S. decision. According to Sternberg in USA Today, "Holbrooke had to overcome

opposition from Russia and China whose representatives initially caved in and sat out the

meeting in stony silence."[19]

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[14] Behrman, 161-163.

[15] Ibid., 162.

[16] Ibid.

[17] Ibid., 163.

[18] Desmond Cohen, "Joint Epidemics: Poverty and AIDS in Sub-Saharan Africa," Harvard International Review (Fall 2001), 54.

[19] Sternberg, "Former diplomat Holbrooke takes on global AIDS."

It is significant that the U.S. sponsored the first resolution by the UNSC on AIDS

or any health issue for that matter. According to an 18 July 2000 article in the *Los*

Angeles Times, U.S. Ambassador Holbrooke sponsored the resolution in order to "make

AIDS an international security issue."[20] On 17 July 2000, the U.S. helped pass Security

Council Resolution 1308 on HIV/AIDS and its implications for peacekeeping operations,

which was the first UNSC resolution on a health issue. Also, following the initial UNSC

meeting, there were three subsequent UNSC meetings on the issue as well as the U.N.

General Assembly Special Session on AIDS (UNGASS) in 2001. The UNSC meeting

constitutes an emergency action on the part of the U.S. government towards the

HIV/AIDS pandemic. Furthermore, it led to changes at the UN which are analyzed in

more detail in chapter 8.

Bush Administration

The Bush administration announced new emergency initiatives and commensurate

funding requests to combat HIV/AIDS globally.[21] In FY 2001 U.S. government spending

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[20] Kaiser HIV/AIDS Daily Report, "UNITED NATIONS: Security Council Urges Testing for Peacekeepers," 19 July 2000; available from http://www.kaisernetwork.org/aids/2000/07/kh000719.2.htm; accessed 20 August 2003.

[21] While not an emergency action, in May 2001, President Bush announces a U.S. commitment for a founding contribution of $200 million to the yet unformed Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), then referred to as a 'Global AIDS and Health Fund,' following a meeting with UN Secretary General Kofi Annan and Nigerian President Olusegun Obasanjo."[21] The funds were available since Congress had authorized funding to a similar type of fund in the *Global AIDS and Tuberculosis Relief Act of 2000.* Initial U.S. support for the Global Fund was crucial in getting it off the ground. (See George W. Bush, "Remarks Following Discussions with President Olusegun Obasanjo of Nigeria and United Nations Secretary General Kofi Annan," Washington, D.C., 11 May 2001.)

for HIV/AIDS internationally increased by more than 100% to $740 million.[22] Funding

increased to over $1 billion in FY 2002 and almost $1.5 billion in FY 2003.[23] In June

2002, President Bush announced the International Mother and Child HIV Prevention

Initiative aimed at reducing HIV/AIDS in infants born to infected mothers. President

Bush requested $500 million for this MTCT program, constituting a major global

HIV/AIDS policy initiative in 2002.

Bush's most important emergency action was announced in his State of the Union

Address on 28 January 2003 -- the President's Emergency Plan for AIDS Relief

(PEPFAR).[24] PEPFAR constituted an emergency action on the part of the Bush

administration. With the PEPFAR initiative, funding for global HIV/AIDS increased

substantially. The plan called for an additional $15 billion for HIV/AIDS funding over

five years for twelve countries in Africa, Haiti and Guyana.[25] Of this $15 billion, only $1

billion was slated for the Global Fund, thus equaling a US contribution of $200 million

annually for the next five years.[26] The remaining $14 billion was slated for U.S. bilateral

HIV/AIDS programs with the fourteen PEPFAR countries. The plan called for

preventing 7 million new AIDS infections, treating at least 2 million people with ARVs

[22] Priya Alagiri, Todd Summers, and Jennifer Kates, *Spending on the HIV/AIDS Epidemic: A Three Part Series* (Boston: Henry J. Kaiser Family Foundation, July 2002); available from http://www.kff.org/hivaids/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=14182; accessed 3 February 2003.

[23] Ibid.

[24] PEPFAR changed names more recently -- omitting the reference to the "President's" plan.

[25] These twelve countries are: Botswana, Cote d'Ivoire, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia.

[26] After announcing the $15 billion over five years for PEPFAR, the Bush administration went on to request only $2 billion for the first year in order to give time for the program time to scale-up. This angered many AIDS activists and members of Congress. The Congress agreed to increase spending on global AIDS for FY 2004 to $2.4 billion, $400,000 more than requested by the Bush administration.

and providing care for millions of people living with HIV/AIDS and HIV/AIDS

orphans.[27]

Following his proposal, President Bush spent time encouraging Congress to pass

PEPFAR legislation quickly to put the idea into action.[28] They did so on 27 May 2003.

The United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003

(PL 108-25) authorized PEPFAR and created the new Office of the Global HIV/AIDS

Coordinator (both requested by President Bush). That HIV/AIDS was a security issue

was mentioned throughout the legislation. Several of the findings in the law defined

HIV/AIDS as a security issue. They discussed HIV/AIDS and personal security,

economic security and the impact of HIV/AIDS on security personnel, including military

forces and peacekeepers. Another section of the legislation found that HIV/AIDS was a

national security crisis.[29] Finding number ten is worth quoting at length. It found:

> HIV/AIDS poses a serious security issue for the international community by-
> (A) increasing the potential for political instability and economic devastation, particularly in those countries and regions most severely affected by the disease;
> (B) decreasing the capacity to resolve conflicts through the introduction of peacekeeping forces because the environments into which these forces are introduced pose a high risk for the spread of HIV/AIDS; and
> (C) increasing the vulnerability of local populations to HIV/AIDS in conflict zones from peacekeeping troops with HIV infection rates significantly higher than civilian populations.[30]

The law authorized up to $1 billion for the Global Fund for FY 2004, but the

Congress placed limitations on the U.S. contribution including that it could not be more

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[27] George W. Bush, "Radio Address of the President to the Nation," Washington, D.C., 1 February 2003.

[28] For example *see*, George W. Bush, "Remarks by the President on Global HIV/AIDS Initiative," Washington, D.C., 29 April 2003 and George W. Bush, "Statement by the President on AIDS," Washington, D.C., 1 May 2003.

[29] P.L. 108-25, 27 May 2003, 117 STAT. 728.

[30] Ibid., 117 STAT. 713.

than 33% of the total. However, the Act allowed the President to suspend the 33% cap "if the President determines that an international health emergency threatens the *national security* interests of the United States (emphasis mine)."[31]

Thus, Congress concluded that HIV/AIDS was a national security crisis in the authorization for the PEPFAR initiative. However, when President Bush signed PEPFAR into law on 27 May 2003 and delivered remarks following the signing, his statement called HIV/AIDS "one of the greatest medical challenges of our time," and recalled that "in the face of preventable death and suffering, we have a moral duty to act, and we are acting."[32]

PEPFAR constituted an emergency action on the part of the Bush administration to fight global HIV/AIDS. But, was PEPFAR envisioned as a response to HIV/AIDS as a security threat to the United States? According to Ambassador John E. Lange,[33] Deputy Coordinator, Office of Global AIDS, PEPFAR was "not business as usual."[34] While the Bush administration discussed HIV/AIDS as a security issue, especially its links to creating breeding grounds for terrorism, the administration did not declare HIV/AIDS a U.S. national security threat. According to Ambassador Lange, while there were "lots of complicated national security aspects about this," HIV/AIDS was "not Al

[31] Ibid., 117 STAT. 726.

[32] George W. Bush, "Remarks by the President on the Signing of H.R. 1298, the U.S. Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 at the Dean Acheson Auditorium, U.S. Department of State," Washington, D.C., 27 May 2003.

[33] Lange was a Foreign Service Office for 23 years and Ambassador to Botswana from 1999-2002.

[34] Ambassador John E. Lange, Deputy Coordinator, Office of Global AIDS, U.S. Department of State, "Remarks on the President's Emergency Plan for AIDS Relief (PEPFAR) at American University," (Washington, D.C., 16 March 2004).

Qaeda."[35] While PEPFAR is an emergency program, the type of projects it enacted are not "security" projects, nor are they for "security" agencies. Furthermore, PEPFAR did not include any of the so-called "2nd wave" countries that were identified by the National Intelligence Council in October 2002 as being important to U.S. security. In sum, while PEPFAR was not envisioned as a security program, the momentum created by the securitizing moves in 2000 and beyond assisted in garnering support for the initiative.

While PEPFAR constituted an emergency action on the part of the Bush administration, it also generated a lot of controversy in the details of how much money should be spent and how to prioritize funding for its provisions. Following the passage of PEPFAR there was a lot of debate over how much funding should be appropriated for the first year. Initially, it appeared as if the Bush administration would request $3 billion each year for the five years of the program. When Congress had put $2 billion in its appropriation some were calling for the full $3 billion. Then the Bush administration decided that the amount of money should increase by year allowing the program time to mature and grow. There were questions about the PEPFAR-recipient countries' absorptive capacity for additional funding and programs. Still, the overall international HIV/AIDS funding for FY 2003 was significant at $1.463 billion. Another controversy was over the amount of money that should be appropriated to the Global Fund versus direct bilateral funding. Many AIDS activists were calling for at least $1 billion of the $3 billion to be appropriated to the Global Fund. Other controversies surrounding PEPFAR included the amount of funding to be appropriated to abstinence-only programs as well as the funding of generic medications for ARV treatment.

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[35] Ibid.

During the Bush administration there were emergency actions, even though President Bush himself was not a securitizing actor. While Bush envisioned PEPFAR as a response to a moral problem, the U.S. Congress, in the law it passed authorizing PEPFAR, continued to see HIV/AIDS as a national security issue. The next section focuses on the changes in inter-unit relations during the Clinton and Bush administrations.

Effects on Inter-unit Relations, 1998-2003

In order for HIV/AIDS to be fully securitized, there must not only be emergency actions, but also effects on inter-unit relations. There were several changes in inter-unit relations which are examined here. The sections to follow analyze the different executive branch agencies involved in HIV/AIDS internationally, as well as the creation of new institutions and/or positions within U.S. government agencies concerned with HIV/AIDS in the developing world and these agencies' relationships with one another. These sections include an analysis of the U.S. security agencies that became involved in U.S. foreign policy towards HIV/AIDS and the agencies involved in global HIV/AIDS that began to focus on HIV/AIDS as a security issue. The following groups and agencies are analyzed in turn: the National Security Council, DOD, ONAP, USAID and Department of State. When relevant, the analysis includes an examination of the funding levels for the various agencies involved in HIV/AIDS internationally. The funding level for these agencies provides an indicator of their level of involvement in international HIV/AIDS programming.

National Security Council

The U.S. National Security Council (NSC) became involved in global health issues, including HIV/AIDS, in the late 1990s. In August 1998, Dr. Kenneth Bernard became the first person on the National Security Council (NSC) to be appointed as the Special Assistant to the President for International Health Affairs (a position he himself proposed).[36] This is significant because it was the first time an international health expert was included on the NSC, thus working to legitimize the health and security nexus generally. According to an account by Jonathan Tucker,

> Although bioterrorism had put public health on the national security agenda for the first time, it was only a small piece of a much larger puzzle. Bernard was convinced, for example, that the infection of a quarter of Africa's population with the HIV/AIDS virus would lead to widespread political instability and conflict on that continent, with inevitable security ramifications for the United States.[37]

Dr. Bernard focused on a wide range of issues that bridged international health and U.S. national security, including tuberculosis and HIV/AIDS in the developing world, bioterrorism, and immunization campaigns to enforce truces in war, among others.[38] According to Tucker's account, "Bernard also had ambitious personal objectives: His primary goal was to institutionalize the emerging perception of public health as a national security issue."[39] The creation of this position is a key example of the institutionalization of the link between health and security by the Clinton administration, which helped to legitimize the health and security nexus in general, as well as HIV/AIDS

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[36] Jonathan B. Tucker, *Scourge: The Once and Future Threat of Smallpox* (New York: Atlantic Monthly Press, 2001).

[37] Ibid., 196.

[38] Ibid., 197.

[39] Ibid.

specifically. Also, Bernard wanted to make global AIDS part of the national security

agenda in part since he knew that "if any issue was deemed of national security import, it

attracted funds with a velocity that no other area of the U.S. government can match."[40]

As part of the effort to securitize HIV/AIDS, Bernard invited ONAP Director Thurman to

present a threat assessment to the deputies meeting of the NSC in November 1999, but

according to Bernard the assessment was not a success; Thurman did not speak "security

language" in her presentation.[41] While Bernard was focused on health and national

security, not all of his colleagues on the NSC believed that there was such a connection.[42]

Following the April 2000 announcement that HIV/AIDS was a threat to U.S.

national security, the National Security Council began a "rapid assessment" of the U.S.

international AIDS activities.[43] Also, according to Leon Fuerth, national security advisor

to Vice President Gore, a multi-agency panel was set up to examine AIDS and would

recommend "the kind of focus and coordination on this issue that [the United States]

normally strive[s] for on national security issues."[44]

With the transition from Clinton to Bush there were changes in the NSC's role in

global health. On his first day in office, President Bush got rid of the senior advisor for

international health position on the NSC. Even though Bush eliminated the position at

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[40] Behrman, 228.

[41] Ibid., 237.

[42] Ibid., 228.

[43] Kaiser Daily HIV/AIDS Report, "AIDS EPIDEMIC: Clinton Administration Declares Disease a Threat to National Security," 1 May 2000; available from http://www.kaisernetwork.org/aids/2000/05/kh000501.1.htm; accessed 20 August 2003.

[44] Gellman, *The Washington Post*, 30 April 2000 as quoted in Kaiser Daily HIV/AIDS Report, "AIDS EPIDEMIC: Clinton Administration Declares Disease a Threat to National Security," 1 May 2000; available from http://www.kaisernetwork.org/aids/2000/05/kh000501.1.htm; accessed 20 August 2003.

the NSC, the NSC continued to be involved in HIV/AIDS policy. For example, in early 2001, Dr. Jeffrey Sachs had a meeting with National Security Advisor Dr. Condoleezza Rice to discuss HIV/AIDS.[45] Also, in order to get the necessary funds for the President's International Mother and Child HIV Prevention Initiative, the NSC held a meeting to get funds for the initiative from outside the existing USAID budget.[46]

Furthermore, while Bush did not publicly address AIDS as a security issue, as discussed earlier, AIDS was included in his *National Security Strategy* released in late 2002. When talking about the *National Security Strategy*, Rice noted that "the President has also made clear that fighting the scourge of HIV/AIDS is both a moral duty and a strategic priority."[47] There are many other examples of Rice focusing on HIV/AIDS during public remarks commenting on U.S. foreign policy in her role as NSA.[48] Also, President Bush included members of the national security community in the group who came up with the architecture for the PEPFAR initiative.

The Clinton administration included an international health position on his NSC during his second term in office. While Bush eliminated this position, the NSC and NSA Rice were still involved in decisions about HIV/AIDS globally. Also, Bush's *National*

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[45] Behrman, 257.

[46] In a June 2001 congressional hearing, USAID Administrator Natsios credited President Bush and Secretary of State Powell for holding this NSC meeting in order to get funds from outside USAID. See Congress, House, Committee on International Relations, *The United States' War on AIDS*, 7 June 2001 (Y4.IN8/16:UN3/4), 26.

