



# Russia's Silent Epidemic

*Diplomatic Opportunities for Addressing the HIV/AIDS Crisis*



American Security Project



Perspective

—  
HD Scriba, III

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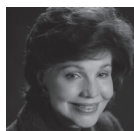
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Nicholas Clark is the former CEO and Executive Director of Alexium International. He is also co-founder and Managing Partner at Viaticus Capital.



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Admiral Fallon has led U.S. and Allied forces and played a leadership role in military and diplomatic matters at the highest levels of the U.S. government.



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Chuck Hagel served as the 24th U.S. Secretary of Defense and served two terms in the United States Senate (1997-2009). Hagel was a senior member of the Senate Foreign Relations; Banking, Housing and Urban Affairs; and Intelligence Committees.



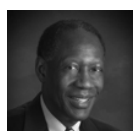
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General Lyles retired from the United States Air Force after a distinguished 35 year career. He is presently Chairman of USAA, a member of the Defense Science Board, and a member of the President's Intelligence Advisory Board.



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Lieutenant General Norman R. Seip, USAF (Ret) served in the Air Force for 35 years. His last assignment was Commander of 12th Air Force.



### **David Wade**

David Wade is a consultant helping global corporations and organizations with strategic advice, public affairs and thought leadership, crisis communications, political intelligence gathering, and federal and legislative strategy.



## In this Report:

This report examines the problem of HIV/AIDS in Russia, discussing the national security issues associated with the epidemic. It argues that Russia's HIV/AIDS epidemic has grown to a level that severely threatens the stability of the country's economy, culture, and military. The lack of recognition or effective policy surrounding this issue in Russia is attributable to the significant stigmatization of HIV/AIDS as a disease—a variable which further complicates outside efforts to manage the epidemic. However, it is in the best humanitarian and national security interests of the United States to attempt to effectively manage Russia's HIV/AIDS epidemic, as such efforts will not only prevent international instability, but potentially serve to partially thaw the tense U.S.-Russia Relationship.

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## IN BRIEF

- Over a million people in Russia have been diagnosed with HIV, and the virus continues to spread and develop.
- The populations with the highest rates of infection are people who inject drugs (PWID) and men who have sex with women (MSW).
- The growth in HIV prevalence poses dangers to Russia's military prowess, especially considering the compounding variable of population decline.
- Russia seeks to maintain its reputation as a first-rate world power, and the stigma surrounding HIV/AIDS has made it difficult to recognize and address the issue without fear of losing said reputation.
- Thus, the U.S. should aim to both aid Russia in its management of the HIV/AIDS epidemic and avoid further stigmatization of the issue by focusing on preventing the use of injectable drugs, such as opioids, both in Russia and domestically.
- This should be done in a manner that invokes partnership, rather than blatant humanitarian action by the United States, in order to avoid stigmatization and a Russian recoil on these efforts.

## About the Author

*H.D. Scriba III is a third-year senior at The George Washington University, graduating in December 2019 with a bachelor's degree in Political Science and History. H.D. is a passionate student of Russian politics and Cold War history and plans to pursue research in the areas of Russian public health and waste management in the future.*

## Introduction

Russia is currently facing one of the greatest HIV/AIDS epidemics in the developed world, and the problem is only getting worse.<sup>1</sup> This crisis poses threats to Russia's national security, as it will come to impact Russia's military capability and economic prowess, undermining state and regional stability and diminishing Russia's status as a world power.<sup>2</sup>

Though the United States has extended its hand to address the HIV/AIDS issue throughout the globe with programs like PEPFAR, such efforts aimed at Russia have stopped. International support for the crisis in Russia, which was primarily provided by the Global Fund, diminished as Russia reached high-income status.<sup>3</sup> Today's lack of a global effort in Russia is also partly attributable to Russia's unreceptiveness to global support—finding funding was never really an issue; the matter simply depended on a given country's willingness to recognize their HIV/AIDS crisis and accept the money offered by the international community.<sup>4</sup>

