

PEACE CAUCUS

FALL 2004

CALL FOR THE PEACEFUL DEVELOPMENT OF THE BIOLOGICAL SCIENCES

Robert Gould, M.D.

The U.S. government is currently promoting programs such as *Project Bioshield* that would give billions of dollars to pharmaceutical and biotech firms to develop new vaccines and countermeasures against alleged bioterrorism threats. However, such programs would provide limited utility against the array of real and potential agents usable for weapons. At the same time, the Bush Administration has also been promoting the proliferation of high-level "biodefense" labs, many located in highly populated areas, which would handle highly exotic and dangerous organisms (see map page 3). Plans, including those for a proposed facility at the San Francisco Bay Area's Lawrence Livermore National nuclear weapons laboratory, call for utilizing techniques such as genetic engineering to create new organisms with enhanced lethality or resistance to conventional countermeasures.

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OVERVIEW OF HIV/AIDS IN CONFLICT SITUATIONS: A CASE IN SUB-SAHARAN AFRICA

PETER OLUPOT-OLUPOT, M.D.

"Outbreaks of disease are associated with conflicts fueled by small arms, with recent research in African war zones by the World Health Organization and Oxfam-UK finding increases in malaria, tuberculosis, AIDS, bubonic plague, and other ailments"

International Physicians for the Prevention of Nuclear War
Facts About Small Arms and Light Weapons
www.ippnw.org

INTRODUCTION

In 2001, 2.3 million people died of Acquired Immunodeficiency Syndrome (AIDS) in the Sub-Saharan Africa. It is expected that Human Immunodeficiency Virus (HIV)/AIDS shall kill 10 times more people than conflicts in the next decade^{1,2,3}. Conflicts have been in Africa since time immemorial. Its effects are now more felt because of the emergence of small arms use in the past and ongoing conflicts (see page 6). In such situations HIV/AIDS has come to compound the situation and caused a security threat. Although the highest HIV rates are recorded in countries without conflicts, rates are suspected to be higher and growing in Angola, Liberia, Sierra Leone, Sudan, and other states where surveillance systems cannot function properly.^{1,4,5} In conflict situations, young people, especially girls, are particularly at risk of HIV/AIDS.

SITUATION IN SUB-SAHARAN AFRICA

Approximately 7% of the population in Sub-Saharan Africa is infected with HIV, representing 68% of the world's HIV population^{2,3}. Thirteen million children have been orphaned world wide, 12 million in the Sub-Saharan Africa. It's estimated that by 2010, there will be 40 million AIDS orphans in Africa. Armed conflicts are a major public health problem that cannot be ignored, and HIV/AIDS has been recognized as a global threat to peace and security. The chaotic and brutal circumstances of wars aggravate all the factors that fuel the HIV/AIDS pandemic in African countries where children are already disproportionately vulnerable to malnutrition and disease. Armed conflicts increase child mortality rates by up to 24 times. There is a distortion

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Peace Caucus Program at a glance

War and Public Health
Monday 12:30-2:00 PM
3218.0

Terrorism and Public Health
Monday 4:30-6:00 PM
3353.0

Violence:
A Public Health Approach to Prevention
Tuesday 12:30-2:00 PM
4162.0

Health Impacts of War in the Middle East
Wednesday 12:30-2:00 PM
5131.0

Peace Caucus Business Meeting
Tuesday 6:30-8:00 PM
448.0



TUESDAY 8:30 AM

Rally and Walk the Hill for
Public Health

Upper Senate Park,
Capital Hill

See: <http://www.apha.org/legislative/walkhill/signup/>

CALL FOR PEACEFUL DEVELOPMENT OF THE BIOLOGICAL SCIENCES

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Accidents do happen, and the potential escape of such organisms into surrounding communities could conceivably lead to disease outbreaks defying treatment or containment. An even greater danger is the potential for the proliferation of such ambiguous "biodefense" programs to foster a new biological arms race that would pose an enormous threat to the world population.

