



## Foreword

by Yanzhong Huang

Throughout recorded history, disease has consistently accounted for the greatest proportion of human morbidity and mortality, far surpassing war as a threat to human life. In the post-Cold War era, the threats to the health of populations from infectious diseases have actually increased, as diseases do not respect territorial borders and the burgeoning global activities make national borders increasingly porous. The anthrax attacks of 2001 and the recent SARS epidemic only highlight the importance of health as a national security or foreign policy issue.

As threats to the health of populations gain prominence on the public policy agenda, decision makers face a host of thorny questions. Should a comprehensive strategy for biological security emphasize improvement in international public health? What is the best approach to engage the public sector and the pharmaceutical industry in building our biodefense? What roles should be played by the international organizations such as the World Health Organization to ensure maximum protection from infectious diseases with minimal disruption? To effectively address these concerns, policy makers and scholars alike must transcend traditional models of inter-state conflict and develop new tools of analysis in assessing the nature of global health threats and fashioning out effective responses to them.

Against this background, the Whitehead School of Diplomacy launches its Center for Global Health Studies, which will examine global health issues from a foreign policy and national security perspective. Among its functions, the Center will develop coursework, curricula and symposia to train leaders, practitioners, and policy makers. Bringing together public, private and academic partners, the Center will serve as a think tank and resource center on issues relating to health policy, development, and international security. The perspectives and insights presented in this special issue reflect our efforts to draw on the expertise and experience of leaders, policy makers, and analysts to examine global health challenges, as well as policy options aimed at their resolution. We are grateful to the editors and the contributing authors for their cooperation and hard work in assembling this volume.

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# The Globalization of Health

by Gro Harlem Brundtland

The outbreak probably began in Guangdong, China in November 2002. Within four months the virus had travelled as far afield as Vietnam, Toronto, and Frankfurt. Around the world, thousands were infected, and several hundred were dead. If the chains of transmission, and thus the virus, were to be stopped, an unprecedented level of coordination and cooperation by research teams, medical practitioners, health officials, and governments around the world was required. An unprecedented global effort has indeed, at time of writing, stopped the outbreak in Vietnam, and shown rapidly decreasing figures in Singapore and Toronto. But the virus is still spreading in China, and thus continues to threaten the world. We continue to work to defeat it. This is the short history of Severe Acute Respiratory Syndrome, the SARS virus. But it could be the story of any number of health crises in an increasingly interconnected world.

The reality is that public health is, as never before, a priority on the global agenda, for the simple reason that so many of the challenges we face now have a global impact, requiring global solutions and a global response. In an interconnected and interdependent world, bacteria and viruses travel almost as fast as email messages and money flows. There are no health sanctuaries. No impregnable walls between the world that is healthy, well-fed, and well-off, and another world that is sick, malnourished, and impoverished. Globalization has shrunk distances, broken down old barriers, and linked people together. It has also made problems half way around the world everyone's problem—the tenacity of the SARS virus and the public health and economic uncertainty it brings underscores this too well. Countries trying to grapple with new epidemics or collapsing under the weight of disease and malnutrition can now have a devastating impact on economies and societies around the globe. The way that we, as an international community, work to address current crises and prevent future ones will determine whether we succeed or fail in our shared efforts to advance global development, growth, and peace.

These global transformations must lead to a profound change in the way we think about health policy—locally, nationally, and internationally. We need to cooperate and coordinate much more effectively across borders, sharing information, expertise, and resources to a degree that would have been unthinkable even a decade ago. We need to focus much more on the plight of failed or failing states, recognizing

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that poverty is far and away the greatest cause of disease. We need to reassess the role of international organizations and their ability to coordinate global action, set standards and guidelines, deploy resources, and reach inside borders to head off crises before they happen. Above all, we need to move health security to the center of the international agenda.

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#### BORDERLESS CRISES

There is nothing new in the idea that health issues transcend borders. One has only to think of the scourges of history—plague, smallpox, influenza—and the devastation they have wrought over the centuries to realize that disease rarely respects national frontiers. What is new today is our degree of interdependence. More than two million people cross international borders every day, about a tenth of humanity each year. And of these, more than a million people travel from developing to industrialized countries each week. Trade flows of raw materials, goods, and services have increased fifteen-fold since 1945. Investment flows have multiplied more dramatically still, fundamentally changing the way that economies and societies interact.