[47] The White House, Office of the Press Secretary, "Remarks by National Security Advisor Condoleezza Rice at 28th Annual Convention of the National Association of Black Journalists," Washington, D.C., 7 August 2003.

[48] For example, see The White House, Office of the Press Secretary, "Remarks by Dr. Condoleezza Rice at the International Institute for Strategic Studies, London, United Kingdom," Washington, D.C., 26 June 2003; and The White House, Office of the Press Secretary, "Press Briefing by Dr. Condoleezza Rice, National Security Advisor, on the President's Trip to Africa," Washington, D.C., 3 July 2003.

Security Strategy included a focus on development and HIV/AIDS. Furthermore, Bush

included security personnel in the group that created the blueprint for PEPFAR. Thus,

while the structure of the NSC changed from Clinton to Bush, the NSC continued to be

included in international HIV/AIDS policy making. The securitization of infectious

diseases in general and HIV/AIDS in particular created a focus on these issues within the

NSC.

DOD

In 2000, DOD became part of the mainstream U.S. foreign policy response to

HIV/AIDS through its inclusion in the LIFE Initiative. An initial $10 million

appropriation was given to establish HIV education and prevention programs for select

African militaries. For FY 2001, as in FY 2000, DOD received a $10 million

appropriation for military-to-military education on HIV/AIDS. The appropriation for FY

2001 was announced by Ambassador Holbrooke in July 2000 around the same time that

the UNSC passed a resolution on AIDS and UN peacekeeping troops. Over time, the

funding amount for this initiative fluctuated. In 2002 and 2003, the U.S. government

allocated $14 million and $7 million respectively to the Department of Defense for its

military-to-military HIV/AIDS awareness and education programs, now called

HIV/AIDS Prevention Program. DOD's HIV/AIDS Prevention Program is run by the

Naval Health Research Center and works with African militaries on HIV training and

prevention.[49] From the start of the program in 2000 through 2004, DOD worked with

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[49] Jennifer Brower and Peter Chalk, *The Global Threat of New and Reemerging Infectious Diseases: Reconciling U.S. National Security and Public Health Policy* (Santa Monica, CA: RAND, 2003), 92.

twenty-seven countries' militaries in assisting with HIV/AIDS testing, counseling and treatment programs.[50] Funds from the Foreign Military Financing (FMF) program were also used to support the initiative in 2002 and beyond. This was in addition to the central global AIDS funds that DOD received.

The inclusion of DOD in HIV/AIDS programming as a traditional security agency is important. The structure of DOD's program remains intact through the period of study beginning with its creation in 2000. The content of these programs once established did not change much. According to one account, "The long-term aim [of these programs] is to integrate the prevention activities of USAID, CDC, and the Health Resources and Services Administration for application to African military communities."[51] In other words, the goal was to apply prevention strategies for the civilian populations to foreign militaries.

The DOD military-to-military education programs, which fall under a traditional notion of security, increased during the time when HIV/AIDS was called a security threat. Nevertheless, the DOD projects were still quite small in comparison to HIV/AIDS care, prevention and treatment programs directed towards the general population or other risk groups. They were of course infinitesimal compared to the rest of the DOD budget. Furthermore, DOD programs focused on prevention and education; what made them different is the population they worked with -- the military.

[50] Council on Foreign Relations and Milbank Memorial Fund, *Addressing the HIV/AIDS Pandemic: A U.S. Global AIDS Strategy for the Long Term* (New York, NY: CFR, 2004), 17.

[51] Jennifer Brower and Peter Chalk, *The Global Threat of New and Reemerging Infectious Diseases: Reconciling U.S. National Security and Public Health Policy* (Santa Monica, CA: RAND, 2003), 92.

Office of National AIDS Policy (ONAP)

ONAP eventually got more of an international focus under Director Thurman

beginning in 1998. Thurman agreed to become AIDS czar only if she would have access

to Clinton and global AIDS was included in her portfolio.[52] On World AIDS Day 1998,

Clinton announced that Thurman would lead a fact-finding trip to Africa and report on

the AIDS orphan problem, involving her in U.S. foreign policy towards AIDS.[53]

Following the Clinton administration announcement in late April 2000 that AIDS

was a security threat to the U.S., Thurman discussed a shared responsibility for

international AIDS with other U.S. agencies because HIV/AIDS was now a national

security issue,

> With the logistical expertise that the national security community brings, with the
> diplomatic expertise that is necessary to sort of pave the road for leaders around the
> world to respond to this epidemic, this gives us a whole new ability to respond to
> AIDS like we would any other international threat.[54]

When President Bush first came to office there were rumors that he was

disbanding ONAP, confirmed by his press secretary. Then in a turn around, the

administration announced that ONAP would stay; Bush named Scott Evertz as the new

Director. On 19 July 2002, President Bush named Dr. Joseph O'Neill -- who was at the

time the Acting Director of the Office of HIV/AIDS Policy at the U.S. Department of

Health and Human Services and Director of the HIV/AIDS Bureau of the Health

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[52] Behrman, 220.

[53] William J. Clinton, "Remarks Announcing AIDS Initiatives," Washington, D.C., 1 December 1998.

[54] *AP/Nando Times*, 30 April 2000 as quoted in Kaiser Daily HIV/AIDS Report, "AIDS EPIDEMIC: Clinton Administration Declares Disease a Threat to National Security." 1 May 2000; accessed 20 August 2003.

Resources and Services Administration -- to the position of Director of ONAP.[55] O'Neill

later became deputy director of the Office of the Global HIV/AIDS Coordinator in the

U.S. Department of State once that agency was formed to implement PEPFAR.

While Thurman was ONAP Director, the agency changed to become more

involved in global AIDS and declared HIV/AIDS a security issue for the United States.

With the creation of a new bureaucracy for PEPFAR, ONAP once again returned to more

of a focus on domestic HIV/AIDS policy, as it was at its creation. Once the Office of

Global HIV/AIDS Coordinator was formed in the State Department, it became a much

more important agency for U.S. global HIV/AIDS policy than ONAP.

USAID

Prior to FY 2000 there were a few key mechanisms and institutional sites for

international HIV/AIDS funding from the US government. In fact, prior to FY 2000,

USAID was the only agency to receive targeted HIV/AIDS funding for international

programs. This changed in late 1999 when Vice President Al Gore announced the

creation of the Leadership and Investment in Fighting an Epidemic (LIFE) initiative.

Funds from the LIFE Initiative were initially divided between the Centers for Disease

Control and Prevention (CDC) which received $35 million and USAID which received

$65 million.[56] The FY 2001 USAID's HIV/AIDS budget increased to more than double

the funding level in FY 1999 to $340 million. In the FY 2002 and FY 2003, USAID

funding increased again to $435 and $626 million, respectively.

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[55] The White House, Office of the Press Secretary, "President Bush Announced Dr. Joseph O'Neill to be Director of the Office of National AIDS Policy," Washington, D.C., 19 July 2002.

[56] The LIFE Initiative focused on nine countries in Africa, plus India.

USAID made many changes to the internal structure of its HIV/AIDS

bureaucracy over the period of study, especially beginning in 1998. However, these

changes occurred due to the increasing focus on HIV/AIDS in general. In 2000 and most

of 2001, there were three sections of USAID that implemented HIV/AIDS projects in

Sub-Saharan Africa: Bureau for Global Programs (HIV/AIDS Division), Bureau for

Africa, and the Field Missions and Regional Offices in Africa.[57] There were various

moments of centralization and decentralization in the structure of the USAID HIV/AIDS'

bureaucracy. In late November 2001, USAID created a separate Global Office of

HIV/AIDS to immediately precede World AIDS Day 2001.[58] The Global Office of AIDS

was situated in USAID's new Bureau for Global Health.

One major change that occurred in 2000 was a waiver so USAID could work with

African militaries for HIV/AIDS projects. This change in inter-unit relations appears to

be directly related to the securitization process. Vivian Lowery Derryck, Assistant

Administrator of the Africa Bureau in USAID, testified before the Congress in late 2000

about this program.

> We have special waivers now within USAID that will allow us to work with Africa
> militaries, and we have one program that is beginning in Nigeria. We have talked
> about the fact that testing would be a very good first step, and with the new cheaper
> VCT that I talked about, then that is one possibility, but AIDS will plan to work
> closely with DOD because it is a natural collaboration for a problem that really
> does span the entire continent.[59]

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[57] U.S. G.A.O., *U.S. Agency for International Development Fights AIDS in Africa, but Better Data Needed to Measure Impact*, report to the Chairman, Subcommittee on African Affairs, Committee on Foreign Relations, U.S. Senate, GAO-01-449 (Washington, D.C., March 2001), 7.

[58] USAID, "Press Release: USAID Announces Creation of New HIV/AIDS Office," Washington, D.C., 29 November 2001; available from http://www.usaid.gov/press/releases/2001/pr011128.html; accessed 11 January 2003.

[59] Congress, House, Committee on International Relations, Subcommittee on Africa, *HIV/AIDS in Africa: Steps to Prevention*, 27 September 2000 (Y4.IN8/16:AF8/21), 10.

This is an example where securitization changed the rules of the game and allowed the

breaking of rules. However, a 2001 GAO Report about the role of USAID in fighting

AIDS in Africa, requested by Senator Frist, noted that one challenge faced by USAID in

lowering prevalence rates in Africa is that the military and police (uniformed services)

were proving difficult populations to reach.[60]

To what extent USAID was able to be involved in programming for military and

police remained controversial throughout the period, even as these groups received more

emphasis following the major securitizing moves and emergency actions in 2000.

Section 660 of the Foreign Assistance Act of 1961 prohibits the provision of training,

advice, or financial support for police, prisons, or other law enforcement forces, subject

to exceptions and foreign assistance funds are generally prohibited from being used for

military purposes.[61] There have been different interpretations and waivers of these rules

when it comes to fighting global AIDS. However, according to a 2001 GAO report, a

USAID official informed the GAO that "the USAID legal advisor in her region requires a

justification for each activity directed toward police or military forces and that this is a

disincentive to pursuing such activities."[62] A 2001 GAO report found that eight of

nineteen USAID missions in Africa reported working with the military or police forces in

HIV/AIDS programming, including the missions in Nigeria, Ethiopia and Guinea.[63]

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[60] U.S. G.A.O., *U.S. Agency for International Development Fights AIDS in Africa, but Better Data Needed to Measure Impact*, report to the Chairman, Subcommittee on African Affairs, Committee on Foreign Relations, U.S. Senate, GAO-01-449 (Washington, D.C., March 2001), 17-18.

[61] Ibid., footnote 15.

[62] Ibid., 18.

[63] Ibid., 18.

So, even while USAID made attempts to change how it dealt with foreign militaries, there remained little ramping-up of these activities and programs.

USAID made changes to its HIV/AIDS structure giving varying levels of influence to its centralized agencies at headquarters and the field missions during the period. These changes, however, were not the result of the securitization process, but rather constituted the customary ebb and flow of institutions between periods of decentralization and centralization. However, granting waivers for USAID and its contractors to work with African militaries and police agencies was consistent with the securitization process.

U.S. Department of State

During the end of the Clinton administration no substantive changes occurred in the DOS structure responsible for global HIV/AIDS. In fact, other than as a coordinating role in task forces on global HIV/AIDS, there was little emphasis on HIV/AIDS in the department. In the Bush administration, Secretary of State Powell established an Office of International Health and Science within the Bureau of Oceans, Science and Environment at the Department of State and created a new a Deputy Assistant Secretary position for International Health Policy and Science, with the rank of Ambassador, filled by Dr. Jack Chow.[64] A press release on the appointment noted:

> As Special Representative for HIV/AIDS, Dr. Chow will co-chair with the
> Department of Health and Human Services the Policy Coordination Committee on
> HIV/AIDS. Additionally, he will oversee the intra-Department coordination on
> HIV/AIDS issues including through active direction of the Department of State's

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[64] Dr. Jack Chow wrote an article in *The Washington Quarterly* in 1996 elaborating the links between health and security. He now works for the WHO.

HIV/AIDS Coordination Committee and represent the Department of State and Administration at international policy meetings on HIV/AIDS.[65]

According to Paula Dobriansky, the establishment of this post "effectively raised the profile of health issues on the foreign policy agenda" and "will signal to our contacts around the world the importance the United States attaches to health issues."[66]

An even greater change in the U.S. Department of State bureaucracy occurred in the wake of the announcement of the PEPFAR initiative. Along with this initiative, President Bush asked the Congress to form a new office in the Department of State to coordinate all U.S. efforts on HIV/AIDS internationally. Thus, the move to put PEPFAR in the Department of State was already decided at the point that the initiative was unveiled to the public.[67] The law authorizing PEPFAR set up a new office -- the Office of Global AIDS -- headed up by the Global HIV/AIDS Coordinator in the U.S. Department of State to implement the new program. The section of law which established the Global HIV/AIDS Coordinator position explained its role as managing the global HIV/AIDS efforts of other executive branch agencies. The Coordinator's role was in part to mediate for any infighting between HHS and USAID. Included among the position's duties were: "Ensuring that each relevant executive branch agency undertakes programs primarily in those areas where the agency has the greatest expertise, technical

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[65] The White House, Office of the Press Secretary, "President Bush to Nominate Seventeen Individuals to Serve in His Administration," Washington, D.C., 14 January 2002; available from http://www.whitehouse.gov/news/releases/2002/01/20020114-5.html; accessed 25 June 2005.

[66] Congress, Senate, Committee on Foreign Relations, *Halting the Spread of HIV/AIDS: Future Efforts in the U.S. Bilateral and Multilateral Response*, 13, 14 February 2002 (Y4.F76/2:S.HRG.107-330), 51-52.

[67] The White House, Office of the Press Secretary, "Fact Sheet: The President's Emergency Plan for AIDS Relief," 29 January 2003; available from http://www.whitehouse.gov/news/releases/2003/01/20030129-1.html; accessed 25 June 2005.

capabilities, and potential for success,"[68] and "resolving policy, program, and funding disputes among the relevant executive branch agencies."[69]

In July 2003, President Bush nominated Randall Tobias[70] to be the Global HIV/AIDS Coordinator and made an announcement to the public outlining the duties of this new position.[71] Tobias also made remarks during the announcement of his appointment, saying in part:

> Clearly, HIV/AIDS is first and foremost a health problem, but the implications of this pandemic reach into every aspect of life. As but one example, in a part of the world where malnutrition and starvation are already rampant, 7 million agricultural workers in Africa have already died from AIDS. When you signed this legislation into law, you said that the United States of America has a long tradition of sacrifice in the cause of freedom and a long tradition of being generous in the service of humanity. You reminded us that we are the nation of the Marshall Plan, the Berlin Airlift, and the Peace Corps. And now, Mr. President, thanks to your leadership, we are also the nation of the emergency plan for AIDS relief.[72]

The HIV/AIDS Coordinator also managed all of the global AIDS funding. The law established a central account for all global AIDS funding to be administered by the Coordinator, except for contributions to the Global Fund. Under PEPFAR, the Office of the Global HIV/AIDS Coordinator received all appropriated monies and then distributed these funds to CDC, USAID, DOD, etc., which implemented the programs. According to one account, the decision to house PEPFAR in State was because it had more clout than HHS or USAID and there was a global reach through U.S. ambassadors around the

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[68] P.L. 108-25, 27 May 2003, 117 STAT. 722.