Deeply concerned by the current expansion of United States research on biological weapons agents, public health leaders, including past-presidents of the American Public Health Association, and organizations such as Physicians for Social Responsibility and The Center for DNA Identification Technology and Human Rights, are supporting a campaign by the Council for Responsible Genetics for the PEACEFUL DEVELOPMENT OF THE BIOLOGICAL SCIENCES (see <http://www.gene-watch.org/Campaign/Campforpeacefulbiology.pdf> and <http://www.gene-watch.org/Campaign/campaignmain.html>)

The Campaign calls for:

1. A moratorium on the current proliferation of new biological defense laboratories, whose missions do not serve a compelling public health purpose;
2. A rejection of the proposed multi-billion dollar biodefense spending initiative for the development of drugs and vaccines to defend against potential biological weapons, and a redirection of such spending toward pressing public health needs;
3. A prohibition against the development of novel biological and toxic agents, or the modification of biological agents, to enhance virulence, pathogenicity, or transmission characteristics, for any purposes, including biological defense;
4. A reversal of efforts to classify basic research in biology, whether that research is conducted by government, university, or private actors;
5. The creation of mandatory public reporting requirements for all accidents, including laboratory infections, environmental releases and breaches of security, at Biosafety Level 2, 3 and 4 facilities across the country;
6. The full disclosure of minutes from all institutional biosafety committees in universities and other institutions involved in biological defense research; and
7. A reaffirmation of commitment to the Biological Weapons Convention and to the Nuremberg Principles, according to which acting under the direction of a government does not relieve people of their responsibilities under international law.

The U.S. government spurned the inspection and verification provisions of the Biological Weapons Convention (BWC) negotiations in 2001, partly because of pressure from the same pharmaceutical industry that is now looking forward to reap-

ing the profits of costly preparedness programs of dubious utility.

Bolstering the enforcement provisions of the BWC is a needed health-protective strategy for controlling the use of new germ warfare technologies. This approach is in stark contrast to U.S. plans to develop new nuclear weapons for counterproliferation purposes against alleged state or terrorist biological (or other WMD) weapons facilities. As Senator Dianne Feinstein said last year: "By seeking to develop new nuclear weapons, the United States sends the message that nuclear weapons have a future battlefield role and utility. That is the wrong direction and, in my view, will only cause America to be placed in greater jeopardy in the future."

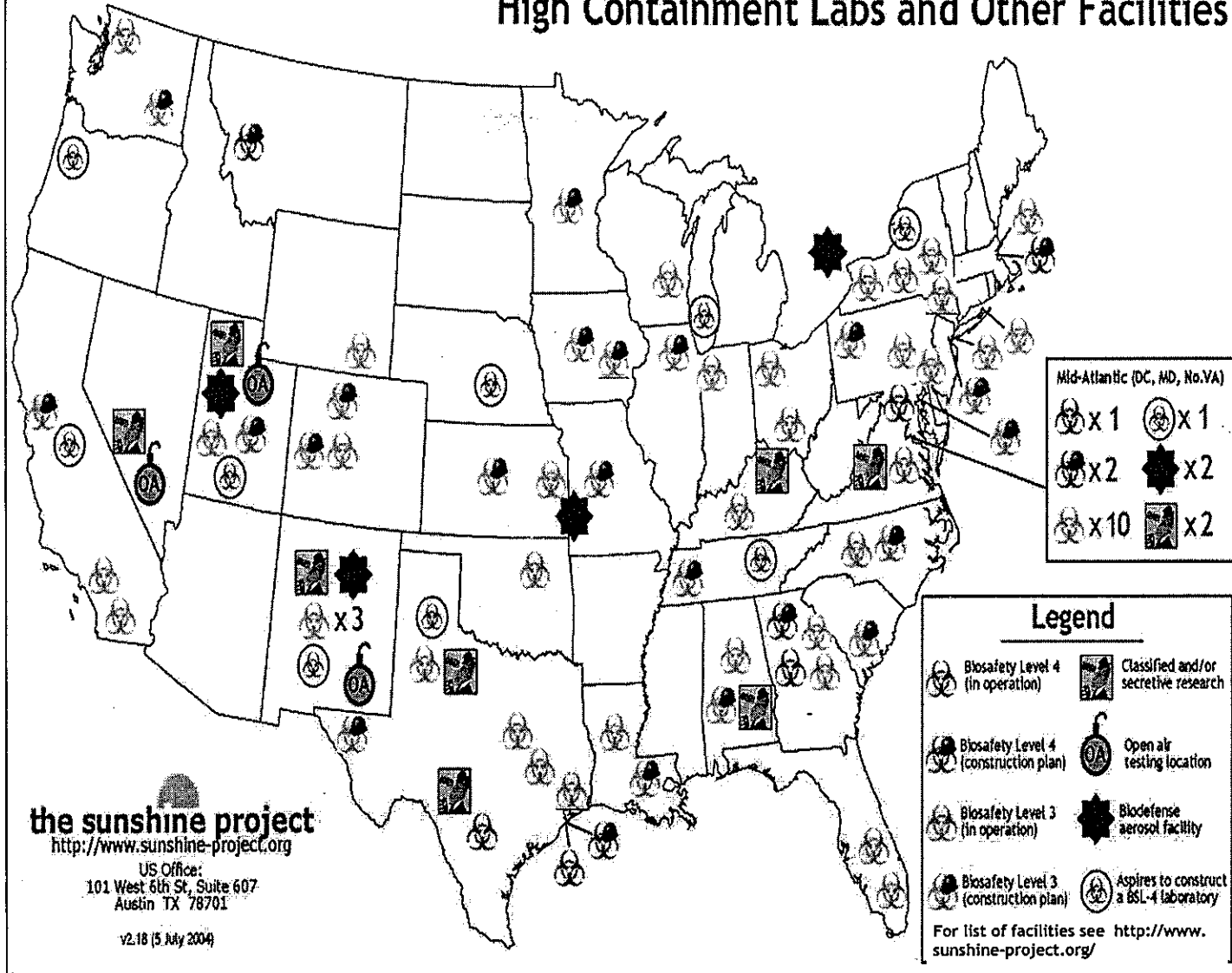
Rather than spending additional tens of billions of dollars on new nuclear programs that will add to the already staggering pollution of present and former weapons sites, our nation would be better served by adequately funding and expanding programs, such as the *Nunn-Lugar Initiative* (currently designed to dismantle or transform potentially dangerous nuclear activities in the former Soviet Union), that would safeguard weapons-potential fissile materials throughout the globe. This would be a far more effective curb to the ambitions of terrorists or wannabe nuclear states than destabilizing mini-nukes and "bunker-busters."