This is where the issue of stigmatization comes into play. Russia, and Putin in particular, are apt to avoid recognizing the severity of HIV/AIDS in Russia as such recognition interferes with the very notion of Russian prestige and power projection. Additionally, Russia takes issue with being placed within the same political sphere as the African nations that also suffer from HIV/AIDS. In 2007, Celeste Wallander (now President and CEO of the U.S.-Russia Foundation) explained that Russia dislikes being compared to Africa because “Russia is European, has nuclear weapons, and is a major international player,” unlike the many African nations tagged with the stigma of HIV/AIDS.<sup>5</sup>

It is in the best humanitarian interests of the United States to pursue diplomatic efforts to lessen the severity of this crisis. Such an effort could potentially serve to thaw the tense relationship between Russia and the United States and allow for further cooperation on other issues. However, any effort on the behalf of the United States should avoid an explicitly humanitarian approach, but rather frame the issue primarily within the scope of national security so as to avoid stigmatizing the issue of HIV/AIDS. Said stigmatization poses threats to the success of any public health-focused policy as it discourages recognition of the issue, and thus threatens realistic prospects for solutions.

## Evaluating the HIV/AIDS Threat in Russia

According to Avert, a UK-based charity focused on HIV and sexual health, the scope of Russia's HIV/AIDS crisis is as follows:

- Russia had a total of 1.16 million people diagnosed with HIV as of mid-2017.<sup>6</sup> This means Russia had the largest HIV epidemic in the region of Eastern Europe and Central Asia at the time.
- That statistic does not account for AIDS-related deaths or undiagnosed people living with HIV—the number of people living with HIV could be much higher, considering a 2013 assessment by the Russian Federal AIDS Prevention Center that stated only half (51%) of those living with HIV had been diagnosed.<sup>7</sup> Given that knowledge, the population of those living with HIV in Russia could be higher than 2 million.<sup>8</sup>

- Russia's HIV epidemic is also somewhat unique because the amount of people being diagnosed is increasing; "Unlike most countries, Russia's HIV epidemic is growing, with new infections rising by between 10 and 15% each year."<sup>9</sup>
- Russia and Ukraine contributed to roughly 92% of the new cases in Eastern Europe during 2017, adding significantly to the "alarming" rate of infection in that region.<sup>10</sup>

Russian data on HIV has been lacking in consistency, making analysis difficult. Compounding this problem, the Russian Federal AIDS Prevention Center (RFAPC) was severely defunded in June of 2017, which has implications for a lack of both accurate data and effective policy.<sup>11</sup>

HIV infections appear to be heavily concentrated within key populations. These populations (and their corresponding percentage of new infections, as of 2016) are as follows: <sup>12</sup>

- people who inject drugs, or PWID (48.8%)
- men who have sex with women, or MSW (48.7%)
- men who have sex with men, or MSM (1.5%)
- babies who receive the virus from their mother during childbirth (0.8%)

It should be noted that MSW and PWID are most severely impacted by new infections of HIV as of 2017. Russia's consumer rights watchdog, Rospotrebnadzor, stated in July 2017 that the Siberian cities of Kemerovo, Novosibirsk, and Irkutsk, all of which suffer from severe heroin epidemics, had "the highest rates of HIV in Russia."<sup>13</sup> It is evident from both this report and from Avert's data, which reflects the same fact, that there is a significant geographical overlap between the issues of heroin use and HIV infection.<sup>14</sup> This overlap holds potential for a way in which to attack the issue, which will be discussed later.

Despite Russia's characteristic classification of HIV as a homosexuality issue, or at least as an issue not deserving of the state's attention because of its ideologically fabricated historical link to homosexuality, the rate of infections arising from homosexual intercourse is among the lowest presented by Avert.<sup>1516</sup> However, any future U.S. policy should avoid discussion of whether homosexuality heavily impacts the rate of infection, despite the data—exacerbation of tensions over Russia's historically traditional policies on the matter, which often involve or are sponsored by the Russian Orthodox Church, will likely only worsen relations and distract from the actual issue. For this same reason, the United States should be aware that Russia's stigmatization of HIV/AIDS results from other factors as well.