The line separating domestic and international health problems is fast losing its meaning. As people and goods travel across continents more rapidly and in far greater numbers than ever before, there is no such thing as “foreign” diseases. Suddenly Dengue Fever, West Nile virus, and now SARS are everyone’s problem. Shortcomings or delays in international cooperation can have immediate and devastating effects. One country’s failure to adequately address a health crisis can now compromise the security of the global community as a whole.

But our world is also interdependent in less direct—but no less important—ways. Countries that are impoverished, in crisis and conflict, and are failing and weak can have an increasingly crucial influence on the prosperity, security, and ultimately the health of the rest of the planet. In many parts of Africa, some parts of the Middle East, and some countries in South America, people have seen decades, in some places more than a generation, of stagnation. They are not progressing; sometimes, they are even moving backwards. It is not a small number. Between 1990 and 2000, the human development index declined in nearly thirty countries. Well over a billion people—more than one-fifth of the world’s population—are unable to meet their daily minimum needs. Almost one-third of children are undernourished. Although the UN last year stated that access to clean water is a human right, 1.1 billion people still go without it.

Populations in many of the poorest countries have also become much harder to reach. As the iron hand of the cold war loosened its grip, some countries enjoyed new freedoms, but in other areas, paradoxically, the result was conflict, marginalization, and collapsing states. In these “disappearing” countries, the work of donors, NGOs, and international agencies is quickly becoming almost impossible. Of course, this trend is not universal: Mozambique, Uganda, and Cambodia are only three examples that have seen relative peace, stability, and functional government appear out of the ashes of war. But there are many other countries where too many people cannot meet their basic daily needs for food, water, and shelter. They cannot access the services they need for survival, including essential health care and personal protection. They are vulnerable and insecure. Worse, trapped in ethnic conflict or civil strife—but beyond the media spotlight—they also risk being forgotten by an international aid community already feeling stretched to the breaking point.

Poverty breeds disease—more than any other single cause—just as disease breeds poverty. In countries in crisis, rates of severe illness and death are high—in some settings the daily death rate is at least double the expected level. One of the key signs of a failing state is its growing inability to provide even basic services to its population. A descent into poverty and lawlessness leads to rapid declines in health indicators such as infant mortality and life expectancy. Southern Africa is a case in point. A number of political, economic, and social factors have played a role in creating a situation where more than twelve million people in that region are now affected by famine. But there is no sudden event which has caused the crisis. Rather, it comes as the result of a long process now compounded by the AIDS pandemic, which has reversed much of the tremendous progress Botswana had achieved and is now becoming a profound burden in South Africa, as well as Zimbabwe, Zambia, and Malawi.

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The experiences over the past year and a half show that we neglect countries in crisis at our peril. Economic crises in distant countries now reverberate in financial markets around the world. Mass migrations from failed states can topple governments and provoke conflict, even genocide. Pandemics, such as AIDS, can cut so deeply into the basic fabric of countries that their social, economic, and political repercussions destabilize whole regions.

Then there are the resentments and hostilities that flow from inequality and deprivation. All over the world, extremists use popular frustration to justify their actions. It is no accident that they take refuge in the debris of failed states, where the consequences of crisis fuel frustration and insecurity. The terrorist attacks on New York and Washington—combined with new fears about the proliferation of weapons of mass destruction—have taught us how much even the most sophisticated societies need to do to face up to the possible deliberate use of chemical and biological agents to cause harm.

The challenge for the international community is to address the underlying causes of crisis and arrest the descent, before we are forced to pay dearly for the ultimate consequences—famine, unrest, and human suffering. To do this, we need to move health to the center of the development agenda.

### BORDERLESS ISSUES

It is not just countries that are more interdependent, but issues as well. Even five years ago, when I first arrived at the WHO, the development agenda was weighed down by old dogmas, long past their sell-by date. The most anachronistic was the notion that investments in health are essentially add-ons—luxuries that developing countries could only afford after having boosted economic growth and achieved higher income levels. Policy was narrowly focused on pro-growth strategies—curtailing deficits, smothering inflation, liberalizing trade, attracting foreign investment, and building infrastructure like hydroelectric dams and roads. “Soft” programmes aimed at promoting basic health, social welfare, and even education were seen at best as a diversion from more pressing issues and at worst as a drain on scarce financial resources.