We can use our dollars more wisely and cost-effectively to eradicate diseases such as AIDS and tuberculosis that every year kill millions of people worldwide and which to date far outweigh the potential impact of bioterror agents. Rather than squander our budgets on military interventions geared to guaranteeing access to fossil fuel, we should allocate our resources towards developing cheap alternative and sustainable energy sources. This would lessen the expected burden of "emerging and re-emerging" vectors and diseases, such as West Nile virus, that will likely accompany global climate change. Our government—the richest in the world - needs to demonstrate real leadership in eradicating the poverty and misery that fuels so much violence and hatred in the world.

Robert Gould, M.D. is Chair of the APHA Peace Caucus, President of the San Francisco Bay Area Chapter of Physicians for Social Responsibility (PSR) and a past President and current member of the Board of National PSR.

To send your endorsement of the Council of Responsible Genetics' CALL FOR THE PEACEFUL DEVELOPMENT OF THE BIOLOGICAL SCIENCES email : Sujatha@gene-watch.org

Map of the US Biodefense Program: High Containment Labs and Other Facilities



HIV/AIDS AND CONFLICT

(Continued from page 1)

of HIV/AIDS prevention messages that occurs in war torn areas as a result of break-down in infrastructure and health education systems. This is evidenced by some focused group discussions that have been carried out in the refugee and internally displaced people's camps in war-torn areas. For example, the following two stories emphasize the fact that there is distortion of the HIV prevention messages in war-torn areas:

*"We have heard of HIV/AIDS from radio and that it is in South Africa, but we have never seen a live person with HIV/AIDS. For us to believe, show us a person, bring a person with AIDS and we shall believe" Peter, Liberian Refugee in Guinea.*⁶

Another similar situation was found by the Peace Through

Health team in Uganda Internally Displaced People's camp:

"We have been told that one cannot get HIV by having sex with a woman, provided she has a large private part" Youth in Soroti, Internally Displaced People's camp, Uganda.

From the above stories, we see that information is not reaching the recipients in the correct content. Besides poor health education messages, what is prominent in a war situation is sexual abuse which is responsible for a lot of transmission of HIV/AIDS in times of war in Africa. Another very troubling story in relation to this is:

*"It was so bad before the war. It got very bad during the war and while fleeing. Rape was occurring before the war but not as rampant as it was since the war" Felicity, Sierra Leone an Refugee in West Africa.*⁶

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APHA PEACE CAUCUS PROGRAM

Washington DC NOVEMBER 8-10, 2004

Patrice Sutton, M.P.H. , Program Planner

MONDAY 12:30 PM-2:00 PM WCC 202A

3218.0 War and Public Health

V. W. Sidel, MD and B. S. Levy, MD, MPH, *Presiders*

- 12:30 PM War and Public Health. V. W. Sidel, MD; B. S. Levy, MD, MPH
- 12:35 PM Militarization of space and the social production of disease.
S. Yamada, MD, MPH
- 12:50 PM Health impact of occupation on the Palestinian population:
Report of a delegation from the Jewish American Medical Project.
A. F. Meyers, MD, MPH; A. Rothchild, MD; J. G. Shaw; R. Torgovitsky;
M. Seligman, PsyD
- 1:05 PM Effects of militarization on public health in North Korea.
S. S. Shin, MS
- 1:20 PM War In Sudan. TBA
- 1:35 PM Discussion
Co-Sponsors: LABOR, PHEHP, SC CE credits: CH, RN, MD