The city of Kemerovo has one of the highest HIV rates in Russia. Photo credit: Evgeniy\_KemCity / Wikimedia Commons

Russia's HIV/AIDS epidemic poses serious threats to its military and economic security, especially due to its growth. As early as 2007, scholars addressed this issue—Harley Balzer's chapter in Judyth Twigg's book, *HIV/AIDS in Russia and Eurasia* cited the projection that “In the years 2015-2020, even with no losses due to HIV/AIDS, there will not be enough young men in the draft-age cohort to meet personnel needs. In this context, the impact of moderate-scale epidemic of a disease like AIDS would turn an impossible situation into a disaster requiring unprecedented solutions.”<sup>17</sup> Balzer also notes that a decrease in the number of available recruits will also impact the quality of those who are able to join—thus, Russia's conventional military force will be smaller and of lower quality.

The US National Intelligence Council noted that high rates of HIV/AIDS are “likely to have significant economic, social, political, and military implications.”<sup>18</sup> HIV and other public health issues have already impacted Russia's military—between 2004 and 2006, 5,000 potential draftees were denied from service due to their HIV+ status, and according to the Atlantic Council, there could have been up to an existing 6,000 active duty military personnel with an HIV+ status at the time.<sup>19</sup> Russia's low female fertility rate, high working-age male mortality rate, and rising rate of HIV infections all compounded to create a severe demographic crisis, and given the third variable mentioned, this crisis heavily affected draft-age males.<sup>20</sup> With a growing HIV epidemic “concentrated among young males,” the Russian military continues to face a forced reduction in available healthy personnel.<sup>21</sup> Given that the UN expects Russia's population to decline by over 11 million people by 2050, the fact that the rate of new HIV infections has increased since 2006, and that the infection rate is higher among males than females, this problem is likely to remain.<sup>22</sup> Though the exact number of potential draftees excluded from service due to HIV has not been made public, it is reasonable to assume this number continues to grow along with the HIV+ population.



High HIV rates decrease the recruiting and conscription pool for Russia's military. Kremlin photo.

The effects could also have large social and economic consequences. For example, some argue that parent lives taken by AIDS will “produce a huge and impoverished orphan cohort unable to cope and vulnerable to exploitation and radicalization.”<sup>23</sup>

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This paper does point out that a less effective military may lead to more diplomatic solutions to global conflicts. Considering the fact that in 2006 Russia had already rejected 9,000 potential draftees due to HIV, there is reason to believe in this decreased effectiveness.<sup>24</sup> However, faced with manpower shortages, there is a possibility that Russia will seek to supplement its weakened conventional military forces with further investments in nuclear weapons. President Putin takes no issue with expanding the state's nuclear arsenal, which is a national security concern not for Russia, but for the United States and the EU.<sup>25</sup>



## Stigma: Inhibiting an HIV Solution

Those curious as to why Russia is still struggling to fix its HIV/AIDS problem may point to U.S.-sponsored programs like PEPFAR or international efforts like UNAIDS or the Global Fund. However, as previously stated, the issue has never been the amount of help offered to Russia—it has always been how willing Russia is to accept said help.