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This approach was fundamentally flawed. It failed to recognize that a healthy population is as much a prerequisite for growth as a result of it. In 1999, the WHO asked leading economists and health experts from around the world to come together and consider the links between health and economic development. Two years later, under the guidance of Professor Jeffrey Sachs of Harvard University, the Commission on Macroeconomics and Health presented its report. It showed, quite simply, how disease was a drain on societies, and how investments in health could be a concrete input to economic development. It went further, stating that improving people’s health may be the single most important determinant of development in many poorer regions, including Africa.

This report has already had a considerable impact. The Commission argues for a comprehensive, global approach to health with concrete goals and specific time frames. It wants to see the forces of globalization harnessed to reduce suffering and to promote well-being. The proposed investments are well-tried interventions that are known to work. Their impact can be measured in terms of reducing the disease burden and improving health system performance. The emphasis throughout is on results, on investing money where it makes a difference.

One of my goals as Director-General of WHO has been to deliver this message at the highest political level—at international conferences and summits, in my many meetings with national governments, and in the WHO’s day-to-day contacts and collaboration with other international agencies. Three diseases—HIV/AIDS,

tuberculosis, and malaria—are crucially important. HIV/AIDS makes up just over half of the global burden these three diseases represent, both in terms of healthy life-years lost and mortality. Malaria and tuberculosis share the rest on a roughly equal basis. It means that more than ninety million healthy life-years are lost to HIV/AIDS each year, forty million to malaria, and nearly thirty-six million to tuberculosis. More than five and a half million lives are lost every year worldwide to these three diseases. But these are certainly not the only health issues that need to be on the international community's radar screens. Maternal and child conditions, reproductive ill-health, mental illness, violence, injuries, immunizing children against vaccine-preventable diseases, and the health consequences of tobacco, to name but a few, are also global health priorities. Any serious attempt to stimulate global economic and social development, and so to promote human security, must successfully address the burdens caused by these diseases.

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Raising political awareness is only the first step. The real challenge is to mobilize the necessary resources and technical expertise to make improved public health a central plank of development policy. The Commission's Report is the first detailed costing of the resources needed to reach some of the key goals set in the Millennium Declaration. We are talking about an annual investment of \$66 billion from the year 2007. Most of this will come from the developing countries' own resources. But about half must be contributed by the rich countries of the world—in the form of effective, fast, and result-oriented development assistance. For example, through the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the Global Alliance for Vaccines and Immunization (GAVI), and a number of other alliances and partnerships, we have developed a new set of tools to turn resources into effective action. The common denominators for these new tools are that they respond to the countries' own priorities, they process funds rapidly, they reward results, and they are transparent.

The simple fact is that there can be no real growth without healthy populations. No sustainable development without tackling disease and malnutrition. No international security without assisting crisis-ridden countries. No hope for the spread of freedom and democracy unless we treat health as a basic human right. Health must be at the center of all of these agendas because what we are really talking about is the interdependence of people—not just markets and multinationals.

#### WEAVING THE THREADS TOGETHER

We know that international collaboration in the field of public health can work. Take the agreement amongst 192 Member States, after more than four years of

negotiations, to put the Framework Convention on Tobacco Control to the World Health Assembly in May this year. Tobacco kills 4.9 million people every year. According to best estimates, this number will double in twenty years time—hitting developing countries hardest—if we do nothing to stop it. With the Tobacco Convention, we will have an international agreement with global standards, global rules, and global commitments to effectively contain this major threat to public health. This global health treaty—the first ever under the auspices of WHO—could mark the beginning of a new phase in building an effective rules-based international system for combating the many other global health challenges we face through improved standards, better surveillance and information sharing, more cross-border research, more effective rapid response to crisis, and significantly enhanced financial resources. Such an effort will require the collaboration not only of member governments, but of aid agencies, universities, research institutions, the private sector, and other NGOs as well.