MONDAY 4:30 PM-6:00 PM WCC 202A

3353.0 Terrorism and Public Health

B. S. Levy, MD, MPH and V. W. Sidel, MD, *Presiders*

- 4:30 PM Terrorism and Public Health. B. S. Levy, MD, MPH; V. W. Sidel, MD
- 4:35 PM Energy policy and global security: Threats and responses.
M. Farneth
- 4:50 PM How bioterrorism preparedness is changing the context of public
health work at the local level. S. Allan, MD, JD, MPH
- 5:05 PM From prevention to "preparedness:" A collaborative response to
the distortion of public health mission. G. Gorman, PhD; R. David, MD
- 5:20 PM Terrorism preparedness and civil liberties. H. J. Geiger, MD
- 5:35 PM Discussion
Co-Sponsors: OHS, LABOR, PHEHP, CHPPD, ICEHS, HA, SC
CE credits: CH, RN, MD

448.0 PEACE CAUCUS BUSINESS MEETING

* TUESDAY 6:30 PM-8:00 PM * WCC 301

APHA PEACE CAUCUS PROGRAM

Washington DC NOVEMBER 8-10, 2004

**TUESDAY 8:30 AM Rally and Walk the Hill for Public Health
Upper Senate Park, Capital Hill**

Thousands of public health professionals attending APHA's Annual Meeting will be walking the halls of Capitol Hill to tell Congress, it's time to make public health funding a national priority! APHA's public health hill day will start with a rally at Upper Senate Park on Capitol Hill at 8:30 am. After the rally, public health professionals will walk the halls of Capitol Hill with their state delegations distributing our message to legislators and their staff. Register to participate in the rally and hill day at <http://www.apha.org/legislative/walkhill/signup/>. Please register today! A solid representation is absolutely necessary to help convince Congress on the importance of public health.

TUESDAY 12:30 PM-2:00 PM WCC 150A

4162.0 Violence: A Public Health Approach to Prevention *J. Marshall, MD, **Presider***

- 12:30 PM Jewish-American Medical Project: An effort to humanize the Middle East conflict through collaboration in medicine, mental health, and public health. A. F. Meyers, MD,MPH; A. Rothchild, MD; J. G. Shaw; R. Torgovitsky; M. Seligman, PsyD
- 12:45 PM WebEngage: Moral disengagement and www.PeaceTest.org. B. H. Howard, BA; L. J. Benjamins, MD; D. Stelzig, BS; A. L. McAlister, PhD; J. Grussendorf, PhD; R. Shegog, PhD
- 1:00 PM A university peace project can lead to a dialogue about peace in the community. J. M. Murdock, PhD
- 1:15 PM Violence: An epidemic requiring public health solutions TBA
- 1:30 PM Discussion.
Co-Sponsors: MH, PHEHP, ICEHS, SC CE credits: CH, RN, MD

WEDNESDAY 12:30 PM-2:00 PM WCC 150A

5131.0 Health Impacts of War in the Middle East *N. R. E. Wardani, MPH, MPhil, **Presider***

- 12:30 PM Water and the Environment in Palestine. R. Abu Middain, MPH
- 12:45 PM Politics of Deteriorating Health: The Case of Palestine.
D. Qato, PharmD, MPH
- 1:00 PM Effects of Israeli military occupation on an American NGO addressing children's health issues in Palestine. S. J. Sosebee
- 1:15 PM Veteran and military health and the war in Iraq.
A. G. Hirschman, RN-C, FNP
- 1:30 PM Discussion.
Co-Sponsors: PHEHP, SC CE credits: CH, RN

FACTS ABOUT SMALL ARMS AND LIGHT WEAPONS

International Physicians for the Prevention of Nuclear War

Source: <http://www.ippnw.org/SmallArmsFacts.pdf>

- ⇒ The world is awash in weapons—500 million military-style small arms are in circulation
- ⇒ 500,000 people die each year from wounds caused by small arms
- ⇒ Illegal arms sales net \$2-10 billion per year
- ⇒ The legal global arms trade amounts to \$3-6 billion per year for weapons makers
- ⇒ There are 190-250 million civilian-type handguns in the US alone
- ⇒ 32,000 people are killed with guns each year in the US—10 kids per day

For information about IPPNW's Small Arms Campaign see <http://www.ippnw.org/SmallArmsStart.html> or contact Maria Valenti @ mvalenti@ippnw.org

IPPNW Sources: Wendy Cukier, SAFER-Net; International Committee of the Red Cross; United Nations; World Health Organization; Oxfam-UK; Worldwatch Institute; Physicians for Social Responsibility; and International Physicians for the Prevention of Nuclear War.