[69] Ibid.

[70] Tobias was CEO of the pharmaceutical company Eli Lilly from 1993-1999. His connection to the pharmaceutical industry angered many AIDS activists.

[71] George W. Bush, "Remarks by the President in Announcement of the New Coordinator of U.S. Government Activities to Combat HIV/AIDS Globally," Washington, D.C., 2 July 2003.

[72] Ibid.

world.[73] Furthermore, this would stop the infighting between HHS and USAID over who should manage the program.[74]

These changes to the structure of global HIV/AIDS at the State Department that occurred under the Bush administration were part of the emergency action of the PEPFAR initiative. The housing of PEPFAR within the U.S. Department of State broadened HIV/AIDS as a foreign policy issue that was not confined to one sector of health, development or security. However, it also was part of the move by the Bush administration to concentrate power and create new bureaucracies to oversee its initiatives for more control. Bush wanted there to be a single person he could call on to find out progress on how PEPFAR was coming along, which was part of the impetus for creating the Office of the Global HIV/AIDS Coordinator.

Conclusion

In conclusion, following the UN Security Council meeting in January 2000, HIV/AIDS in U.S. foreign policy became *partially* securitized. There were many securitizing moves that presented the HIV/AIDS pandemic as a threat to the United States. Additionally, there were some emergency actions and some minor, though lasting effects, on inter-unit relations consistent with the securitization process. These emergency actions could have been more drastic, but they did both command the attention of U.S. foreign policy and significant resource commitments. Also, the changes in the institutional make-up and relations between actors analyzed above were consistent

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[73] Lange, "Remarks on the President's Emergency Plan for AIDS Relief (PEPFAR) at American University," (Washington, D.C., 16 March 2004).

[74] Ibid.

with securitizing moves, but were not radical departures from the previous structures.

However, few of the changes in inter-unit relations constituted rule-breaking measures.

Many other changes that did occur, but were not discussed here were in response to larger

government programs and funding. Other structural changes represented moments of

centralization and decentralization in the bureaucratic response.[75]

The emergency action of the Clinton administration was bringing HIV/AIDS

before the UNSC, orchestrated by Ambassador Holbrooke, a key securitizing actor.

According to Behrman's account "Holbrooke had a genuine conviction that global AIDS

was a security threat, but he was less hung up on the semantics of the issue, than the

practical efficacy of inserting the issue into the forum in which it would command

attention."[76] This emergency action did just that -- commanding the attention of the U.S.

foreign policy establishment and the international community. During the Clinton

administration, the most significant changes to the inter-unit relations stemming from

securitizing moves were the NSC involvement in global HIV/AIDS and the inclusion of

DOD programming in the LIFE Initiative.

The major emergency action of the Bush administration was PEPFAR. PEPFAR

commanded significant attention and resources to the global fight against HIV/AIDS by

the U.S. Along with PEPFAR there were changes to inter-unit relations. The U.S.

intelligence community continued to focus on HIV/AIDS under Bush, however, their

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[75] Furthermore, beginning with the Bush administration some of the changes in U.S. foreign policy making towards HIV/AIDS seemed not to stem from securitization moves, but rather from the morality arguments of the Bush administration. This included the greater inclusion of faith-based organizations in the U.S. response to the HIV/AIDS pandemic and the focus on abstinence in U.S. global AIDS programming.

[76] Behrman, 162.

recommendations were not reflected in the funding priorities for U.S. bilateral HIV/AIDS programs. DOD continued to receive targeted HIV/AIDS funding under Bush. The State Department gained a new bureaucracy to administer PEPFAR in order for there to be one focal point for the initiative.

Since HIV/AIDS was partially securitized this led to some changes in policy implementation in the U.S. and at the UN. Chapter 8 evaluates the impact of the securitization process on the implementation and content of U.S. global AIDS programs and the HIV/AIDS programs and bureaucratic structure in the UN system.

CHAPTER 8

IMPACT OF SECURITIZATION

Introduction

Having concluded in chapter 7 that HIV/AIDS was partially securitized, this

chapter examines the impact of the securitization process on the content and

implementation of U.S. international HIV/AIDS programs and the UN system. Even

without a full securitization of HIV/AIDS, there could be securitization effects and

impacts from the securitization process on U.S. foreign policy towards HIV/AIDS. This

chapter assesses the overall impact that the partial securitization of HIV/AIDS has had on

U.S. foreign policy implementation. It examines several possible securitization effects

and evaluates whether these changes in U.S. foreign policy impacts were due to

securitization.

The first section examines whether the partial securitization of HIV/AIDS

impacted the content and implementation of international HIV/AIDS service delivery by

U.S. organizations. Since securitization could have focused U.S. government programs

on foreign militaries, as opposed to other high risk groups such as women and children,

and/or focused U.S. government programs on countries of traditional security concern to

the U.S., such as those with nuclear weapons which also have an HIV/AIDS problem,

particular attention is paid to this possible impact. The next section evaluates the impact

of the partial securitization of HIV/AIDS on U.S. international relations, focusing

specifically on the impact on the UN system.

The Content and Implementation of U.S. International HIV/AIDS Programs

The securitization of HIV/AIDS could have affected the content of service

delivery of HIV/AIDS interventions in the developing world. For example, one plausible

impact would be a focus by U.S. government programs on foreign militaries, as opposed

to other high risk groups, such as women and children. Also, U.S. global HIV/AIDS

programs could have focused U.S. government programs on countries of traditional

security concern to the U.S., such as those with nuclear weapons which also had an

HIV/AIDS problem. In other words, a partially securitized HIV/AIDS could lead to a

militarized HIV/AIDS response by the U.S. government. While the U.S. government

international HIV/AIDS programs did focus on the military, it never became an

overriding focus of the response.

There were some major changes that occurred in both the content of HIV/AIDS

programs internationally and the groups delivering those services which appear not to

stem from the securitization process.[1] Securitization process aside, there was very little

change over time in the content of service delivery programs. Once several agencies

received targeted funding for international HIV/AIDS programs overseas, the content

was stable for some time. In general, USAID funding was spent on six categories of

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[1] For example, the focus on abstinence in HIV/AIDS programming in PEPFAR as well as the increase in the role of FBOs in HIV/AIDS programming, clearly related to the framing of HIV/AIDS as a moral problem and not the securitization process.

programs: prevention; policy analysis and systems development; care and treatment; surveillance; children infected and affected by AIDS and mother-to-child transmission (MTCT) reduction efforts. NIH spending was for international research on HIV/AIDS, including antiretroviral therapy and vaccine development. The CDC through the Global AIDS Program (GAP) focused on reducing HIV transmission through prevention of sexual, mother-to-child and blood transmission (blood safety); community and home based care and treatment; and surveillance. CDC GAP countries came to number twenty-five, mostly in Africa, but included India and Brazil. The DOD program focused on training and prevention activities for African military and uniformed services within selected African countries where the U.S. has defense ties. The program, which was managed by the Naval Health Research Center in San Diego, had taken place in nineteen countries in Africa. The Labor Global HIV/AIDS Workplace Initiative worked to reduce HIV infection rates through work-place based prevention and education programs and to improve the workplace environment for PLWAs. The USDA program donated food aid through the section 416(b) program.

The emphasis on HIV/AIDS prevention remained fairly static throughout the entire period of study beginning in the 1980s though new prevention strategies were devised. The main focus for USAID (the main implementer of U.S. HIV/AIDS programs abroad) was on prevention rather than care in the developing world. In 1999, USAID estimated that 85% of its program was focused on prevention and 15% on mitigation/care activities. With PEPFAR, the percent devoted to prevention dropped as care increased. However, prevention was still the major area of program emphasis. The content of USAID programs did not shift dramatically. Furthermore, the prevention interventions

remained fairly constant over time with a particular emphasis in its interventions with so-called high-risk groups. USAID focused mainly on behavior change communications, condom social marketing[2], and the treatment and management of sexually transmitted infections.[3] Other activities included blood safety and capacity building for local NGOs and community-based organizations.

Most, but not all, of the major changes in the content of USAID programs were not consistent with the securitization process. Rather, they stemmed from changes in health care technologies, knowledge of what works, and moral arguments. For example, one such change which stemmed from moral arguments, was the focus on abstinence as an HIV prevention strategy during the Bush administration.

There were, however, a couple of important changes that could be attributed to the partial securitization of HIV/AIDS: funding for AIDS orphans and funding for ARV treatment. The increased emphasis on AIDS orphans began late in the Clinton administration. There was some evidence that a partially securitized HIV/AIDS aided the development of this new emphasis. At the very least, there were securitizing moves which presented the issue of AIDS orphans as a security problem for the United States. The *Global AIDS and Tuberculosis Relief Act of 2000* called special attention to AIDS orphans and called for earmarks of not less than 20% to be spent on programs for AIDS orphans in sub-Saharan Africa.[4]

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[2] Under the Bush 43 administration the social marketing of condoms received less emphasis than in past administrations.

[3] U.S. G.A.O. *U.S. Agency for International Development Fights AIDS in Africa, but Better Data Needed to Measure Impact.* Report to the Chairman, Subcommittee on African Affairs, Committee on Foreign Relations, U.S. Senate, GAO-01-449, (Washington, D.C., March 2001), 19.

[4] P.L. 106-264, 19 August 2000, 114 STAT. 752.

As evaluated in chapters 5 and 6, the problem of AIDS orphans was securitized because of the alleged link to terrorism. AIDS orphans were seen as vulnerable recruits for terrorist causes. Aiding them was seen not merely as a humanitarian gesture, but rather a security measure to help prevent terrorism. This AIDS orphans/terrorism link was likely related to a partially securitized HIV/AIDS. As discussed in Chapters 5 and 6, this rationale was especially prevalent following the 9/11 attacks. As part of the definition of why HIV/AIDS was a security issue, the AIDS orphans problem was a key component of the answer post-9/11.

Another important change consistent with the securitization process was the funding going towards treatment, specifically antiretroviral (ARV) treatment for people living with AIDS. There was a lot of resistance to this initially. Funding was geared mostly towards prevention activities. International public health professionals often look to invest in the most cost effective programs; those where they can save the most lives for the least amount of money. Spending large sums of money on ARVs went against these principles. According to an anonymous international health official, "It's so politically incorrect to say, but we may have to sit by and just see these millions of people die."[5] Through the late 1990s, ARV treatment was not considered a legitimate intervention for the developing world since it was too expensive. For example, in 1998, Dr. Paul De Lay, Chief of HIV/AIDS Division at USAID, testified about several lessons learned for USAID about HIV/AIDS programming, one of which was "that we need to start doing selected aspects of care. Care is not defined for us as antiretrovirals; instead it is very

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[5] Karen DeYoung, "Global AIDS Strategy May Prove Elusive: More Funds Available, But Consensus Lacking," *The Washington Post*, 23 April 2001.

simple palliative therapies."[6] Perhaps even more surprising is that in 1999 there was still

no USAID funding for AZT for pregnant women to combat MTCT. Early in the Bush

administration these arguments continued. Natsios received much criticism for a

statement during a congressional hearing that Africans could not take ARVs since they

could not tell time.[7] He took the lack of infrastructure argument a bit too far and was

highly criticized for it.

Thus, a major change occurred in what USAID included as part of HIV/AIDS

"care." The increase in ARV treatment began with PEPFAR which goal was to:

- Prevent seven million new infections (60 percent of the projected 12 million new infections in the target countries)
- Provide antiretroviral drugs for 2 million HIV-infected people; and
- Care for 10 million HIV-infected individuals and AIDS orphans.[8]

The change in the types of global HIV/AIDS programs to be enacted under

PEPFAR is evident in how Congress allocated the funding for the initiative. Overall, the

Congress authorized $3 billion for each of the fiscal years 2004-2008 and included a

Sense of Congress in the authorization calling for an increase in the provision of

antiretroviral treatment. The Congress allocated the HIV/AIDS funds as follows:

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[6] Congress, House, Committee on International Relations, *The Spread of AIDS in the Developing World*, 16 September 1998 (Y4.IN8/16:AC7), 21.

[7] Congress, House, Committee on International Relations, *The United States' War on AIDS*, 7 June 2001 (Y4.IN8/16:UN3/4), 28. This is the statement Natsios made in response to a question about impediments to providing ARVs for Africa: "This sounds small and some people, if you have traveled to rural Africa you know this, this is not a criticism, just a different world. People do not know what watches and clocks are. They do not use western means for telling time. They use the sun. These drugs have to be administered during a certain sequence of time during the day and when you say take it at 10:00, people will say what do you mean by 10:00? They do not use those terms in the villages to describe time. They describe the morning and the afternoon and the evening. So that is a problem."

[8] Congress, House, Committee on Appropriations, Subcommittee on Foreign Operations, Export Financing, and Related Programs, *Foreign Operations, Export Financing and Related Programs Appropriations for 2004, Part 1A: Justification of Budget Estimates*, March 2003 (Y4.AP6/1:F76/6/2004/PT.1A), 416.

(1) 55 percent of such amounts for treatment of individuals with HIV/AIDS;

(2) 15 percent of such amounts for palliative care of individuals with HIV/AIDS;

(3) 20 percent of such amounts for HIV/AIDS prevention . . . of which such amount at least 33 percent should be expended for abstinence-until-marriage programs; and

(4) 10 percent of such amounts for orphans and vulnerable children.[9]

The Congress further required that for FY 2006-2008, 75% of the treatment funds were used for ARV purchase and distribution and at least 50% of the orphans and vulnerable children (OVC) funding be given to NGOs for implementation at the community level.

The increase in the provision of ARV could be related to the securitization process, though the evidence was inconclusive. ARV treatment is often able to prolong the lives of PLWAs and allows them to remain productive members of society for longer periods of time. By doing so, this mitigates the impact of HIV/AIDS on society and its security even though it comes at a high financial cost, especially for developing countries. Even while there was a new commitment to ARV treatment, this treatment was quite slow in coming. According to one estimate in 2003, while there were 30 million people living with HIV, only 50,000 of these were receiving ARV treatment.[10] Furthermore, while PEPFAR did include ARV treatment, there was controversy surrounding the use of generic medications in its global HIV/AIDS program. It was the implementation of this program that was controversial. The Bush administration argued that only those drugs that were approved by the USDA as being safe could be used in US programs. However, these drugs were approved safe for use by the WHO. The generic

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[9] P.L. 108-25, 27 May 2003, 117 STAT. 746.

[10] J. Stephen Morrison and Todd Summers, "United to Fight HIV/AIDS?" *The Washington Quarterly* 26:4 (Autumn 2003), 179.

drugs were significantly cheaper; thus there would be more medication for less funding

and more individuals receiving treatment if generics were allowed.