None of this will be easy. There is no one solution to the multiple health challenges facing us. No magic formula that will make our world a healthier, safer, and more secure place. We know that global cooperation is key to the many global challenges facing us, but we also know that global cooperation can be messy, unwieldy, and painfully slow. Take trade: 150 years ago, it was not so difficult for a handful of countries to come to an agreement, and what could not be solved around the negotiating table was often settled by more forceful means. Even when the UN was created, it consisted of only fifty-one nations. Today, nearly 145 members of the World Trade Organization, nearly 200 nations in the UN, are struggling to agree on a growing list of seemingly ever-more complex issues.

But what is the alternative? Leaving each country to try to fight a new disease, like SARS, on its own, without the benefit of shared international support, resources, and expertise? Pretending that Africa's thirty million AIDS sufferers—and their orphans—inhabit another planet? One thing that is crystal clear is that we need effective global cooperation and institutions to pull these disparate threads together. That is what was promised by the international community at the G8 Summit in Kananaskis last year, at the Financing for Development Conference in Monterrey, and again at the World Summit for Sustainable Development in Johannesburg. It was promised, not just by health ministers, but by finance ministers, foreign ministers, prime ministers, and presidents. They were admirable sentiments to which governments must now give real commitment and substance and honor the Millennium Development Goals set by world leaders at the Millennium Summit.



# One Effort, One Goal: The Global Fund to Fight AIDS, Tuberculosis, and Malaria

## The President's Emergency Plan for AIDS Relief

By Tommy G. Thompson

At the intersection of national self-interest and private compassion lies the opportunity to perform some truly extraordinary work for humanity. A prime example of this intersection is the worldwide fight against AIDS.

In the developing world, and particularly in Africa, AIDS threatens peace and stability as it wipes out entire generations, orphan whole communities, and cripples nations. Three million people died from AIDS last year, and it is estimated that at least another 68 million will die in the next two decades. Of those deaths, 55 million will be in Africa. Life expectancy is suffering concurrently. A child born in Botswana, for example, now cannot even expect to see his fortieth birthday—a predicament not seen there since 1950.

As AIDS cuts its wide swath through the afflicted populations, governments begin to falter—with predictable effects on peace, justice, and public order. The Report of the XIV International Conference on AIDS tells the sad tale:

*When the impact of AIDS causes essential services to falter, the State's legitimacy can also be damaged. Through its combined impact on State, enterprise and community capacity, AIDS can thus contribute to social disruption and perhaps even civil unrest, which invariably hurts the most vulnerable sections of society most. . . . Children orphaned as a result of AIDS, for example, are left especially vulnerable in such circumstances and, in some settings, can be lured into military/paramilitary activities with the prospect of 'family' bonds and the promise of food and consumer commodities.*

I've been to Africa and seen the damage wrought with my own eyes. The sorrow and the horror defy description—and, it sometimes seems, the powers of science. Where other illnesses fall to the efforts of modern medicine, AIDS marches on.

But we will stop it. We will stop it because we have the will, the means, and the compassion to do so. That's why the nations of the world, in cooperation with non-governmental organizations and community groups, have come together to establish the Global Fund to Fight AIDS, Tuberculosis and Malaria. The extraordinary demands of this crisis demand this extraordinary effort.

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Tommy G. Thompson was Governor of Wisconsin from 1987 to 2001. Since January 2001, he has served as United States Secretary of Health and Human Services.

The Fund is an indispensable component of the worldwide struggle against AIDS. A true public-private partnership, it provides desperately-needed financial assistance to nations and communities in desperate straits. This assistance shores up health and medical infrastructures, gives families a fighting chance, and most important, saves lives.

I was honored to be elected Chairman of the Fund this past January. As Chairman, I am happy to report the Fund has approved 154 projects in ninety-two countries and committed more than \$1.5 billion since April 2002. The Fund has signed grant agreements with thirty-two countries amounting to almost \$370 million. Of that, approximately \$20 million has been disbursed so far, and the pace of disbursement is accelerating rapidly. Just a little over a year since the Fund was established, the first people are receiving anti-retroviral treatment under Global Fund grants in Haiti.