.....*Detach here and return by mail or in person at the PC Business Meeting Tuesday November 9, at 6:30 pm WCC 301*.....

The Peace Caucus Needs Your Support! ——Membership is easy!——Join us today!

Yes, I want to join the APHA Peace Caucus!

Full member \$10 Contributing member \$25 Sustaining member \$50

Enclosed is my check, payable to the "APHA Peace Caucus" for \$ _____

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for Social Responsibility
2288 Fulton Street, Suite 307
Berkeley, CA 94704

Address: _____

Email: _____ Phone: _____

HIV/AIDS AND CONFLICT

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With all the upheaval surrounding the conflict situation no one expects any better medical services. In yet another disturbing story related to health services a Burundian expectant mother says:

*"I'm worried because I don't have any money to go to hospital to give birth. I need money to give birth in safety. I want to have a caesarian section so the baby does not get infected with HIV. And I want milk for the baby so it is not infected by me" Regine, 28, Burundi.*⁶

IMPACT OF CONFLICTS ON HIV TRANSMISSION

Conflicts have had a great impact in acceleration of HIV/AIDS pandemic in Africa, mainly Sub-Saharan Africa. In 1999-2000, Steven et al, in Sierra Leone found that, the risk of acquiring sexually transmitted diseases/HIV among children below the age of 14 years very high in times of wars. A similar study carried out in Liberia, to understand child prostitution around military camps, showed that girls interviewed had their first sexual experience between the ages of 10-13.^{8,9}

In Uganda, the prevalence of HIV/AIDS in the war torn northern region is 12% compared to about 6% in the rest of the country. In the same northern region 50% of girls returning from Lords Resistance Army (LRA) captivity are HIV positive.

CONFLICTS PREDISPOSE TO HIV/AIDS

Armed conflicts expose the civilians to:

- Rape and sexual abuse as reported in Darfur region in southern Sudan, in Democratic Republic of Congo, Northern Uganda, etc;
- Gender biased violence where women are not allowed a say in issues of the society;
- Early sexual involvement like in Liberia, where the first sexual experience among girls is at 10-13 years;
- Exposure to new HIV infection;
- Prostitution in order to survive;
- Unwanted pregnancy and increased chance of Mother to Child Transmission (MTCT), of HIV infection;
- Destroyed health services with no health education and HIV prevention activities;
- Breakdown in child survival strategies including immunization, maternal care services, and nutrition etc, with resultant increased MTCT of HIV;
- Disruption of food and other humanitarian supplies; and
- Breakdown in the family support structure.



A RWANDAN CHILD ORPHANED BY AIDS WITH HIS GRANDMOTHER. PHOTO: ©UNICEF / HQ97-1031/ GIACOMO PIROZZI COURTESY OF AFRICA RECOVERY, UN WWW.UN.ORG/.../GENINFO/ AFREC/VOL14NO1/AIDS.HTM

RECOMMENDATIONS:

During conflicts, governments, non-state entities and health services organizations should be encouraged in:

1. Facilitating corridors of peace to ensure continuity of basic health services including HIV/AIDS, prevention and care of victims of the same;
2. Paying special attention to primary health care and care of children;
3. Having health professionals become advocates of health as a cardinal human right in programs such as peace through health and related programs or activities; and
4. Encouraging peaceful resolution of conflicts.

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References:

1. Armed conflicts as Public health Problem, BMJ, 9 February 2002.
2. David Wilkins and Martin Talbot, HIV Infection; Clinical Evidence, 2003, 790-791.
3. UNAIDS (www.un.org.kh/un aids/)
4. UNDP (<http://mirrow.undp.org/angola/>), www.lr.undp.org
5. Ted Robert Gurr et al, A global survey of armed conflicts, self-determination movements and democracy. Peace and Conflict 2001.
6. Vera Bensmann, HIV/AIDS and Conflict. Research in Rwanda, Burundi, and D.R. Congo, may 30, 2003. Save the Children UK and UNAIDS
7. Gracia Macel. Impact of armed conflict on children 2000.
8. Elliot L. Child Prostitution ; a case in military camps in Liberia. Int.Conf.AIDS 1996 July 7-1211(1):254.
9. UNICEF: The Impact of armed conflict on child development 1996.

Please renew your
membership—see page 6

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**"... If they have the promise of a better
life, they will not be as vulnerable to the
false sirens of terrorism."**

Secretary of State Colin Powell, 2003