PVOs

Securitization might have impacted non-governmental organizations that

implement U.S. international HIV/AIDS programs by having them increase their

programs with military populations. This section examines PVOs to see whether a

partially securitized HIV/AIDS impacted PVO programming. In the United States,

NGOs that are registered as PVOs with USAID are an important group for implementing

U.S. foreign assistance.[11] In many respects, the work of PVOs comprises one component

of the U.S. government response to the HIV/AIDS pandemic[12], even while the same

organizations assert their autonomy and independence from the government.[13] According

to a 2002 USAID publication, PVOs received about one third of USAID's development

assistance budget.[14] Furthermore, in FY 2000, USAID directed about $4 billion of its

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[11] "A PVO is a registered nonprofit organization that receives part of its annual revenue from the private sector, receives voluntary contributions of time, money, or in-kind support from the general public, works or wants to work overseas is financially viable (with overhead accounting for no more than 40 percent of expenses), has a board of directors, fits within USAID priorities, and does not have alleged ties to terrorists." United States Agency for International Development, *Foreign Aid in the National Interest: Promoting Freedom, Security, and Opportunity* (Washington, D.C.: USAID, 2002), 140.

[12] In 2000, 436 organizations were registered as PVOs with USAID and worked in 159 countries in nearly every area of development, including health and nutrition. In 2000 the PVO registry (http://www.pvo.net/usaid/) listed 150 NGOs with projects on "HIV/AIDS and infectious diseases." Some of these organizations focused on infectious diseases other than HIV/AIDS or focused on HIV/AIDS domestically. Even so nearly one third of all registered PVOs in 2000 had a least one project involving HIV/AIDS. While this may sound impressive, many of these organizations were extremely small with total funding for their organization below $1 million annually and many of them focused on a single country.

[13] For one discussion of some of the dilemmas NGOs face in providing humanitarian aid and maintaining independence from their governments see David Rieff, "Humanitarianism in Crisis," *Foreign Affairs* 81, no. 6 (2002): 111-122.

[14] United States Agency for International Development, *Foreign Aid in the National Interest: Promoting Freedom, Security, and Opportunity* (Washington, D.C.: USAID, 2002), 141.

$7.2 billion in assistance funding to NGOs and of this, at least $1 billion to PVOs.[15]

Also, of the $1 billion in PVO-implemented programs in FY 2000, 38% went towards

projects in population and health.[16] Since many U.S.-based NGOs received a large

percentage of their funding from USAID, USAID had a large role in determining the

types of HIV/AIDS programming implemented in the developing world by these NGOs.

NGOs who work with militaries in HIV/AIDS prevention and awareness projects

have the most direct link between their work and traditional conceptions of international

security because of possible impacts of the HIV/AIDS pandemic on military readiness

and defense.[17] However, there was very little activity in this area by U.S.-based NGOs.

Moreover, research commissioned by UNAIDS suggests that this was the case for

European-based NGOs as well as U.S.-based NGOs.[18] According to this study conducted

for UNAIDS on HIV/AIDS and the Uniformed Services in Kenya, Tanzania and Uganda,

there was inadequate attention placed on bilateral initiatives with the uniformed services

regarding HIV/AIDS awareness and prevention. According to their analysis:

> The reluctance of NGOs and the bilateral agencies to become involved is difficult
> to comprehend. They need education on the key position these services have in
> relations to the stability of the state, the role these services play in HIV

[15] G.A.O, *USAID Relies Heavily on Nongovernmental Organizations, but Better Data Needed to Evaluate Approaches*, Report to the Chairman, Subcommittee on National Security, Veterans Affairs, and International Relations, Committee on Government Reform, House of Representatives, GAO-02-471 (Washington, D.C., April 2002), 2.

[16] Ibid., 9.

[17] Sheehan, "NGOs as Security Actors in the Fight against HIV/AIDS?"

[18] Len Curran and Michael Munywoki, "HIV/AIDS and the Uniformed Services: Stocktaking of Activities in Kenya, Tanzania and Uganda," Conducted for the UNAIDS Humanitarian Unit and UNAIDS Inter-Country Team for Southern and Eastern Africa, August 2002; available from http://www.tanzaniahivaids.info/documents/Other%20Resource%20Documents/Army%20and%20AIDS.pdf; accessed 31 July 2002.

transmission and their need for assistance. To date the involvement has been patchy and has not been sustained over time.[19]

There were some NGOs based in the U.S. that worked with foreign militaries. However, many of these organizations began their work with militaries prior to the focus on HIV/AIDS as a security issue. Family Health International (FHI) began working on HIV/AIDS awareness and prevention programs with foreign militaries in Africa and Asia in the early 1990s. Their AIDS Control and Prevention Project (AIDSCAP), which began on 12 August 1991 and concluded 31 December 1997, was at the time the largest international HIV program ever undertaken and many of its projects specifically targeted militaries.[20] The military was one of the target populations in AIDSCAP and they focused some of their activities at military bases. One example is FHIs work with the Zimbabwe military from 1995-1997 which had the goal of stabilizing or reducing sexually transmitted infections prevalence among the armed forces, with a special emphasis on HIV. The purpose of the project was to reduce high-risk sexual behavior through behavior change interventions with the Zimbabwe National Army and the Air Force of Zimbabwe. According to FHI's final report for the AIDSCAP, one of the lessons learned was that

> Due to issues of national security, it is difficult to design and monitor effectiveness of projects with the armed forces, even though they are much needed and appreciated. Even when constraints are outlined and understood at the onset, implementation can be frustrating for both parties and requires commitment and understanding of limitations on both sides.[21]

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[19] Ibid., 18.

[20] For information on the AIDSCAP Program see: Family Health International, *AIDSCAP Final Report, Vol. 1, August 21, 1991 – December 31, 1997*; available from http:/www.fhi.org/en/aids/aidscap/aidspubs/special/final/capfn1.html; accessed 3 February 2003.

[21] Ibid.

Another example is FHI's three-year project from 1993-1996 with the Cameroon armed

forces. It focused its prevention and awareness activities at eleven military bases in

Cameroon. FHI had a lot of experience implementing HIV/AIDS projects with

militaries.

Yet another example of a PVO working with foreign militaries is Population

Services International (PSI). PSI was among the top twenty recipient NGOs for U.S.

government funding in 2000.[22] PSI worked with a number of militaries in Africa, Asia

and Latin America on HIV/AIDS prevention and awareness once there were securitizing

moves about HIV/AIDS in the U.S. government and following the emergency action of

bringing HIV/AIDS before the UNSC. PSI included the military and police as one of its

target groups in many of its programs and began actively engaging in projects with

foreign militaries beginning in 2001. PSI received funding from the DOD for programs

with the Togolese Armed Forces[23] and the Eritrean military. With the participation of the

Armed Forces of Togo, PSI began implementing Operation Full Protection - Armed

Forces of Togo in four Togolese military bases in October 2001. Their activities

included peer education of soldiers by soldiers, behavior-change campaigns, the

diagnosis and treatment of sexually transmitted infections, and the establishment of

voluntary counseling and testing for the armed forces. Through PSI's Eritrean Social

Marketing Group, the DOD awarded a one-year grant for interpersonal communications

activities for HIV/AIDS prevention among the military in Eritrea starting in September of

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[22] USAID, *Foreign Aid in the National Interest: Promoting Freedom, Security, and Opportunity* (USAID: 2002).

[23] Population Services International, "News: Protecting Togo Military from AIDS"; available from http://www.psi.org/news/051002d.html; accessed 3 February 2003.

2001.[24] While PSI was very active in HIV/AIDS programming with foreign militaries, it was a small percentage of the work it did to combat HIV/AIDS globally.

In conclusion, while there was some activity in this area, it was small in comparison to HIV/AIDS work by NGOs with civilian populations. In terms of NGO programming, most NGOs researched did not focus their HIV/AIDS prevention, awareness, treatment and care programs on a traditional security emphasis of working with militaries and preferred to focus on their work with civilians.

Impacts on the UN System

The partial securitization of HIV/AIDS had some impacts on the UN system. The emergency action of bringing HIV/AIDS before the UNSC had immediate impacts on the UN response to HIV/AIDS and resulted in changes at UNAIDS.[25] The meeting led to a UNSC resolution on HIV/AIDS and peacekeeping operations and a new focus on HIV/AIDS and security within the structure of UNAIDS. Furthermore, there were annual follow-up meetings at the UNSC to visit the progress made on HIV/AIDS because of the initial meeting in January 2000.

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[24] Population Services International, "Eritrea Social Marketing Program"; available from http://www.psi.org/where_we_work/eritrea.html; accessed 3 February 2003.

[25] According to its Mission Statement, "As the main advocate for global action on HIV/AIDS, UNAIDS leads, strengthens and supports an expanded response aimed at preventing the transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic." (UNAIDS, "UNAIDS Mission Statement," available from http://www.unaids.org/about/index.html#mission; accessed 5 January 2003).

304

UNAIDS became involved more actively in AIDS and peacekeepers following the January 2000 UNSC meeting. [26] On 6 July 2000 the UNSC unanimously adopted a resolution for more AIDS education and prevention efforts for the then approximately 35,000 UN peacekeepers. However, there was some criticism of the U.S. for presenting the resolution since the U.S. was contributing no UN combat troops, but was, nevertheless, calling for education for peacekeeping troops from other countries. [27] Then in September UNAIDS released a report on the role of the armed forces in fighting HIV and specifically focused on the efforts of the UN Mission to Ethiopia and Eritrea along with the Eritrean Defense Force in this regard. [28]

At the UN General Assembly Special Session on HIV/AIDS (UNGASS) in June 2001, the Declaration of Commitment on HIV/AIDS was adopted. [29] In this declaration there are two sections regarding the need to combat HIV/AIDS in order to maintain peace and security, paragraphs 77 and 78. Paragraph 77 reads:

[26] However, even before the meeting a UN-sponsored Civil-Military Alliance to Combat HIV and AIDS had plans to begin education programs in six African countries to help address the issue of peacekeepers spreading the HIV virus during their deployments. (See Kaiser Daily HIV/AIDS Report, "UNITED NATIONS: Peacekeepers Play Role in Spreading HIV," 10 January 2000 quoting Farley, *Los Angeles Times*, 17 January 2000; available from http://www.kaisernetwork.org/aids/2000/01/kh000110.4.htm; accessed 20 August 2003.)

[27] Kaiser Daily HIV/AIDS Report, "UNITED NATIONS: Security Council Urges Testing for Peacekeepers," 19 July 2000; available from http://www.kaisernetwork.org/aids/2000/07/kh000719.2.htm; accessed 20 August 2003.

[28] UNAIDS, "Fighting AIDS: HIV/AIDS Prevention and Care Among Armed Forces and UN Peacekeepers in Eritrea," (Geneva: UNAIDS, August 2003); also available from http://pdf.usaid.gov/pdf_docs/PNACU010.pdf; accessed 3 August 2006.

[29] UN General Assembly Special Session on HIV/AIDS, "The Declaration of Commitment on HIV/AIDS"; available from http://www.unaids.org/UNGASS/docs/AIDSDeclaration_en.pdf; accessed 29 June 2004.

By 2003, have in place national strategies to address the spread of HIV among national uniformed services, where this is required, including armed forces and civil defence force and consider ways of using personnel from these services who are educated and trained in HIV/AIDS awareness and prevention to assist with HIV/AIDS awareness and prevention activities including participation in emergency, humanitarian, disaster relief and rehabilitation assistance.[30]

Paragraph 78 regards the role of peacekeepers in spreading HIV/AIDS and reads,

By 2003, ensure the inclusion of HIV/AIDS awareness and training, including a gender component, into guidelines designed for use by defence personnel and other personnel involved in international peacekeeping operations, while also continuing with ongoing education and prevention efforts, including pre-deployment orientation, for these personnel.[31]

Following the January 2000 UNSC meeting, UNAIDS increasingly became involved in the security dimensions of HIV/AIDS. Then, following the UNGASS, clear guidelines and advocacy on HIV/AIDS and security began to be developed. In response to the Declaration of Commitment on HIV/AIDS, the UNAIDS Secretariat established the UNAIDS Initiative on HIV/AIDS and Security.[32] The HIV/AIDS and Security Initiative focused on three aspects of security: (1) international security, including peacekeeping operations; (2) national security, including defense and civil defense personnel; and (3) community security, including vulnerable populations affected by conflict. In fact sheets and public statements, UNAIDS used this typology of security issues to define its response to the security implications of the pandemic.

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[30] Ibid.

[31] Ibid.

[32] UNAIDS, "UNAIDS Initiative on HIV/AIDS and Security," available from http://www.unaids.org/security/issues/human%20security/docs/SecurityInitiative.ppt; accessed 4 January 2003.

UNAIDS policy was that "globally HIV/AIDS has emerged as a threat to both human and national security."[33] UNAIDS defined HIV as both a traditional and human security issue. "The epidemic attacks economic security, social security, but also military security where military personnel, peacekeepers and peace observers rank among the groups most affected by HIV/AIDS. *Security, however defined, is at issue*. (Emphasis mine)"[34] According to traditional security concerns, UNAIDS found that military personnel were a population group at special risk for exposure to HIV/AIDS. The impact of HIV/AIDS in the military included its effects on military preparedness, individuals and their families, and the risk of transmission to civilian populations. Also, UNAIDS work on HIV/AIDS and peacekeeping operations had a traditional security emphasis. UNAIDS' focus on community security is akin to human security and focused on vulnerable civilian populations in times of conflict and peace.

In developing the HIV/AIDS and Security Initiative, the Humanitarian Unit developed a two-year strategic work plan with the goal of strengthening leadership and partnerships on HIV/AIDS as a security issue. In the first phase of the initiative approximately forty countries were chosen.

In order to strengthen leadership on HIV/AIDS and security, Ulf Kristofferson, UNAIDS Chief of Humanitarian Unit, conducted briefings and spoke before many conferences and other forums about the linkages between HIV/AIDS and security. For example, at the UN Economic and Social Council (ECOSOC) meeting in New York, 15-

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[33] UNAIDS, "AIDS as a Security Issue," Fact Sheet, 2002; available from http://www.who.int/disasters/repo/7969.doc; accessed 4 January 2003.

[34] Ulf Kristofferson, UNAIDS Humanitarian Chief, "HIV/AIDS and Human Security" (lecture presented at the intersessional meeting of the Human Security Network, Bangkok, Thailand, 21-22 January 2002); available from http://data.unaids.org/Topics/Security/bangkok_en.doc; accessed 4 January 2003.

17 July 2002, there was a special humanitarian panel on HIV/AIDS. Ulf Kristofferson

addressed the panel on "HIV/AIDS, conflict and security." Also, in a briefing to the

107th Congress on 11 July 2002, Kristofferson said, "In regions where AIDS has reached

epidemic proportions, it destroys the very fabric of what constitutes a state: individuals,

families, communities; economic and socio-political institutions, and the military and

policy forces which guarantee the protection of the state institutions."[35]

Following the UNSC meeting, leaders of UNAIDS discussed HIV/AIDS as a

security issue. It is not just Ulf Kristofferson who focused on HIV/AIDS and security.

As analyzed more extensively in chapter 6, Dr. Peter Piot, Executive Director of

UNAIDS, also mentioned the HIV/AIDS and security link at most major presentations he

made internationally and in his advocacy work before U.S. government audiences.