The Fund is committed to supporting a range of health programs that will address mother-to-child transmission of HIV and provide care to infected individuals and their families in many of the most affected nations. It will also help build the needed capacity at the local and national levels to implement prevention, counseling, and treatment services.

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The Global Fund has an outstanding opportunity to set an example of what a true public-private partnership can be and do. That's why we have representation at the Fund's Board for the private sector, for non-governmental organizations, and for communities living with the Fund's targeted diseases. It's the common-sense thing to do, and in my role as Chairman, I've been reaching out to increase participation from all sectors of society. It will take the support and initiative of all nations to see it through. I'm proud to note that America is helping to lead the way.

For starters, the largest single contributor to the Global Fund is the federal government of the United States. And that's just the tip of the iceberg. In his State of the Union Address last January, President George W. Bush announced the Emergency Plan for AIDS Relief—a five-year, \$15 billion initiative to turn the tide against the global HIV/AIDS pandemic. This commitment of resources will help the most afflicted countries in Africa and the Caribbean wage and win the war against HIV/AIDS. The Emergency Plan is the logical culmination of American anti-AIDS efforts that began last year.

As the first stage of this unprecedented commitment, the President in July 2002 announced his \$500 million international Mother and Child HIV Prevention Initiative. Jointly implemented by the United States Department of Health and Human Services (HHS) and our partners at the United States Agency for International Development (USAID), this program is a strong model of good government and demonstrates how quickly the United States can get much-needed resources out the door through

our bilateral mechanisms. In consultation with our U.S. Ambassadors, HHS and USAID field staff have worked with host governments and non-governmental organizations in fourteen countries in Africa and the Caribbean to develop—for the first time—a unified U.S. Government country-specific strategic plans of action.

We expect that this initiative will target one million HIV-infected women annually within five years or less, and reduce mother-to-child HIV transmission by 40 percent in the targeted countries. A second goal of the initiative is to improve health care systems that provide care and treatment not only to mothers and babies—but to fathers, children, and their communities.

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We began investing in this initiative even before Congress finished work on the Fiscal Year 2003 appropriations bills. We redirected \$5.2 million of our HHS Global AIDS Program Fiscal Year 2002 resources to permit our joint HHS and USAID country teams to conduct in-depth baseline assessments and draft the interim plans. A multi-agency Steering Committee led by HHS and USAID under the auspices of the Office of National AIDS Policy have approved ten plans in the amount of \$54 million so far, pending approval from the Office of Management and Budget. The first actual cash disbursement went to Haiti in May—just over two months after the President signed the appropriations legislation. The President has asked for an additional \$300 million in Fiscal Year 2004 to complete his commitment to this initiative.

The Mother to Child HIV Prevention Initiative will provide the foundation for implementation of the President's Emergency Plan for AIDS Relief in the same fourteen countries. These countries account for nearly 50 percent of all HIV infections in the world—and nearly 70 percent of HIV infections in Africa and the Caribbean.

We expect to accomplish a lot with the Emergency Plan:

- First, we want to prevent 7 million new infections, representing 60 percent of the projected new infections in target countries. The initiative will involve large-scale prevention efforts, including voluntary testing and counseling. The availability of treatment will enhance prevention efforts by providing an incentive for individuals to be tested.
- Second, we want to treat 2 million HIV-infected people. Capitalizing on recent advances in anti-retroviral treatment, the President's Emergency Plan for AIDS Relief will be the first global effort to provide advanced antiretroviral treatment on a large scale in the poorest, most afflicted countries.
- Finally, we want to provide care for 10 million HIV-infected individuals and AIDS orphans.

The President's \$15 Billion, five-year plan, of which \$10 billion is new money, will virtually triple our commitment to international HIV/AIDS assistance, which now stands at a government-wide base of \$1 billion a year.

Implementation will be adapted to local circumstances and based on a "network model" employed in countries such as Uganda. This model consists of a layered network of central medical centers that support satellite centers and mobile units, with varying levels of medical expertise as treatment moves from urban areas to rural communities. It will build directly on clinics, sites, and programs established through HHS, USAID, non-governmental organizations, faith-based groups, and willing host governments. Over 50 percent of the resources will directly support treatment, and more than a third will expand prevention activities. We will have the flexibility to adjust resource allocation based on scientific data as it becomes available.