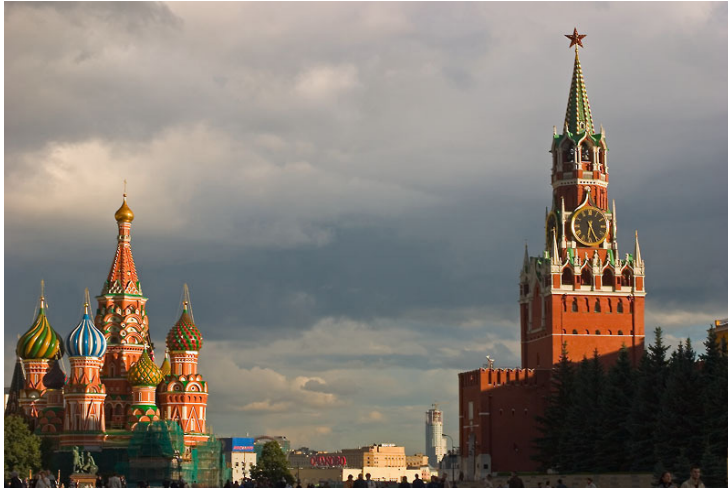
According to Evan Lieberman, author of *Boundaries of Contagion: How Ethnic Politics Have Shaped Global Responses to AIDS*, global efforts to combat HIV/AIDS have provided countries with an abundance of funds and a considerable menu of options.<sup>26</sup> Lieberman argues that international “carrot and stick” coercion methods have been vital to understanding the spread of effective policy. This is fundamental to understanding another reason why the international community hasn’t been able to force Russia to address the HIV/AIDS epidemic—Russia’s political elite will prioritize their loyalty to Putin over the wants of the international community. Russia has proven extreme resilience in resisting international carrot-and-stick methods, enduring multiple rounds of sanctions imposed by the U.S. for other reasons. Thus, the international community has little pull in Russia’s domestic policymaking arena.

So, if the international community has been willing to extend its efforts into Russia (though with little success), why does Russia continue to reject their support? This phenomenon is the result of a far-reaching AIDS stigma that has permeated the crisis since its beginning. As previously mentioned, Russia, along with many other countries, doesn’t like to be portrayed as a second or third-rate power plagued by health crises notionally indicative of drug use and promiscuous sexual activity. For Russia to maintain its self-image of prestige and its position as a top-tier global power, it cannot acknowledge HIV/AIDS outright and address it in the way it has been framed by the international community in the past.

While Lieberman analyzes this fact in terms of domestic societal-cultural divisions, Russia’s issue can be understood in the context of an international culture war between itself and the West—an ongoing narrative that has been instrumental for power maintenance under Putin. The stigmatization of a disease leads to the domestic assignment of statuses based on which group needs assistance—however, because Russia primarily draws societal dividing lines between itself and the West, it’s almost as if it has implicitly recognized the ‘inferiority’ of its HIV+ citizens as attributable to Russia as a whole, which is why Putin refuses to address the problem effectively.

According to Lieberman, “ethnic political competition is driven by the pursuit of esteem and status, that social and political action is not ‘rational-instrumental,’ but imbued with social meaning.”<sup>27</sup> Essentially, the reason for not addressing these crises is rarely blatant disregard, but rather fear of the social implications of enacting policy in the first place. The high societal, semi-ethnic divide between Putin’s Russia and the West means that the Russian pursuit for esteem and status must occur at the expense of its public health. Further contributing to the narrative of ‘Russia v. the West’ is the fact that HIV/AIDS is often dubbed a “Western disease,” or as the result of American promiscuity (the remarkably conservative Russian Orthodox Church plays a decidedly heavy role in HIV/AIDS policy, emphasizing the moral fight over the medical one).<sup>28</sup>

Ironically, Russia's desire to maintain its perceived prestige and dominance over the West by refusing to acknowledge and effectively address the crisis is slowly going to undermine its ability to actually project the power to which it aspires. Its refusal to take effective measures to reduce the severity of the crisis is likely to hamper its soft power. The implications for national security and economic competition have already been made clear, but the fact that these factors are accelerated and exacerbated by the underlying narrative of 'Russia v. the West' makes the problem even more difficult to address.