HIV/AIDS was continually discussed as a threat to security both in human terms and

traditional terms by UNAIDS leadership.

UNAIDS also developed HIV/AIDS and security policy guidelines for the UN

system and its member states. The UNAIDS Strategic Meeting on HIV/AIDS and

National Security held in April 2002 developed a generic plan of action on HIV/AIDS

interventions for uniformed services with an emphasis on young recruits. According to

the guidelines, "the focus on uniformed services was prompted not only by the special

nature of the profession which exposes defense and civil defense personnel to risky

behavior leading to higher incidences of sexual infections, but also by their prominent

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[35] Ulf Kristofferson, "Security for a New Century,"(briefing presented to the 107th U.S. Congress, Washington, D.C., 11 July 2002); available from http://data.unaids.org/Topics/Security/107Congress; accessed 4 January 2003.

role as guarantors of security, without which, security is threatened."[36] The guidelines

also encouraged resource mobilization within military and civil defense budgets, since

they were "a privileged group in terms of budget allocations for most governments."[37]

UNAIDS formed partnerships with governments and other organizations in their

work on HIV/AIDS and security. UNAIDS also sponsored conferences and meetings on

AIDS and security in response to UNSC resolutions. In December 2000 such a three-day

conference was convened in Sweden to address AIDS in conflict areas and protect high-

risk armed forces.[38]

Lastly, UNAIDS enacted concrete projects in the area of security and HIV/AIDS

through its programs with UN peacekeeping operations and through grants to uniformed

services on HIV/AIDS awareness and prevention. In order to implement

recommendations in UN Resolution 1308 regarding HIV/AIDS and peacekeeping

operations, a Cooperation Framework was signed between UNAIDS and UN Department

of Peacekeeping Operations (DPKO) in January 2001 to develop an HIV/AIDS

Awareness strategy for peacekeepers. As part of this agreement, they developed

HIV/AIDS Awareness Cards in ten languages and the DPKO posted HIV/AIDS Policy

Officers in all major UN peacekeeping operations. UNAIDS also worked with individual

military and police forces as part of is national security efforts with Uniformed Services.

Present in all regions of the world, as of January 2003 UNAIDS had provided grants in

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[36] UNAIDS, "UNAIDS Generic Guidelines; HIV/AIDS Interventions for Uniformed Services: Emphasis on young recruits," 2002.

[37] Ibid.

[38] Kaiser HIV/AIDS Daily Report, "Experts Discuss AIDS' Impact on International Security at UN Meeting," 12 December 2000; available from http://www.kaisernetwork.org/aids/2000/12/kh001212.3.htm; accessed 20 August 2003.

the amounts of $25,000-$175,000 to work with militaries with high HIV prevalence rates.[39] The projects focused on HIV/AIDS prevention and awareness activities, peer education, and special programs for youth recruits.[40]

As a result of both the UNSC meeting in January 2000 and the UNGASS, UNAIDS, through its HIV/AIDS and Security Initiative, was active in fighting HIV/AIDS as a security issue at the international, national and community level. While mostly focusing on advocacy and the creation of partnerships, UNAIDS has also supported projects with peacekeeping operations and state uniformed services. Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa, granted credit to the securitization process for the increased importance given to AIDS globally. His introductory comments at a Center for Strategic and International Studies Luncheon in 2002 are worth quoting at length.

> I'm frankly bemused by the way in which the question of security, even if never fully defined, suddenly confers on the [HIV/AIDS] pandemic a new level of significance. All you have to say is that a study was produced by the National Intelligence Council, and everything is immediately elevated to riveting import. I'm reminded of the fact that the HIV/AIDS pandemic couldn't even get traction within the multilateral system, until it was considered to be a matter of international peace and security, worthy of debate in the Security Council itself. No one diminishes the question of security. God knows, in this day and age it's a consuming obsession. But it does say something about the way we respond to the human condition, doesn't it? It's not enough to engage the world simply by having an incomparable human catastrophe; it has to have security implications to make it come alive.[41]

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[39] UNAIDS, "UNAIDS Humanitarian Unit, Annual Update 2002," 27 January 2003; available from http://data.unaids.org/Topics/Security/hmn-2002_annual-report-0_en.doc; accessed 1 January 2004.

[40] Ibid.

[41] Stephen H. Lewis, UN Special Envoy for HIV/AIDS in Africa, "Remarks at CSIS Conference on States Threatened by the Second Wave of HIV/AIDS: China, India, Nigeria, Russia and Ethiopia" (remarks presented to The Center for Strategic and International Studies, Washington, D.C., 4 October 2002).

As the world's only superpower, the efforts of the United States government during the Clinton Administration to securitize HIV/AIDS and bring the issue before the UN Security Council had clear implications for the UN system, especially UNAIDS. Once HIV/AIDS was brought before the UNSC, it led to several concrete effects. These were: a resolution on peacekeeping and AIDS, along with new funding and programs and a security initiative at UNAIDS mandated to focus exclusively on the security aspects of the HIV/AIDS pandemic.

Conclusion

The partial securitization of HIV/AIDS had some impact on the implementation of U.S. foreign policy towards HIV/AIDS. Securitization served as an initial catalyst in generating an increased response to the epidemic beginning late in the Clinton administration. There was an even greater response to global HIV/AIDS with PEPFAR. The partial securitization of HIV/AIDS had only minimal impact on the content and implementation of U.S. government programs. The focus on AIDS orphans was consistent with the securitization process. Also, some PVOs enacted programs with militaries; this change was also consistent with securitization. However, most of the changes in program content did not result from securitization. The partial securitization of HIV/AIDS also impacted the UN system. The emergency action of bringing HIV/AIDS before the UN Security Council had concrete impacts on the UN system, requiring the UN to respond to the HIV/AIDS pandemic in specific ways.

The partial securitization of HIV/AIDS could have impacted U.S. foreign policy towards HIV/AIDS in many different directions. First, it could have changed U.S. international HIV/AIDS policy in a more military-focused direction, consistent with a traditional national security focus. This turned out not to be the case. U.S. DOD programming in HIV/AIDS gained support through the partial securitization of HIV/AIDS. The DOD program, however, remained small throughout the period of study. Also, the report on the "2nd wave" countries received much initial fanfare, but had little impact on U.S. policy formation or implementation. The U.S. did not begin to focus more on the "2nd wave" countries. This, in spite of the fact that UNAIDS' epidemiological forecasts predicted that the epidemic would not peak until it spread to some of these very countries.[42] Chapter 9 reviews the findings of the dissertation, discusses the implications of the findings and provides suggestions for further research.

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[42] Morrison and Summers, "United to Fight HIV/AIDS?", 179.

CHAPTER 9

CONCLUSION

Introduction

This dissertation was the first in-depth empirical case study of the securitization process of a nontraditional issue in U.S. foreign policy to rely on the securitization framework developed by Buzan, Wæver and de Wilde. The dissertation sought to determine the applicability and validity of the securitization framework to the study of nontraditional security issues in the U.S. It was a detailed longitudinal case study which investigated the extent to which HIV/AIDS as a global issue was securitized within the U.S. By doing so, the dissertation was the first step in an effort to explain how and under what conditions a nontraditional issue can become securitized.

The HIV/AIDS pandemic was a good candidate to be securitized in U.S. foreign policy. The use of security language was prevalent and there were actors who held high positions of authority securitizing HIV/AIDS including President William J. Clinton. There are also features of HIV/AIDS that would tend to facilitate securitization including the urgency and immediacy attached to fighting global HIV/AIDS. Furthermore, one might have expected that HIV/AIDS policy actors might have sought to securitize HIV/AIDS as a way of increasing funding and attention directed towards HIV/AIDS prevention, treatment and research. However, the dissertation found that

HIV/AIDS was only partially securitized since the full sequence of securitizing moves, emergency actions and changes in inter-unit relations while present was weak.

The dissertation validated the criteria established by the securitization framework of Buzan, et. al., since overall the criteria was helpful in explaining the process of securitization of HIV/AIDS within the U.S. Furthermore, the dissertation's findings validated the inclusion of the facilitating conditions suggested in the securitization framework. To review, these facilitating conditions are: the speech act or use of the security language, positions of authority for the securitizing actors and the nature of the issue being securitized. As reported in chapters 4, 5 and 6 the security language was highly disseminated within the global HIV/AIDS policy community in the U.S. Furthermore for securitization to have the greatest chance of success, it may need high level actors in the administration and/or Congress to champion the issue and be among the securitizing actors. When the President was a securitizing actor this seemed to increase the chances of success even further. The leadership of President Clinton and key members of his administration was key to the inclusion of security and defense agencies in the decision making process surrounding U.S. foreign policy towards HIV/AIDS and led to the UN Security Council meeting on AIDS in Africa. The immediate urgent nature of HIV/AIDS also facilitated the securitization process. As the understanding increased of how dire the outlook was in sub-Saharan Africa due in no small part to HIV/AIDS, the securitization process also gained speed and momentum.

A key finding of the dissertation is that HIV/AIDS was only partially securitized. A benefit of the securitization framework is that:

It points the responsibility involved in talking about security (or desecuritization) for policymakers, analysts, campaigners, and lobbyists. It is a *choice* to phrase things in security (or desecurity) terms, not an objective feature of the issue or the relationship itself. That choice has to be justified by the appropriateness and the consequences of successfully securitizing (or desecuritizing) the issue at hand.[1]

In the case of HIV/AIDS the consequences of securitizing the issue were modest. Securitization did not lead to a militarization of the HIV/AIDS pandemic. The normative concern that securitizing nontraditional issues may lead to their militarization may not be well-founded. Securitization did not substantially impact the content and implementation of programs and only minimally affected the players involved. The attempt to securitize HIV/AIDS coincided with increased momentum in the U.S. and globally to do more to combat the global HIV/AIDS pandemic. Securitization may have assisted in generating this increased momentum. This suggests that even without a full securitization, a partial securitization can contribute to an increase in attention and funding to an issue without fundamentally changing the nature of the response. This dissertation suggests that making securitizing moves and framing nontraditional issues as one of security is a worthwhile strategy if, and only if, the sole purpose of doing so is to gain more attention and funding to an issue. However, if the purpose is to have a nontraditional issue treated as a security issue, the dissertation suggests that securitizing moves only affect the content and implementation of policy at the margins.

In addition, the dissertation research suggests ways in which the securitization framework could be refined to explain the conditions under which a *full* securitization might not be possible, but a *partial* securitization could still lead to increased attention and funding without fundamentally changing the nature of the issue. The concept of

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[1] Buzan, Wæver, de Wilde, 211.

partial securitization also adds to the securitization framework by describing how aspects of securitization generate political consequences even though an issue might fall short of being fully transformed into a security issue. A partial securitization is one in which security language is prevalent and there is an increased response to an issue that is greater than one would expect for an issue categorized as a non-security issue (i.e., health or development), but falls short of changing the nature of the response to one of security.

Refinements to the Securitization Framework

The dissertation's findings suggest that there are ways in which the securitization framework could be refined in order to more fully explain the process by which issues in the U.S. can and cannot become securitized. One such refinement is the addition of the concept of partial securitization to the framework. The findings also suggest that there are additional factors and conditions that help or hinder the securitization process, which were not part of the securitization framework. The remainder of this chapter explains some of these factors and suggests how future research could explore them further.

First, the dissertation's findings suggest that comparing the security frame to other frames provides additional rigor to the securitization framework. Adding such a requirement proved to be a useful addition to the securitization framework. Chapters 2 and 3 made clear that the security frame remained in competition with the other frames throughout the period of study. Overall health was the dominant frame for the entire period of study. Only in the year 2000 was there equal weight between the health, development and security frames. This was also the year that HIV/AIDS became partially securitized. Examining only the security frame could lead one to overestimate

the importance of that frame. Comparing the security frame to other oft-used frames puts the security frame in context. In fact since HIV/AIDS was not fully securitized the dissertation's findings suggest that in order for there to be a full securitization it may not be enough for HIV/AIDS to be presented as a security threat; the security frame may need to be the dominant frame of the U.S. government executive and legislative branches. Thus, incorporating the notion of competing frames into the securitization framework can further assist one in determining the conditions under which a nontraditional issue is likely (or not likely) to become securitized.

Second, the findings suggest that in addition to audience acceptance, audience agreement on why an issue is a security threat is also crucial to a successful securitization. The dissertation demonstrated that there were significant disagreements among the audience who accepted that HIV/AIDS was a security threat about what the nature of the threat of HIV/AIDS was. There were different referent objects that were invoked when HIV/AIDS was viewed as a security threat, including the individual, the state, the economy and the military. This disagreement on why HIV/AIDS was a security issue may have made it challenging for HIV/AIDS to become fully securitized. Depending on the nature of the threat different responses could be needed. For example, if HIV/AIDS is a threat to African militaries, then the armed forces should receive special attention in the area of HIV/AIDS prevention and control. However, if HIV/AIDS is a threat to human security in developing countries, then no particular segment of society is deserving of special treatment and emphasis. This could lead to confusion on what to do when HIV/AIDS is a threat on so many levels. The securitization framework focuses on the need for there to be audience acceptance that an issue represents a threat to security

and points to the importance of examining what referent objects are being invoked, but does not articulate a need for there to be agreement on why an issue represented a threat to security. Thus the dissertation's findings suggest that audience agreement may be as necessary as audience acceptance in determining the success of the securitization process. One way of refining the securitization framework is to include the need for agreement among actors on the reasons why an issue represents a threat to security as an additional facilitating condition for securitization.

Third, an additional facilitating condition suggested by the dissertation's findings is institutionalization. Increased continuity of the functional actors and agencies involved in securitizing an issue will increase the likelihood that an issue will continue to be securitized, and institutionalization will tend to engender continuity. The institutionalization of HIV/AIDS as a security issue seems to have increased the staying power of framing the issue in this manner. Some examples of such continuity in institutionalization are the DOD military-to-military HIV/AIDS prevention program and the involvement of the U.S. intelligence community in studying the effects of the HIV/AIDS pandemic on U.S. security interests. Thus, an additional way of refining the securitization framework is to include the continuity of institutionalization as an additional facilitating condition for securitization.

Fourth, while the securitization framework addresses conditions that facilitate securitization, it is largely silent on those that impede securitization. The only impediments to securitization outlined in the framework are seen as intrinsic to the issue being securitized rather than part of the process. For example, environmental issues are seen as being difficult to securitize because of the nature of environmental problems.

Since the direct threat of environmental problems to humans seems distant and not immediate, environmental problems can be easy to put off for yet another year. Thus, previous research on the securitization framework has argued that even with major securitizing moves by well-placed actors it is difficult to securitize environmental issues. In contrast, as argued in chapter 1, the nature of HIV/AIDS seems to facilitate rather than impede securitization, thus there may be other forces at work here.

The securitization framework could be further refined by adding a set of impeding conditions building on the dissertation's findings which detail several areas where aspects of the nature of the process appeared to impede securitization. The framework as originally conceived may not have done enough to examine how the political context can assist or hinder the securitization process. The dissertation therefore suggests that there needs to more inclusion in the framework of how changes in the political landscape can affect the securitization process. The next section discusses several possible impediments to the securitization process. These impeding conditions seem likely additions to the securitization framework but would require more research.