Uganda deserves especial note, as it is the only nation in sub-Saharan Africa with an increasing life expectancy. This nation is a shining example of a country that is successfully fighting the HIV/AIDS pandemic. It is important that we assist the countries we aid in developing behavior change prevention methods and treatment programs that are sensitive to their own cultures. Ugandans did this by reaching back into their own culture and employing what they call the "ABCs of Prevention."

- "A" is for abstinence, especially among young people.
- "B" is for being faithful within a relationship.
- And "C" is for consistent and correct condom use—with the caveat that condoms are not as effective in preventing all sexually transmitted diseases as they are with HIV.

This example of behavioral-change based prevention is one that the United States is eager to explore and replicate where possible.

Since the impact of HIV/AIDS in the world is so severe, we need to be flexible and generous with this program. As an example, we have decided that while our projected figure for anti-retroviral treatment is two million people, everyone who receives HIV diagnostic testing through the President's plan and who meets the medical criteria for anti-retroviral therapy will receive it.

We expect that our joint HHS and USAID teams will follow a similar process in designing unified U.S. Government strategic plans for each one of the fourteen countries, again in consultation with our partners, all oriented to the specific, measurable goals the President has set out for us. The President wants to make sure that taxpayers' dollars are making the maximum difference for the maximum number of people. A special AIDS Coordinator with ambassadorial rank at the Department of State will oversee the budget and implementation of the Emergency Plan.

The Mother and Child Prevention Initiative will be fully subsumed and integrated into the larger Plan during Fiscal Year 2004, and we fully expect that the superb inter-agency cooperation we have seen so far in that effort will be the hallmark of the administration of the President's Emergency Plan. We at HHS are planning to take steps so that all of our international AIDS programs dovetail with the President's vision.

The President has asked for \$450 million in Fiscal Year 2004 to begin the Emergency Plan. There is no request for Emergency Plan in the HHS budget for next year, because all of the funding will flow first to the Coordinator at the State Department, who will then make allocations to HHS, USAID and other partners based on their demonstrated ability to implement sections of the unified strategies in each country.

The President's Plan is already building on the expertise of our HHS Global AIDS Program, and that of the rest of our agencies. We work directly with twenty-five countries in Africa, Asia, and Latin American and the Caribbean to prevent new infections, provide care and treatment to those already infected, and develop the capacity and infrastructure needed to support these programs.

Let me emphasize that the President's Plan directly assists the mission of the Global Fund. The Plan includes an additional billion dollars for the Global Fund, bringing the U.S. pledge up to \$1.65 billion. Our efforts, and the bilateral efforts of other nations, provide the foundations for the Global Fund's work. We are all attacking the same problem, we are all serving the same people, and we are doing it together.

We are committed to making the Fund work, and to coordinating the Fund's grants with bilateral assistance from the EU, the United States, and other nations. The Fund's Board has approved thirty-six grants to fight AIDS, tuberculosis and malaria in thirteen of the fourteen target countries included in the President's Emergency Plan. These grants will disburse a total of \$609 million over two years. We are working both within the U.S. government and at the Fund to ensure that our investments are complementary and not duplicative.

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As we press forward in this effort, we cannot forget the simple truth that our resources and our energy in the fight against AIDS are the direct results of our liberty to innovate at will, our capacity to research as we wish, and our ability to communicate freely. Truly, individual freedom is the greatest public health measure of all.

We believe that natural rights, including life, liberty, and the pursuit of happiness are the fundamental birthright, not just of Americans, but of all mankind. Our sense of duty to our fellow man demands that we help our fellow nations along the road to this same end.

That's why we have undertaken projects like the President's Millennium Challenge, instituted to help developing nations improve their economies and strengthen good governance. And that's why, in places like Iraq and Afghanistan, Americans and our

allies are working together to help long-oppressed peoples find their rightful dignity and voice in the community of nations.