A view outside the Kremlin walls on Red Square. Photo credit: Dmitry Azovtsev / Wikimedia Commons

Some arguments point to the inefficiency or inability of the Russian state apparatus as the reason why Putin has yet to address the problem effectively. These arguments do hold some level of validity—Russia's state apparatus does suffer from corruptive activity not conducive to effective policy researched by experts.<sup>29</sup> However, Vladimir Gel'man, one of Russia's leading political science scholars, emphasizes that in the Russian state apparatus, "the personal priorities of political leadership have become the major, if not the only, source of policy reforms," and that "technocratic reformers can reach success only when their plans coincide with the priorities and preferences of political leaders."<sup>30</sup> Right

now, Putin has no interest in subverting his own narrative with HIV/AIDS stigma and abandoning his loyal interest group policymakers (notably those from the Russian Orthodox Church). Thus, it is unlikely that his personal priorities will align with the goals of pro-reform technocrats bent on resolving the HIV/AIDS crisis.

Stigma is vital to understanding why global efforts to address HIV/AIDS worldwide have been unsuccessful in more highly-developed countries like Russia because, if allowed to emerge, stigma will push these countries to avoid the problem rather than fix it. Clearly, Russia is willing to expend the livelihood of its own people just to avoid taking the reputational hit. Thus, the solution must aim to destigmatize the disease and frame the action in a context that includes Russia as a major actor and a global power.

## Victims of the 'Second Wave'

Scholars have taken note of the 'second wave' of HIV, that "could destabilize powerful countries and regions critical to the U.S. and, by extension, global strategic interests. The nations typically included in this group are Russia, India, and China."<sup>31</sup> These three countries are of obvious strategic relevance to both the United States and the world at large. They are all nuclear powers and have economic and diplomatic ties to the U.S. that may be affected by the exacerbation of any sort of public health crisis. To destigmatize fixing an HIV/AIDS epidemic, a collective effort among these more powerful, 'prestigious' nations that suffer from similar epidemics would be incredibly helpful. Such an initiative is unlikely however, given that it would require collective acknowledgement coupled with effective policymaking.



Less than 0.1% of people in China have been diagnosed with HIV, though there is still a population of over 500,000 people living with the disease.<sup>32</sup> Like in Russia, the epidemic is more prominent within specific groups, such as people who inject drugs (PWID). India also faces a severe epidemic—in fact, the third largest epidemic in the world—of 2.1 million people living with HIV.<sup>33</sup> India's HIV+ population also exists within key affected populations, such as sex workers and PWID. Both China and India both have governments that associate HIV/AIDS with the stigma formerly explained in detail. However, because they are formidable, non-Western, world powers with nuclear weapons and relatively successful economies, they are part of the small group of countries experiencing the same issues as Russia when it comes to HIV/AIDS.

Given these circumstances and Russia's aversion to being compared to African countries or inadvertently subjugated by Western aid, China and India may serve as viable compatriot countries facing an HIV/AIDS epidemic. Using an international platform such as the United Nations could potentially allow the United States to bring about awareness of and solutions to the threats posed by HIV/AIDS, even within global nuclear powers.

This wouldn't necessarily be framed as a direct effort to address national security concerns within these countries, but rather aimed toward explaining and preventing the potential instability that could occur on economic, cultural, and social levels. This might give China, India, and Russia the justification needed to collectively recognize HIV/AIDS as an internal threat to the stability of their governments. On top of that, it is a threat that can be effectively and humanely managed—as other world powers have done. However, even if the United States could successfully direct attention to this issue in all these countries without stigmatizing the issue further, it's unlikely that it would be able to direct these foreign governments or educate them on effective policy without robbing them of a perceived 'equal status.'

Given that Russia and others improperly see HIV/AIDS largely as a threat that originated in the West, this issue is difficult for the United States to address directly. If these countries decided to take action to thwart HIV/AIDS, they would likely frame the issue as a war against the West, upping the United States' tensions with China and Russia specifically. However, the fact that HIV/AIDS affects specific populations within these countries, as well as within the United States, is a key factor to consider. In all the countries listed above, and especially in Russia, people who inject drugs (PWID) make up a significant percentage of the HIV+ population in these countries.<sup>34</sup> Though the United States struggles less with PWID specifically, it is experiencing a remarkably large opioid epidemic.<sup>35</sup>