The first possible impediment to securitization is a change in the constellation of security issues. The events of 9/11 appeared to have changed the securitization process for HIV/AIDS. The events of 9/11 made terrorism the overriding U.S. national security concern. Terrorism overwhelmed all other potential security threats, HIV/AIDS included. Because of this there was some effort to link HIV/AIDS to terrorism and thereby continue securitization, but this was a different understanding of why HIV/AIDS was a threat to security then there was in the Clinton years. The main argument linking AIDS and terrorism was that AIDS orphans were vulnerable recruits for terrorist causes

and therefore fighting the AIDS pandemic would contribute to the fight against terrorism. Furthermore, the increasing focus on homeland security and terrorism created a ripe environment for securitizing other issues in the health arena, namely biological and chemical weapons. However, the linking of HIV/AIDS to terrorism mostly through the AIDS orphan appeared to only be partially successful. There were also efforts by the Bush administration to demonstrate how research for HIV/AIDS was beneficial to the fight against terrorism because of this link to biological warfare, thereby making the argument in reverse. Thus one impediment to the securitization process appears to be the arrival of a new issue that can supplant the old. Further research could examine other issues in the midst of securitization to examine whether new security issues are able to supplant the old.

Another factor which seemed to partially derail the securitization of HIV/AIDS was the U.S. election cycle and a change in the political party in the White House. HIV/AIDS became partially securitized at the tail end of Clinton's eight year term and then Bush 43 became president. If Clinton had stayed in power HIV/AIDS might have become fully securitized. The new Bush administration had different ideas about HIV/AIDS than the Clinton administration. Vice President Gore was ready to continue the HIV/AIDS approach which began under Clinton. When Gore accepted the presidential nomination at the Democratic National Convention in August 2000 he included funding for global AIDS in his speech and noted that AIDS and other diseases "know no national boundaries and can threaten national security."[2] While only speculative, it is possible that if Gore had won the presidency in 2000, the language of

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[2] Al Gore, "Democratic National Convention Speech" *The Washington Post*, 18 August 2000.

AIDS and security would have continued to come out of the White House with equal

frequency as during the last year of the Clinton administration.

However, there was not only a change in administration, but a change in the

political party in the White House with a different set of agendas. To speculate even

further if a Democrat won the 2004 election it is probable that securitization of

HIV/AIDS would again become a focus attention. For example, all nine Democratic

presidential candidates endorsed a pledge by the Global AIDS Alliance to commit $30

billion to fight AIDS, TB and malaria by 2008. It noted "the impact of AIDS poses a

national security challenge to the United States that will worsen as the epidemic spreads

throughout India, Russia and China. (emphasis mine)."[3] While Army Gen. Wesley Clark

did not win the Democratic presidential nomination, if he had won this possibility was

even more likely. He titled his strategy on AIDS a "Global AIDS Security Policy."[4]

Furthermore, in a press release announcing the report, Clark wrote in direct confrontation

to President Bush's policy that

> AIDS is not a moral issue. It's a national security issue. We must make sure the
> scourge doesn't reverse gains in the developing world and turn developing states
> into terrorist breeding grounds. If we don't fight AIDS with medicine and
> preventive measures, one day, we might have to fight AIDS-induced disorder with
> the force of arms.[5]

Thus an additional factor that may make securitization of nontraditional issues less likely

in the U.S. context is a change in presidential administration.

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[3] Global AIDS Alliance, "Presidential Pledge to Action on Global AIDS," December 2003, available from http://www.globalaidsalliance.org/pledge.cfm; accessed 6 July 2004.

[4] Kaiser HIV/AIDS Daily Report, "Clark To Propose Doubling U.S. Spending on Global AIDS, TB, Malaria to $30B Over Five Years," 1 December 2003 available from http://www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=1&DR_ID=21094; accessed 21 August 2003.

[5] Ibid.

The dissertation findings detail several areas where the securitization framework could be refined to better explain under what conditions a nontraditional issue is likely (or not likely) to become securitized. First, the concept of partial securitization can assist in determining under what conditions an issue might fall short of being fully transformed into a security issue, but still generate significant political consequences. Second, incorporating the concept of competing frames as an initial step in examining the process adds additional rigor to the securitization framework. Third, developing the concept of audience agreement may further explain the difference between a full securitization and partial securitization. Fourth, the greater the degree to which there is continuity and institutionalization among functional actors and agencies, the securitization of an issue is more likely to occur. Last, the dissertation's findings suggest that the securitization framework should include consideration of the conditions that may impede the securitization of an issue. Two impeding conditions in the case of HIV/AIDS were changes in the constellation of security issues and shifts in political power.

Future Research

While the dissertation cannot prove why HIV/AIDS was only partially securitized in the U.S., it was a necessary first step in answering that question. Furthermore, the dissertation's findings suggest several reasons why HIV/AIDS was partially securitized which should be the subject of future research. There are several areas identified by the dissertation that are in need of additional research to further determine under which conditions securitization of a nontraditional issue in the U.S. is likely (or not likely) to occur.

Further research is needed to apply the refinements suggested to the securitization framework in the U.S. The securitization framework was created to be useful in any given country's foreign policy. The framework may need further refinement in its specific application to the U.S. policy context. While these changes to the framework are suggested by the dissertation findings, further research is needed to confirm whether the impeding conditions were unique to HIV/AIDS and/or U.S. foreign policy or whether they are more broadly applicable to nontraditional issues and other countries' foreign policy processes.

Another area for future research is to further explore the concept of audience acceptance. The findings support the contention in the securitization framework that audience acceptance that an issue represents a security issue is crucial to the success of the securitization process. There was evidence in the dissertation of audience acceptance that HIV/AIDS was a threat to security. However, there were also members of the audience who did not accept the view that HIV/AIDS was a security issue. This lack of consensus by health, development and security personnel was reported in chapters 5 and 6. This disputation among functional actors outside of government about whether HIV/AIDS was properly a security issue could in part account for the reason that HIV/AIDS was only partially securitized. The research findings suggests that in some instances health and development personnel were concerned that by using a security frame for HIV/AIDS they would lose control over the issue to national security and defense personnel. In addition, the research findings suggest that some in the national security and defense fields found that to call HIV/AIDS a security issue was a stretch. Further research on the issue could identify these actors and examine what role they

played in the non-securitization of the issue of HIV/AIDS. Furthermore, future research could examine other issues being framed as security issues and identify those actors who try to frame an issue as other than one of security and actively dispute the security designation.

Another avenue for future research is to explore what the possible impacts of partially securitized issues may be on other countries' foreign policies. The partial securitization of HIV/AIDS seemed to have impacted how some African nations confronted the HIV/AIDS pandemic (i.e. Uganda, Malawi) while it seemed to have little or no impact on others (i.e. South Africa). Another fruitful avenue for research suggested by the findings of the dissertation is to examine whether and how the partial securitization of HIV/AIDS affected other countries' policies on HIV/AIDS especially in countries with high HIV prevalence rates. In addition to HIV/AIDS additional case studies of other partially securitized issues could also be undertaken.

Finally, it could be that the issues uncovered with the securitization framework are specific to the U.S. context. The securitization framework may make more sense in a European context. Further research could select another country and another case to help determine whether the changes suggested to the framework are specific to the U.S.

Conclusion

The dissertation relied on the securitization framework of Buzan et. al. to examine the process of securitization of HIV/AIDS in U.S. foreign policy over an eighteen year period. By doing so it validated the criteria established by the securitization framework but also suggested ways in which the framework could be refined in order to better

explain the process. The process of securitizing so-called new or nontraditional issues continues to crop up. In 2007 concern in U.S. foreign policy with global climate change, Islam and immigration, to name a few, have led to discussions of why these issues are or are not properly security issues. This dissertation can assist in future analyses of the securitization of nontraditional issues. Understanding the securitization process allows one to understand when and whether the securitization of these issues and others in the future can or cannot be successfully transformed into security issues. Overall, the dissertation found that there were real challenges to translating security discourse into tangible policy outcomes. While framing HIV/AIDS as a security threat was an important initial step in the securitization of HIV/AIDS, it was not enough on its own to transform HIV/AIDS into a security issue. This is likely to occur for other so-called "new" security issues as well. In conclusion, potential securitizing actors should be aware that transforming nontraditional issues into security issues is a difficult undertaking.

APPENDIX A

DATA COLLECTION AND ANALYSIS PROCEDURES

FOR CONGRESSIONAL HEARINGS

The pages of the congressional hearings that pertained to HIV/AIDS as an international issue were photocopied and saved for further analysis. The only exceptions were those hearings that by their title indicated that the entire hearing was devoted to global HIV/AIDS or those lengthy hearings before the appropriations committees (often in excess of 1,000 pages). For hearings that were focused on global HIV/AIDS in its entirety, the full hearing was either photocopied or printed. For hearings before an appropriations committee, the index was consulted and those pages indexed as pertaining to HIV/AIDS were read. Then, only those pages that discussed HIV/AIDS as an international issue were photocopied and saved for later analysis.

A coding sheet (see below) was developed to record the pertinent information from the congressional hearings. The coding sheet includes the following information: title of the hearing, the SU DOC number, the days and year the hearing was held, the Congress, the chamber, the committee and subcommittee (if applicable), whether it was a major hearing, and whether it was an international, domestic, or mixed hearing. There is also a section for recording detailed notes and quotations with references to each of the three frames. In addition, summary information of the frequencies of each of the three frames in the hearing itself and the attachments are recorded.

325

Sample Coding Sheet

International / Domestic:

SU DOC:

Year:

Date:

Title:

Congress:

Chamber:

Committee:

Subcommittee:

SUMMARY STATISTICS:

HEARING   **SUBMITTED QUESTIONS / ATTACHMENTS**

Health	# of refs.	Health	# of refs.
Development	# of refs.	Development	# of refs.
Security	# of refs.	Security	# of refs.
Unspecified	# of refs.	Unspecified	# of refs.

Agency Name:

Notes on Hearing

Notes on Submitted Questions

Notes on Attachments / Statements Submitted for Record

APPENDIX B

TOPICS OF CONGRESSIONAL HEARINGS WHICH DISCUSSED

INTERNATIONAL HIV/AIDS

The 1980s (1986-1989)

In the early years of the pandemic the percentage of hearings discussing international components of HIV/AIDS varied widely. In the 1980s, many of the hearings that discussed international HIV/AIDS consisted of references to past and future "International AIDS Conferences." Other discussions of international AIDS were part of annual appropriations hearings for USAID and the Fogarty International Center and NIAID at NIH which all had small international HIV/AIDS programs at the time. Much of the emphasis, especially in testimony by Dr. Anthony Fauci, Director, NIAID, was on how in Africa AIDS was heterosexually transmitted, as opposed to the United States, where it was homosexually transmitted. As evident from the discussion in these hearings, at this point in the United States policy makers were in denial about the ability for AIDS to become widely prevalent in the heterosexual population of the United States. It was not that much earlier that AIDS was called GRID (Gay-Related Immune Disorder). Thus, there was some alarm by the Congress regarding statistics that in areas of sub-Saharan Africa the male to female ratio for HIV prevalence was 1:1. The first major international project was "Project SIDA" in Zaire which had started some years earlier, and was a collaborative effort between U.S. and Belgian government health agencies and

327

the Zairian government.[1]

Much of the discussion concerned HIV/AIDS in Africa (especially in Zaire),

AIDS in the Caribbean, Latin America, and Asia. Most often it was the Fogarty

International Center which included information on its projects in Latin America and

Asia, in addition to Africa, in its testimony and additional written information. Also, in

the 1980s, the hearings discussed WHO Global Programme on AIDS (GPA), the major

international AIDS program at the time.

In 1987 hearings, the Director of International Medicine at the Institute of

Medicine (IOM) spoke of their report *Confronting AIDS*. Chapter 7 of the report was

devoted to the international aspects of AIDS and the entire report was submitted for the

record. One highlight from chapter 7 encouraged U.S. involvement in HIV/AIDS

internationally: "The strongest argument for U.S. involvement in international efforts is

that such support would be a logical extension of our existing interests and efforts.

Indeed, the effectiveness of other U.S. technical development assistance efforts may be

jeopardized if HIV infection and AIDS are allowed to spread unchecked."[2] It is worth

noting that in 1988 Uganda was already the success story for AIDS, and the Ugandan

government was commended by the Congress for its straightforward and open approach.

Both the Ugandan Ambassador to the U.S. and the Ugandan Ambassador to the UN

spoke at a 1988 hearing.[3]

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[1] SIDA is the acronym in French for AIDS.

[2] Institute of Medicine, National Academy of Sciences, *Confronting AIDS: Directions for Public Health, Health Care, and Research* (Washington, D.C.: National Academy Press, 1986), 264.

[3] Congress, House, Select Committee on Hunger, *AIDS and the Third World: The Impact on Development*, 30 June 1988 (Y4.H89:100-29), 59.

The Early 1990s (1990-1993)

The early 1990s is similar to the 1980s in terms of the types of international AIDS

issues that are discussed. In the early 1990s, the hearings discussed the themes of how

AIDS was heterosexually transmitted overseas and the resurgence of tuberculosis (TB)

due to the AIDS epidemic. Also, beginning in the early 1990s there was increasing

emphasis on HIV/AIDS in Asia. One new issue was discussion of HIV/AIDS in Eastern

Europe (with a particular emphasis on pediatric AIDS in Romania) and the former Soviet

Union due to the political events at the time. Another was a focus on the issue of

discrimination in U.S. immigration policies concerning people living with HIV and

AIDS.

The so-called Helms Amendment of 1987 added HIV to the list of contagious

diseases that excluded aliens from entering the U.S., even for tourism. This issue came to

the fore in 1990 because of two international conferences being held in the U.S. -- the

International AIDS Conference in San Francisco, California and the World Federation of

Hemophilia Congress in Washington, D.C.. In protest of U.S. immigration policy,

several hemophilia societies from different European countries did not participate in their

conference and many organizations, including the League of Red Cross and Red Crescent

Societies, boycotted the International AIDS Conference in protest. In order to change

U.S. policy a hearing was held for the Rowland[4] bill, H.R. 4506, which was "a bill to

require the secretary of health and human services to review and revise the list of

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[4] Dr. Rowland was one of two physician members of the House of Representatives at the time and a member of the National Commission on AIDS.

dangerous contagious diseases used in the exclusion of aliens from the United States."[5]

Most of those who testified supported repealing the Helms amendment and allowing the

Secretary of HHS to determine which diseases warranted exclusion. However, President

Bush refused to follow the HHS Secretary's recommendation.

Also, a focus on children and AIDS began in 1991 due to a trip to Africa by the

HHS Secretary Sullivan and the USAID Administrator Dr. Roskins, at the request of

President Bush, to examine child survival and the AIDS epidemic in Africa. Within this

context the problem of AIDS orphans also became important. A major hearing in 1991

focuses on the socioeconomic impact of AIDS in Africa, and first lady of Uganda, Janet

Museveni, testified. Uganda was already recognized at this time as a leader in Africa in

HIV/AIDS care and prevention. The 1992 hearings focused on co-infection of HIV and

TB and scientific cooperation on AIDS. In general, the 1993 hearings discussed global

AIDS statistics, vaccine trials overseas, and Haitians with HIV/AIDS immigrating to the

United States.