Almost 170 years ago, Alexis de Tocqueville observed the charity and generosity of ordinary Americans to one another. In what could be a metaphor for good works everywhere, he wrote:

*“Countless little people, humble people, throughout American society, expend their efforts in caring and in the betterment of the community, blowing on their hands, pitting their small strength against the inhuman elements of life. Unheralded and always inconspicuous they sense that they are cooperating with a purpose and a spirit that is at the center of creation.”*

As we discuss what can and must be done by individuals and by governments to meet the many challenges of the twenty-first century—and especially the challenge of AIDS—we too must seek our guidance and our motivation from the “spirit that is at the center of creation.” I am confident that we will.

All citations of statistics on AIDS are from the Report of the XIV International Conference on AIDS in Barcelona, Spain, at <http://www.unaids.org/barcelona/presskit/report.html>

# Health as a Global Security Challenge

by Jonathan Ban

## I. INTRODUCTION

As threats to security evolve, we are forced to reexamine our notions of security to determine their current contribution, to discard what is no longer relevant, and to search for new approaches to what still may be uncertain threats but very real challenges. One relatively novel but rapidly expanding paradigm examines the overlap of health and security issues. While it is clear that health issues often intersect with security issues, not all health challenges represent security concerns. In fact, health challenges are rarely immediate threats to national security. Therefore, to lend clarity to what constitutes the nexus of health and security, we must deepen our conceptual and analytical approaches to such problems. This article aims to contribute to this objective by not only arguing for the inclusion of health challenges in our changing conceptions of security, but also by offering two analytical approaches for advancing “health and security” as a paradigm. First, characterizing threats posed by health and security challenges as either *direct* or *indirect* will help clarify whether the problem is an immediate or tangential concern for security planners. Second, elaborating a *risk-based approach* to health and security challenges will provide a framework that characterizes the degree to which health concerns represent threats to security. By identifying health and security challenges as direct or indirect threats and by evaluating the level of risk associated with these threats, we begin to elaborate on an analytical framework that will help policymakers and analysts better understand the nexus of health and security. Ultimately, this will lead to improved policy responses to novel challenges.

## II. CHANGING CONCEPTIONS OF SECURITY

The concept of security has evolved over time so that today it encompasses many different things. Traditional conceptions of “national security” are concerned

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with the well-being of the state, relative power between states, the pursuit of national interests, and ultimately efforts by states to protect their borders from invasion. This notion of security is primarily concerned with military affairs and interstate conflict. The concept of “international security” explicitly acknowledges that the security of one state is connected with the security of other states. International security tends to focus on transnational dynamics, such as how actions taken by one state have an impact on the security of other states or the role of international organizations. “Global security” extends the security agenda in scale and includes social development, environmental protection, public health, human rights, and other issues considered to be inalienable prerequisites of security. “Human security” shifts the focus towards the individual and community levels and takes a more holistic approach to security by not only encompassing the concepts mentioned above, but also incorporating a notion of “physical” security of the individual or his or her freedom from injury, violence, sickness, poverty, or psychological harm. “Ecological security” may be the most far reaching of all because it looks at not only human populations on a global scale, but also the macro and micro natural environments in which they live.<sup>1</sup>

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**“Global security” extends the security agenda in scale and includes social development, environmental protection, public health, human rights, and other issues considered to be inalienable prerequisites of security.**

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While many analysts see the need to expand the definition of security to encompass nontraditional national and international security problems such as health challenges, others resist incorporating novel threats into their notions of security for fear of spreading our national security focus and resources too thin. 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. Skeptics of an expanded notion of security, therefore, argue that because everything can be related to national security in some way, systematic parameters must be created in order to establish what constitutes a national security challenge. 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. These diverse approaches to security raise a question: What constitutes security as we enter the new millennium?

Each of these conceptions of security is useful for examining the changing dynamics, unique challenges, and nontraditional and uncertain threats, including those posed by health challenges. Therefore, to the degree to which they have implications for national security they should be more fully considered. This is not to say that all health challenges constitute national security concerns; they do not. It



also does not suggest that health concerns with security implications are the most important national security threats of the day, but the growing sense of urgency that surrounds many of the intersections between health and security have become increasingly apparent in recent years. For these reasons, such pressing health challenges warrant more attention from the national security community than they currently receive.