## A Potential Solution

According to the U.S. National Institute of Drug Abuse, heroin use in the United States has been on the rise since 2007 and is not slowing down.<sup>36</sup> As mentioned previously, in Russia there is a significant geographical overlap between heroin use and HIV infection.<sup>37</sup> Heroin use (and more generally, opioid use), then, poses threats to both countries. This earns the United States an 'in' for a bilateral effort with Russia—considering it faces the same issues, including an HIV epidemic encompassing more than 1 million people.<sup>38</sup> Approaching the situation by way of a collective drug-based national security threat and public health issue will not solve the issue completely—only about half of the HIV+ population in Russia are PWID—but this solution would address a significant part of the problem while giving Russia the ability to maintain its 'top-tier' international status, especially considering the rate of drug abuse in the US. If the United States can initiate any sort of effort to thwart either epidemic, both the Russian public and the U.S.-Russia relationship will benefit.

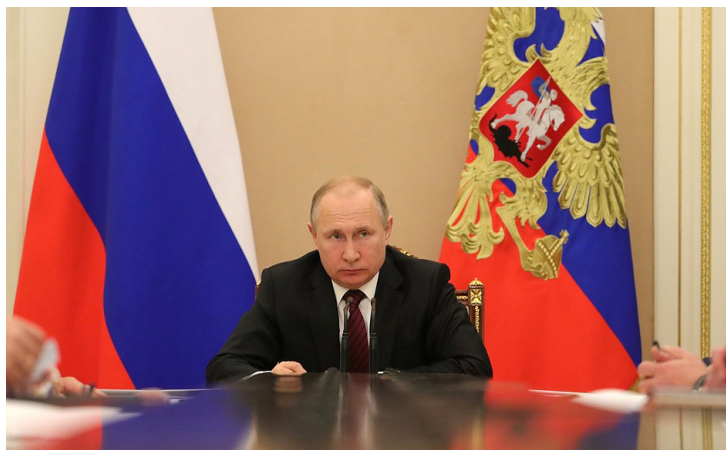
Thus, the United States' should:

- Approach Russia as an equal in working to determine a solution to their respective opioid epidemics to preserve Russian prestige. This will require the United States to recognize the severity and scope of its own opioid crisis.
- Avoid addressing the HIV/AIDS issue directly in clarifying the purpose of the collaborative efforts. This goes hand-in-hand with avoiding an explicitly humanitarian approach.
- Consider instituting local-level cooperation on the issue, potentially employing 'sister city'-type efforts to avoid complications in the federal Russian bureaucracy. These local-level policies should be concentrated within Russian cities where PWID and HIV+ populations overlap significantly, such as Kemerovo, Novosibirsk, and Irkutsk.<sup>39</sup>

The first of these three points ensures that the Russian Federation will not recoil at the idea of being offered American assistance at the expense of its international prestige. As discussed in the section regarding stigma, Russia wants to continue to be perceived as a first-rate world power, not a global charity case. The second aspect further avoids a Russian recoil by making clear that this discussion will not *directly* relate to the HIV/AIDS crisis but will aim to fix one specific dimension of it by addressing opioids and PWID. The last point constitutes a new type of effort on behalf of the United States—one that could be orchestrated through existing diplomatic structures but should aim to largely undercut the complicated web of stigma and other restrictions often posed by the Russian federal bureaucracy.

What does the United States get out of these efforts? Firstly, it is within the historic and moral interests of the United States to pursue humanitarian efforts throughout the globe. Even if Russia isn't privy to the humanitarian intentions of these efforts, the United States has long had an obligation to help publics abroad, no matter their location. The primary motivation for addressing the Russian HIV/AIDS crisis, even indirectly, should be humanitarian. Secondly, in discussion with Russia, the United States may actually find ways of reducing the scope of its own opioid crisis—though Russia faces a larger threat from injectable drugs than the United States, diplomacy has often led to innovation in the past.