The Mid-1990s (1994-1996)

In the mid-1990s, the importance of vaccine research was stressed as a means to

address the HIV/AIDS problem in developing countries. It was often noted that since

HIV/AIDS therapies are too costly for the developing world, a vaccine was the only

hope. Also, there was continuing emphasis on AIDS in Africa and Asia. In terms of U.S.

international AIDS, USAID and CDC staff discussed their international AIDS programs

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[5] Congress, House, Committee on Energy and Commerce, Subcommittee on Health and the Environment, *HHS Authority over Immigration and Public Health*, 27 June 1990 (Y4.En2/3:101-201) 1.

and the U.S. Department of State discussed U.S. foreign policy towards AIDS. There

was also discussion of adding AIDS to the G-7 agenda. On the international organization

front, WHO/GPA and UNDP discussed their responses to AIDS internationally.

<center>The Late 1990s (1997-1999)</center>

Starting in the late 1990s, a trend developed where global HIV/AIDS was

discussed a large percent of the time. A clear break occurs in 1997, where the hearings

concern global HIV/AIDS 58% of the time. Starting in 1997 international HIV/AIDS

policy received more emphasis than domestic HIV/AIDS policy in the U.S. congressional

hearings.

The various U.S. agencies with HIV/AIDS programs internationally continued to

discuss their programs and accomplishments. In the late 1990s, developments in

HIV/AIDS care and research precipitated new areas of emphasis in the hearings. One of

these was the focus on the use of the drug AZT to prevent Mother-to-Child Transmission

(MTCT) of HIV. Another focus was whether U.S.-sponsored HIV drug trials overseas

(especially in Africa and Asia) were ethical. A major hearing was held on this topic in

1997.

In 1998, there was discussion of UNAIDS' accomplishments, as well as critiques

of its early performance since its formation in 1996. Dr. Peter Piot, Executive Director,

UNAIDS, testified at his first Congressional hearing in 1998. In 1999, there began a

focus on drug treatment for people living with AIDS in Africa and trade issues between

the U.S. and South Africa over pharmaceuticals. Much of the debate concerned the U.S.

response to the 1997 South African Medicines Act and whether South Africa was violating WTO TRIPS agreement.

The 2000s (2000-2003)

The percentage of "HIV/AIDS hearings" that focused at least in part on international HIV/AIDS climbs in the early 2000s and surpasses the 70% mark in the years 2001-2003. The domestic hearings for these years were mostly appropriations for Ryan White Care Act for people living with HIV/AIDS (PLWAs) in the United States and other services provided to American PLWAs such as the ADAP program.

Beginning in 2000, the problem of third world debt and AIDS also became a focus of the hearings. For example, Dr. Jeffrey Sachs, the Director of the Institute for International Development at Harvard University, was one of many who spoke of the need for debt cancellation and debt relief to stop AIDS. The first hearing before a new Subcommittee on International Monetary Policy and Trade in the House Financial Services Committee held in 2001 focused on the AIDS crisis and foreign debt in Africa.

The year 2000 was the first year that representatives of several Faith-Based Organizations (FBO's) testified before the Congress; this continued throughout the remainder of the period of study. In a hearing on 7 June 2001, *The United States' War on AIDS*, the House International Relations Committee considered authorization for multilateral assistance for HIV/AIDS. In 2001 much discussion and testimony concerns the yet unformed (and unnamed) global fund to fight AIDS. Hearings in 2001 also focused, among other topics, on a trip by Secretary Powell to Kenya and the NIE on

infectious diseases. In 2002 and 2003, there was more discussion of the Global Fund to Fight AIDS, TB and Malaria, once it was formed.

In 2003 there was discussion of the President's newly announced International Mother and Child HIV Prevention Initiative, the President's Emergency Plan for AIDS Relief, and the Global Fund to Fight HIV/AIDS, TB and Malaria. Some minor hearings in 2003 discussed the inclusion of HIV/AIDS programming in the Peace Corps,[6] the efforts of the government of Kenya in the fight against HIV/AIDS,[7] and the link between AIDS and the trafficking of women and girls.[8]

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[6] Congress, House, Committee on International Relations, *International Disability and Victims of Warfare and Civil Strife Assistance Act of 2003, Various Simple and Concurrent Resolutions, Burmese Freedom and Democracy Act of 2003 and Millennium Challenge Account Authorization and Peace Corps Expansion Act of 2003*, 12 June 2003 (Y4.IN8/16:D63/4).

[7] Congress, House, Committee on International Relations, Subcommittee on Africa, *Efforts of the Peace Parks Foundation in the Republic of South Africa, Recognizing the Growing Importance of the U.S. Relationship with the Republic of Djibouti, Concerning the Transition to Democracy in the Republic of Burundi, Commending the Republic of Kenya for Its Recent Elections and Continued Successful Democracy, Honoring the Life and Work of the Late Walter Sisulu of South Africa, and the Issue of Slavery and Human Rights Abuses in Sudan*, 4 June 2003 (Y4.IN8/16:P31/17).

[8] Congress, House, Committee on International Relations, Subcommittee on International Terrorism, Nonproliferation and Human Rights, *Global Trends in Trafficking and the "Trafficking in Persons Report"*, 25 June 2003 (Y4.IN8/16:T67/23).

APPENDIX C

TOPICS IN U.S PRESIDENTIAL DOCUMENTS

BY ADMINISTRATION

President Reagan (1986-1989)

In Reagan's public papers the discussion of AIDS as an international issue

concerned such topics as cooperation between the U.S. and France following

disagreements over patent rights for AIDS antibody test kits, and international

cooperation over AIDS multilaterally and through international organizations. In his

Proclamation for United Nations Day in 1987, Reagan mentioned that "the World Health

Organization coordinates global efforts against AIDS."[1] Furthermore, Reagan's

"Message to the Congress Transmitting the Annual Report on International Activities in

Science and Technology" recognized that AIDS was,

> not a problem for the United States alone. AIDS is a worldwide epidemic. Alarm
> over its spread has spurred a concerted international effort to understand, control,
> and cure it.[2]

President Reagan's first major public speech about AIDS was at the Potomac

Restaurant on 31 May 1987 for the American Foundation for AIDS Research (AMFAR)

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[1] Ronald Reagan, "Proclamation 5717—United Nations Day, 1987," Washington, D.C., 1 October 1987.

[2] Ronald Reagan, "Message to the Congress Transmitting the Annual Report on International Activities in Science and Technology," Washington, D.C., 17 June 1987.

awards dinner.[3] He made lengthy remarks, which is significant since AIDS activists had

been clamoring for Reagan to publicly recognize and speak of AIDS as a problem that

needed increased attention by his administration. The majority of Reagan's remarks

concerned AIDS as a domestic issue, but when he discussed AIDS and immigration

policy, he discussed this as an international issue. Although Reagan spoke of the need

for non-discrimination toward Americans with AIDS, he questioned U.S. policy towards

migrants with AIDS. He said, "I've also asked HHS to add the AIDS virus to the list of

contagious diseases for which immigrants and aliens seeking permanent residence in the

United States can be denied entry."[4] According to the transcript, these remarks received

a resounding "boo" from audience members, as did Reagan's remarks about the possible

testing of federal prisoners and employees of veteran hospitals.[5] Thus, in this first major

address concerning the AIDS virus, AIDS as an international issue was touched upon,

though not a major focus of the remarks.

The only remarks that were exclusively international focused in 1988 were

Reagan's address to the 43rd Session of the United Nations General Assembly in which

he congratulated the UN on its work in "three areas of special concern," AIDS (and two

other areas).[6]

Reagan included international AIDS as part of his 1988 HIV ten-point action

plan. In a "Memorandum for the Secretary of State" about the plan Reagan noted that,

[3] Ronald Reagan, "Remarks at the American Foundation for AIDS Research Awards Dinner," Washington, D.C., 31 May 1987.

[4] Ibid.

[5] Ibid.

[6] Ronald Reagan, "Address to the 43rd Session of the United Nations General Assembly in New York," Washington, D.C., 26 September 1988.

This plan includes developing a multi-focused international initiative involving: encouragement and assistance to international HIV efforts, with emphasis on less-developed countries; a heightened U.S. commitment to international technical assistance within established technology transfer laws; and the development of a 3-year plan for international efforts against HIV infection.[7]

Thus, the action plan did include a focus on international efforts against AIDS, though the other nine points focused on HIV/AIDS in the U.S.

President Bush 41 (1989-1992)

Under Bush 41, most of the discussion of international AIDS concerned U.S. cooperation with other nations and international organizations in AIDS research and the plight of AIDS babies overseas. In his 1989 "Message to the Congress Transmitting the Annual Report on International Activities in Science and Technology," President George H.W. Bush discussed AIDS research as one example of how "sustainable international cooperation in science and technology is good for the Nation, particularly when projects that are in the national interest are enhanced by or intrinsically require multilateral effort."[8]

In his "Remarks at the Centennial Celebration of the Johns Hopkins University Medical Institutions in Baltimore, Maryland," Bush remarked on "the global responsibilities of American medicine, reaching out to relieve the terrible suffering of innocents like the AIDS babies in Romania or the children of famine in Africa."[9] Bush

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[7] Ronald Reagan, "Memorandums on the Human Immunodeficiency Virus Epidemic," Washington, D.C., 5 August 1988.

[8] George H.W. Bush, "Message to the Congress Transmitting the Annual Report on International Activities in Science and Technology," Washington, D.C., 5 April 1989.

[9] George H.W. Bush, "Remarks at the Centennial Celebration of the Johns Hopkins University Medical Institutions in Baltimore, Maryland," Washington, D.C., 22 February 1990.

focused on the plight of "AIDS babies" both at home and abroad. Likewise, during remarks at the opening ceremony of the United Nations World Summit for Children, President Bush announced a new focus on child survival and AIDS in Africa, "And sadly, there is another child-killer loose in the world that knows no cure: AIDS. And nowhere is this killer taking more lives than in Africa. So, I've asked Dr. Sullivan [Secretary of HHS] and Dr. Ronald Roskens, the Administrator of AID, to go to Africa to see what else America and the world can do to advance child survival across that continent and across the world."[10] This trip was important for focusing attention on the problem of children with AIDS and AIDS orphans in Africa. Both references to international AIDS in 1990 discussed how AIDS affects babies and young children in Romania and Africa.

President Clinton, First Term (1992-1996)

Several of Clinton's international AIDS documents in his first term in office focused on AIDS cooperation with foreign leaders and before the UN. In a conversation with reporters following his first meeting with the Foreign Minister of Japan, President Clinton said the two discussed the AIDS crisis among a wide range of topics.[11] Clinton made another reference to global AIDS in his "Remarks to the 48th Session of the United Nations General Assembly," saying, "And we seek to strengthen the World Health

[10] George H.W. Bush, "Remarks at the Opening Ceremony of the United Nations World Summit for Children in New York City," Washington, D.C., 30 September 1990.

[11] William J. Clinton. "Exchange With Reporters Following Discussions With Foreign Minister Michio Watanabe of Japan." Washington, D.C., 11 February 1993.

Organization's efforts to combat the plague of AIDS, which is not only killing millions

but also exhausting the resources of nations that can least afford it."[12]

Clinton's "Remarks on the Observance of World AIDS Day," on 1 December

1993, were overwhelmingly focused on AIDS as a domestic crisis. In his lengthy

remarks, he did make one comment concerning the international implications of the

disease near the conclusion of his comments.[13]

Clinton submitted a memorandum and a proclamation on World AIDS Day 1994;

both remarked that AIDS was a global issue, while discussing in the main domestic

policies towards HIV/AIDS.[14] Furthermore, this was the first World AIDS Day

proclamation that cited WHO figures for the pandemic.

In 1995, the discussion about AIDS as an international issue mostly concerned

international cooperation among developed countries to fight AIDS. For example, in a

news conference with the Japanese Prime Minister, Clinton remarked "In programs that

address such problems as explosive population growth and AIDS . . . our common

agenda for cooperation is making great strides in confronting issues that know no

national boundaries."[15] Similarly, Clinton discussed US-EU cooperation on AIDS during

a news conference with European Union leaders stating, "And I think that everything that

deals with money laundering, fighting against drug trafficking, fighting against the spread

[12] William J. Clinton, "Remarks to the 48th Session of the United Nations General Assembly in New York," Washington, D.C., 27 September 1993.

[13] William J. Clinton, "Remarks on the Observance of World AIDS Day," Washington, D.C., 1 December 1993.

[14] William J. Clinton, "Memorandum on World AIDS Day, 1994," Washington, D.C., 21 October 1994; William J. Clinton, "Proclamation 6759 - World AIDS Day, 1994," Washington, D.C., 30 November 1994.

[15] William J. Clinton, "The President's News Conference with Prime Minister Tomiichi Murayama of Japan," Washington, D.C., 11 January 1995.

of AIDS, again we must pool our efforts, enhance our efforts, and make sure that we

work together in a complementary fashion."[16]

Clinton also commended the role of NGOs in their international AIDS work. In

"Remarks at a United Jewish Appeal Reception" Clinton commended United Jewish

Appeal for their work: "In more than 50 countries you bring hope and relief to the needy.

I thank you for everything you do, for . . . the comfort to the victims of Alzheimer's and

AIDS."[17] Similarly, during "Remarks at a Freedom House Breakfast" Clinton said:

> By assisting developing nations who are fighting against overpopulation, AIDS,
> drug smuggling, environmental degradation, the whole range of problems they
> face, we're making sure the problems they face today don't become our problems
> tomorrow. The money we devote to development or peacekeeping or disaster
> relief, it helps avert future crises whose cost will be far greater. And it is the right
> thing to do.[18]

While the World AIDS Day 1995 proclamation mostly focused on AIDS as a

domestic issue, it did recognize that AIDS is a global problem. The proclamation began

with: "Today the world pauses to remember the millions of men, women, and children

who are living with HIV and AIDS and to honor the memory of those who have lost their

lives to this insidious disease."[19] Furthermore, it noted that "HIV and AIDS present

extraordinary challenges to every nation and every person on our planet."[20]

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[16] William J. Clinton, "The President's News Conference with European Union Leaders,"
Washington, D.C., 14 June 1995.

[17] William J. Clinton, "Remarks at a United Jewish Appeal Reception," Washington, D.C., 25
October 1995.

[18] William J. Clinton, "Remarks at a Freedom House Breakfast at the Hyatt Regency Hotel,"
Washington, D.C., 6 October 1995.

[19] William J. Clinton, "Proclamation 6854 - World AIDS Day, 1995," Washington, D.C., 30
November 1995.

[20] Ibid.

