

March 2007

*[This commentary was published March 3, 2007, in The Lancet — Vol. 369, Issue 9563.]*

## **AIDS and public security: the other side of the coin**

In December, 2006, the Joint UN Programme on HIV/AIDS (UNAIDS) submitted to its governing board a paper<sup>1</sup> on HIV/AIDS and security—a culmination of wide-ranging UN discussions on this subject that began with the historic consideration of AIDS in the Security Council in 2000. The paper reprises frequently raised concerns—ie, that high AIDS-related mortality in the military will compromise security in highly affected countries, or that high costs of AIDS will sap public resources needed to ensure security. UNAIDS notes that such destabilisation has not yet occurred, but that “does not mean that...such a threat will not emerge”.<sup>1</sup>

In such analyses, the effect of AIDS on military strength and public security overshadows what may be a substantially more important link between AIDS and security—ie, the effect of the unfettered pursuit of a public security agenda, including counterterrorism measures, on the lives of people who are most affected by, or vulnerable to, HIV/AIDS.

For example, the 2004 tragedy in which 32 armed attackers took 1200 hostages at a school in Beslan, Russia, resulted in more than 300 deaths, including many children. Anyone who was working on HIV/AIDS in Russia was unsurprised that a few weeks later, the Kremlin announced that autopsies showed, rather improbably, that all the Beslan attackers were heroin addicts.<sup>2</sup> However, police in Beslan never saw any drug-using equipment, and witnesses reported no signs of drug use by the hostage-takers.<sup>3</sup> The Kremlin’s assertion, which could not be verified because the autopsy records were not made public, was consistent with the government’s history of demonising people who use drugs as the worst kind of criminals.<sup>4</sup>

In Russia, the extreme criminalisation of drug users impedes effective HIV/AIDS programmes because most HIV transmission is linked to drug injection.<sup>5</sup> Furthermore, harsh criminalisation of drug use impedes programs in Thailand, where a violent war on drugs in 2003, that resulted in more than 2500 deaths, was justified in the name of public security, and the USA praised Thailand as a

partner in the “war on terror”.<sup>6</sup> Thailand’s successful reduction in HIV incidence and prevalence among sex workers, who are not criminalised, contrasts with that of continued high HIV prevalence in drug users.<sup>7</sup>

Men who have sex with men have been caught up in the politics of antiterrorism in various settings. In Egypt, where there was previously some degree of quiet tolerance of homosexuality, the political need to assert traditional Islamic values since Sept 11, 2001, has led to increased repression of homosexual and bisexual men.<sup>8</sup> Heightened security associated with the Maoist insurgency in Nepal has reportedly encouraged police to attack homosexual men with impunity.<sup>9</sup> In India, men who have sex with men and street-based sex workers told Human Rights Watch that police abuse against them increased in the name of counterterrorism after the December, 2001, attack by five armed men on the parliament in New Delhi, India.<sup>10</sup>

In other words, people who are particularly vulnerable to HIV are in many countries the first to be targeted by counterterrorism and security measures. All too often, such targeting is assisted by criminal sanctions against homosexuality, criminalisation of sex work, and severe criminal penalties for minor non-violent drug offences. Establishment of criminal penalties in these areas facilitates both official and social marginalisation of these people, who find it almost impossible to have police protection if their rights are violated.

UNAIDS and its cosponsor agencies rarely include criminalisation of people who are vulnerable to HIV in their analyses of national AIDS responses. They prefer to characterise AIDS-related human-rights problems as stigma and discrimination, which although certainly important, do not capture adequately the severe effect of criminalisation on people affected by HIV and on their ability to use AIDS programmes without fear. It is hardly an accident that the fastest-growing AIDS epidemics in the world are in countries of the former Soviet Union and of parts of Asia, where public-health approaches to address drug use are grossly underfunded compared with criminal-law approaches. Moreover, such criminalisation is reinforced easily when security and counterterrorism are high on the political agenda. UNAIDS’ incomplete analysis of AIDS and security, and its failure to appreciate the effects of criminal law on those most affected by AIDS, impede its ability to advocate effectively for the interventions based on human rights that it always claims to pursue.

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I declare that I have no conflict of interest.

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