Thirdly, this effort, on both the governmental and public diplomacy levels, will offer opportunities for a thaw of relations between the United States and Russia, especially if they are successful in addressing even part of the respective epidemics. As of late, interactions between the United States and Russia have been marked by tension—any opportunity to help foreign publics and reduce this tension, even on a local level, should be pursued.



Russia should be approached as an equal, so as not to stir sensitivities about being seen as a lesser power. This notion is important to Putin. Kremlin photo.

It is true that the United States and Russia have pursued joint efforts in order to stop the flow of narcotics and other drugs into either country. The Counternarcotics Working Group (CNWG), which is chaired by the American Office of National Drug Control Policy (ONDCP) and the Russian Federal Drug Control Service (FSKN), has been working on the issue of narcotics prevention since 2009. The last meeting of the group was in Sochi in 2013, where the two parties discussed the issue of money-laundering in the illicit drug trade.<sup>40</sup> This diplomatic structure has been helpful in addressing methods of law enforcement and border protection that might help to stop the surge of narcotics from Afghanistan or Mexico. However, this working group has yet to address specific methods of treating individuals who have already developed addictions to these drugs domestically or ways to prevent the injection of drugs. Efforts to educate Russians on drug use have been undertaken at the University of Moscow—these efforts, however, will likely not reach the people who need them the most.<sup>41</sup>

Thus, U.S.-Russia cooperation has been effective at targeting the drug trade, but not as effective when considering the treatment and education of individuals on a more local level. This should be the focus of new diplomatic efforts, considering the level of Russians who contract HIV from injection of drugs in specific regions such as Irkutsk and Kemerovo.

The remaining question is, given this new policy outline and the existing tensions with the United States, why would Russia believe that the U.S. has its national security interests at heart, rather than just a humanitarian conscience? Giving the Russians more options for diplomacy is certainly helpful, but this extended olive branch could be seen as coming out of nowhere—making these efforts suspicious, almost as if they had another goal in mind. Firstly, fentanyl and other synthetic opioids have recently posed a major threat to the United States' public health, and thus its national security.<sup>42</sup> This is relevant because Russia's opiate supply comes from the neighboring country of Afghanistan, which continues to be the world's largest producer of opium, according to a 2018 United Nations Report.<sup>43</sup> While the principal supplier of the United States is Mexico, opiates from Afghanistan still make their way into Canada on overseas routes.<sup>44</sup> Additionally, the United States has already provided counternarcotics assistance to China.<sup>45</sup> In terms of the potential treatment-focused methods for use in Russia, the United States has shifted its focus to treating affected groups rather than punishing them.<sup>46</sup>

Again, Russia doesn't want to be seen as a charity case, which is why this effort must emphasize the fact that both countries have epidemics. This fact contributes to the reasons as to why the United States would extend itself to Russia. No matter the location, the global spread of the opioid crisis contributes to the instability of governments and economies abroad, which isn't good for trade or diplomacy. Also, if the U.S. manages to stop the spread of opiates through Mexico, Afghanistan is the next supplier in line—and Russia provides an outlet for those goods, as the Afghani drug trafficking routes run directly into Russia's south and often extend as far as Moscow.<sup>47</sup>

## Conclusion

The HIV/AIDS epidemic in any country is a serious threat not only to the well-being of the global population, but to the economy and national security of that nation. The freeze in U.S.-Russia relations over recent years isn't beneficial for the United States, as it only increases security concerns and competition with Russia abroad in spheres such as trade and diplomacy. An attempt by the United States to indirectly better Russia's public health situation, national security, and economic ability over the next few years could assist in thawing relations, so long as this effort is made in the name of preventing the instabilities that lead to national security threats—as this approach will lessen the chance of stigmatization around HIV/AIDS.



## Endnotes

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We believe that America must lead in the pursuit of our common goals and shared security. We must confront international challenges with our partners and with all the tools at our disposal and address emerging problems before they become security crises. And to do this we must forge a bipartisan consensus here at home.

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