President Clinton, Second Term (1997-2001)

In 1997, the CDC released data that U.S. AIDS deaths had declined for the first time since the beginning of the epidemic and on 27 February 1997, President Clinton released a statement on this new development.[21] In the first year of his second term, some of the documents which discussed global HIV/AIDS did so only briefly. Two were statements regarding the death of Princess Diana and merely mentioned the work she did for people living with AIDS. Two other documents concerned congressional efforts to block funding for international family planning and noted the importance of family planning in fighting AIDS.[22] 1997 was one of the years that President Clinton mentioned HIV/AIDS in his State of the Union address. The 1997 World AIDS Day Proclamation discussed the theme of the tenth World AIDS Day which focused on children and youth. The proclamation began with, "For more than 15 years, America and the world have faced the challenges posed by HIV and AIDS. This devastating disease respects no borders and does not discriminate."[23]

Many of the 1998 international AIDS documents were the statements about global HIV/AIDS during President Clinton's trip to several African countries in March 1998. Two joint statements with developed countries also discussed international HIV/AIDS: a joint statement between the U.S. and Italy and a communiqué on the group of eight (G-8)

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[21] William J. Clinton, "Statement on the Domestic Reduction in Deaths from AIDS," Washington, D.C., 17 February 1997.

[22] William J. Clinton, "Statement of Funding for International Family Planning," Washington, D.C., 31 January 1997 and William J. Clinton, "Statement on Signing International Population Assistance Program Legislation." Washington, D.C., 28 February 1997.

[23] William J. Clinton "Proclamation 7056 - World AIDS Day 1997," Washington, D.C., 1 December 1997.

summit.[24] On World AIDS Day 1998 Clinton delivered "Remarks Announcing AIDS

Initiatives," discussing the problem of rising numbers of people living with AIDS in the

developing world and the problems of AIDS orphans and children with AIDS. Clinton

also announced a new USAID program for AIDS orphans with $10 million in emergency

relief and a fact finding mission to Africa to be headed by Sandra Thurman.[25] The

proclamation for World AIDS Day 1998 was mixed in emphasis, discussing the problem

of AIDS for minorities and young people in the United States and the problem of AIDS

internationally. The section on global AIDS focused on AIDS orphans and Clinton's

HIV vaccine initiative.[26]

The 1999 documents that were focused on international HIV/AIDS policy focused

on a variety of topics including the need for an HIV vaccine, cooperation among G-7

nations on HIV/AIDS, and the Clinton administration's new global HIV/AIDS program,

the LIFE Initiative. The U.S. and Japan continued the theme of cooperation on fighting

AIDS throughout the globe in 1999. In addition, Clinton discussed global AIDS with

other G-7 countries and with all nations at the UN General Assembly. At the annual

meeting of the IMF and World Bank, Clinton discussed his HIV vaccine initiative and

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[24] "Joint Statement: The United States and the Republic of Italy: A New Partnership for a New Century," Washington, D.C., 6 May 1998; "Group of Eight Birmingham Summit Communiqué," Washington, D.C., 17 May 1998.

[25] William J. Clinton, "Remarks Announcing AIDS Initiatives," Washington, D.C., 1 December 1998.

[26] William J. Clinton, "Proclamation - World AIDS Day 1998," Washington, D.C., 1 December 1998.

how the debt relief program agreed to by the G-7, would free up resources to fight AIDS.[27]

In 1999, there was quite a bit of emphasis placed on AIDS in Africa, including how increased trade with Africa could help with their HIV/AIDS problem and Uganda's success in lowering the rate of HIV infection. While there was some focus on the problem of AIDS in Asia, the discussion of AIDS in Africa was much more prevalent.

Global HIV/AIDS was a major focus of presidential attention in 2000. There were a plethora of important themes in the internationally-focused presidential documents. Much of the discussion of HIV/AIDS globally focuses on the AIDS problem in Africa. In his State of the Union address for 2000, Clinton talked about AIDS in Africa and took a trip to Nigeria in August 2000. There was also an increasing focus on Asia as a problem spot for global AIDS during the year 2000. In March 2000, during a trip to India, Clinton discussed the problem of HIV/AIDS and other infectious diseases with the Indian government.

During another trip to Asia in November of 2000, Clinton once again spoke of the global AIDS crisis to the audience at the Asian-Pacific Economic Cooperation Business Advisory Council (ABAC) CEO Summit and spoke of the role of business in fighting AIDS in Asia.[28] Then at Vietnam National University in Hanoi, Clinton announced U.S. support for HIV/AIDS programming in Vietnam.[29]

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[27] William J. Clinton, "Remarks to the Annual Meeting of the International Monetary Fund and the World Bank," Washington, D.C., 29 September 1999.

[28] William J. Clinton, "Remarks by President Clinton to ABAC CEO Summit at the Empire Hotel in Bandar Seri," Washington, D.C., 15 November 2000.

[29] William J. Clinton, "Remarks by the President to the Vietnam National University, Hanoi, Vietnam," Washington, D.C., 17 November 2000.

Global HIV/AIDS continued to be discussed at meetings attended by the major

industrialized nations including the G-7/8 and new in 2000 at the World Economic

Forum (WEF). While at the WEF in Davos, Clinton discussed the imperative of an HIV

vaccine and his vaccine initiative:

> But let's face a fact. The pharmaceutical industry has no incentive to develop
> products for customers who are too poor to buy them. I have proposed a tax credit
> to say to our private industry, if you will develop these vaccines, we'll help pay for
> them. I hope the World Bank, other nations, and the corporate world will help us in
> meeting this challenge. If we could get the vaccines out to the people who need
> them in time, we could save millions and millions of lives and free up billions of
> dollars to be invested in building those lives, those societies into strong, productive
> partners, not just for trade but for peace.[30]

Clinton continued to discuss the importance of providing incentives to the pharmaceutical

industry for HIV vaccine development throughout 2000 and spent a lot of time touting his

"global effort to develop vaccines for AIDS and malaria and TB."[31]

President Bush 43, First Term (2001-2003)

During President Bush 43's first year in office in 2001, he met with many foreign

leaders from both the developed and developing world and included HIV/AIDS on the

agenda. For example, on 23 February 2001 the Bush administration released a "Joint

Statement with Prime Minister Tony Blair of the United Kingdom" which included a

statement regarding international HIV/AIDS policy, "We support the idea of a new

partnership with Africa to address in a systematic way, conflict and disease -- especially

HIV/AIDS -- and to promote economic growth and good governance. It is in all of our

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[30] William J. Clinton, "Remarks to the World Economic Forum and a Question-and-Answer Session in Davos, Switzerland," Washington, D.C., 29 January 2000.

[31] William J. Clinton, "Remarks at a Reception for Cynthia A. McKinney," Washington, D.C., 14 April 2000.

interests to create a more stable and peaceful world and to make available the benefits of globalization to all peoples."[32] HIV/AIDS was also included in a 26 June 2001, "Joint Statement by President George W. Bush and President Thabo Mbeki," and during 26 June 2001, "Remarks at the Swearing in Ceremony for Howard H. Baker, Jr. as Ambassador to Japan." Likewise, while overseas for the US-EU summit, Bush delivered an address at Warsaw University in Poland, where he stated in part,

> We must bring peace and health to Africa, a neighbor to Europe, a heritage to many Americans, a continent in crisis, and a place of enormous potential. We must work together to shut down the arms trafficking that fuels Africa's wars, fight the spread of AIDS that may make 40 million children into orphans, and help all of Africa share in the trade and promise of the modern world.[33]

The G-8 summit once again included HIV/AIDS on its agenda. During a "Radio Address by the President to the Nation," Bush discussed the upcoming G-8 summit in Genoa, Italy and the goal of launching the "new global fund to combat HIV/AIDS, malaria and tuberculosis."[34]

The attacks of 9/11 initially shifted the discussion on U.S. foreign policy almost exclusively to terrorism. However, President Bush did continue to discuss the problem of global AIDS after a brief hiatus. The first time president Bush spoke of AIDS following the 9/11 attacks was on 20 October 2001 while in Asia for the APEC Leaders' meeting. During remarks to the CEO Summit in Shanghai, President Bush said: "All our citizens must have the advantage of basic health. Diseases such as AIDS destroy countless lives

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[32] George W. Bush, "Joint Statement with Prime Minister Tony Blair of the United Kingdom," Washington, D.C., 23 February 2001.

[33] George W. Bush, "Address at Warsaw University," Washington, D.C., 15 June 2001.

[34] George W. Bush, "Radio Address by the President to the Nation," Washington, D.C., 21 July 2001.

and undermine the success of many nations. Prosperous nations must work in partnership with developing nations to help remove the cloud of disease from our world's future."[35]

The World AIDS Day theme for 2001 was about youth and AIDS. The World AIDS Day presidential proclamation for 2001 read in part: "This sobering reality is a clarion call to public health networks around the world to redouble their efforts in providing information to young people about preventing HIV/AIDS, and most importantly about abstinence and how it can help to prevent the spread of the disease."[36] This was the first time (but not the last) that abstinence as an HIV/AIDS prevention strategy features in President Bush's remarks about the pandemic.

There were many different themes presented in the internationally focused speeches and other presidential documents. Often these documents were precipitated by a foreign leader's visit from a country with a high HIV/AIDS prevalence rate or by a trip abroad by President Bush. For example, the Bush administration released a statement that the presidents of Angola, Mozambique and Botswana all accepted an invitation by President Bush to come to the White House and discuss a host of issues, of which HIV/AIDS was one.[37] During a press conference by Bush and Chinese President Jiang Zemin in February 2002, President Bush noted that cooperation on AIDS was included among their discussions.[38]

[35] George W. Bush. "President Says Terrorists Tried to Disrupt World Economy, Pudong Shangri-La Hotel, Shanghai, PRC," Washington, D.C., 20 October 2001.

[36] George W. Bush, "Proclamation on World AIDS Day, 2001," Washington, D.C., 30 November 2001.

[37] "President to Welcome African Leaders to White House," Washington, D.C., 4 February 2002.

[38] "Press Conference by President Bush and President Jiang Zemin," Washington, D.C., 21 February 2002.

President Bush also spoke of HIV/AIDS when meeting with foreign leaders from developed countries. For example, during "Remarks by President Bush and Chancellor Schroeder of Germany," Bush told reporters in Berlin, "You know, I'm desperately concerned about AIDS. I know the Chancellor shares my grief. And we've put a significant amount of money on the table."[39] President Bush and President Putin of Russia also discussed HIV/AIDS during Bush's trip to Russia.[40]

While speaking before international organizations and other international fora, President Bush discussed the HIV/AIDS pandemic. During "Remarks by the President on Global Development at the Inter-American Development Bank," President Bush made the link that successful development depends on good health and continues with, "That is also why my administration has committed $500 million to the global fund to fight AIDS and other infectious diseases."[41]

The 2002 World AIDS Day proclamation focused on global AIDS. Bush used the proclamation to discuss the role of faith-based initiatives, his new International Mother and Child HIV Prevention Initiative and the U.S. contribution to fighting global AIDS, including its contribution to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. The proclamation also discussed how U.S. HIV/AIDS funding will "demonstrate the compassion of our nation."[42]

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[39] "Remarks by President Bush and Chancellor Schroeder of Germany in Press Availability," Washington, D.C., 23 May 2002.

[40] "Joint Statement by President George W. Bush and President Vladimir V. Putin on U.S.-Russian People-to-People Contacts," Washington, D.C., 24 May 2002.

[41] George W. Bush, "Remarks by the President on Global Development at the Inter-American Development Bank," Washington, D.C., 14 March 2002.

[42] George W. Bush, "Proclamation: World AIDS Day, 2002," Washington, D.C., 29 November 2002.

As in 2001 and 2002, many of the presidential documents which discussed HIV/AIDS in 2003 were precipitated by head of state visits or meetings with international organizations. Also, HIV/AIDS featured prominently in Bush's remarks during his trip to several African nations in 2003. During a joint press conference in South Africa, Bush discussed the importance of ARVs as part of HIV/AIDS treatment.[43] Most importantly, in President Bush's state of the union address on 28 January 2003 he announced his Emergency Plan for AIDS Relief (PEPFAR). Following this announcement, Bush asked for support and touted his initiative in many public addresses in 2003.

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[43] George W. Bush, "President Bush Discusses U.S.-Africa Partnership from South Africa," Washington, D.C., 9 July 2003.

APPENDIX D

PVO INTERACTION MEMBERS WITH GLOBAL HIV/AIDS PROGRAMS

AS OF 22 NOVEMBER 2002

Name of Organization	Website
ADRA International	www.adra.org
African Medical & Research Foundation	www.amref.org/usa.html
Africare	www.africare.org
American Jewish World Service	www.ajws.org
American Red Cross	www.redcross.org
American Refugee Committee	www.archq.org
Ananda Marga Universal Relief Team	www.amurt.net
CARE	www.care.org
Catholic Medical Mission Board	www.cmmb.org
Catholic Relief Services	www.catholicrelief.org
Childreach - part of PACT International	www.childreach.org
Christian Children's Fund	www.christianchildrensfund.org
Christian Reformed World Relief Committee	www.crwrc.org
Church World Service	www.churchworldservice.org
Concern Worldwide US	www.concernusa.org

Name of Organization	Website
Counterpart International	www.counterpart.org
Direct Relief International	www.directrelief.org
Doctors of the World	www.doctorsoftheworld.org
FINCA International	www.villagebanking.org
Food for the Hungry, Inc.	www.fh.org
Freedom from Hunger	www.freefromhunger.org
Heifer Project International	www.heifer.org
IARA-USA	www.iara-usa.org
International Aid	www.internationalaid.org
International Center for Research on Women	www.icrw.org
International Eye Foundation	www.iefusa.org
International Medical Corps	www.imc-la.org
International Relief Teams	www.irteams.org
International Rescue Committee	www.theirc.org
International Youth Foundation	www.iyfnet.org
Lutheran World Relief	www.lwr.org
MAP International	www.map.org
Near East Foundation	www.neareast.org
Northwest Medical Teams	www.nwmedicalteams.org
Operation USA	www.opusa.org

Name of Organization	Website
Oxfam America	www.oxfamamerica.org
Pact, Inc.	www.pactworld.org
Partners for Development	www.partnersfordevelopment.org
Salvation Army World Service Office	www.salvationarmyusa.org
Save the Children	www.savethechildren.org
Trickle Up Program	www.trickleup.org
United Methodist Committee on Relief	Gbgm-umc.org/umcor
USA for UNHCR	www.usaforunhcr.org
US Fund for UNICEF	www.unicefusa.org
World Concern	www.worldconcern.org
World Education	www.worlded.org
World Relief	www.wr.org
World Vision	www.worldvision.org
YMCA World Service	www.ymcaworldservice.org

APPENDIX E

PUBLIC LAWS WITH PROVISIONS ON GLOBAL HIV/AIDS

JANUARY 2000-2004

PL Number	Date	Short Title
PL 106-200	18-May-00	Trade and Development Act of 2000
PL 106-264	19-Aug-00	Global AIDS and Tuberculosis Relief Act of 2000
PL 107-20	24-Jul-01	Supplemental Appropriations Act, 2001
PL 107-115	10-Jan-02	Foreign Operations, Export Financing, and Related Programs Appropriations Act, 2002
PL 107-116	10-Jan-02	Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2002
PL 107-206	2-Aug-02	2002 Supplemental Appropriations Act for Further Recovery From and Response to Terrorist Attacks on the United States
PL 107-228	30-Sep-02	Foreign Relations Authorization Act, Fiscal Year 2003
PL 108-25	27-May-03	United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003
PL 108-199	23-Jan-04	Consolidated Appropriations Act, 2004

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