### III. HEALTH AND SECURITY: DEGREES OF RISK

Former United Nations Secretary-General, Boutros Boutros-Ghali, in his 1992 report, *Agenda for Peace*, points out that our evolving conceptions of security in the post-cold war era must include “new risks for stability,” noting that “drought and disease can decimate no less mercilessly than the weapons of war.”<sup>2</sup> At the nexus of health and security lie many poignant examples of “new risks to stability”—the growing threat of biological weapons, the potential destabilization of much of Africa from HIV/AIDS, the negative impact of naturally occurring infectious diseases on military and peacekeeping operations, the migration and proliferation of emerging and reemerging infectious diseases to non-endemic areas—that produce a strong case for including health concerns in the national security debate. The question is not *whether* some health challenges generate risks that have implications for security, but rather, *to what degree* do various health challenges pose risks that have security implications? The link between health and security should not be seen as a single point of intersection. Instead, it should be regarded as a continuum that encompasses a variety of risks ranging from high-risk biological weapon contingencies that are clearly security concerns to low-risk health issues with little relevance for security. When we examine the degree of risk generated by a health issue in relation to other health and security topics, it becomes clear that some health issues are far more important in terms of security than are others.

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#### **The link between health and security should not be seen as a single point of intersection.**

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To understand the degree of security risk that various health challenges create, we can distinguish health challenges as direct threats to national security in the traditional sense or as indirect factors that contribute to emerging national security threats.<sup>3</sup> Greater risk would be associated with direct threats than indirect threats. For example, direct security threats might involve risks related to more traditional aspects of security such as biological weapon attacks, attacks on medical personnel, facilities, and supplies by combatants in a conflict, and the declining health status of military personnel, peacekeepers, or deployed contingencies due to infectious diseases. Each of these challenges has direct implications for traditional national security considerations.

Indirect security threats might involve risks embedded in a broader definition of security such as global health emergencies caused by communicable diseases. Examples include severe acute respiratory syndrome (SARS), the potentially destabilizing social, political, or economic impact of HIV/AIDS, or a growing AIDS orphan population that could potentially turn to criminal, insurgent, or terrorist activity. While these challenges carry less risk than direct threats, they have the potential to impact national and international security and should not be excluded from traditional national security considerations.

Characterizing the nexus of health and security in terms of degrees of risk provides greater analytical clarity. A risk-based approach weeds out low-risk health challenges that are not appropriately viewed through the lens of security and clarifies the “hard” security issues in light of the high-risk health challenges that directly impact security. Moreover, the risk-based method identifies shifting health and social dynamics that could generate, in the future, increasing levels of risk to security. Using such an approach, we begin to distinguish the high-risk challenges from the medium- and low-risk challenges that lie at the intersection of health and security.

#### IV. HEALTH AND SECURITY: THE “BIG” ISSUES

The ways in which health and security interact are numerous, but not all of these interactions warrant examination in the context of security. To comprehend the nature of the health and security relationship, we must start by asking: What are the “big” issues? As we survey the health and security landscape, several critical issues stand out.

First, among infectious disease threats to both military and civilian populations, biological weapons have emerged as the most salient. Over the last decade, biological weapons took on a new level of importance for the United States after revelations in the 1990s by the United Nations Special Commission that in Iraq, Saddam Hussein had one of the world’s most advanced biological weapon programs, including large amounts of anthrax. It was this and other discoveries, like Dr. Ken Alibek’s (former Deputy Director of the Soviet biological weapons agency Biopreparat) description of the Russian biological program, which made the United States realize that the security risk associated with biological weapons was higher than anticipated. September 11<sup>th</sup> and the subsequent anthrax mail attacks illustrate how much the security landscape has changed both generally and at the intersection of health and security. Not only are non-state actors challenging the rights of states to monopolize the use of violence, but also they are doing so with weapons of mass destruction and indiscriminate violence, resorting to the use of disease against their adversaries. The risks related to biological weapons no longer lie solely at the juncture of colliding military forces. Biological weapons threaten political leaders and civil servants in their workplaces. Civilians are threatened in their own homes by a routine postal delivery. No longer is the battle reserved solely for the battlefield, and no longer is military might the only appropriate response. Biological weapons are now being

used to attack us at the most personal level by targeting the health of individuals, communities, and societies. As such, the health of the individual is now vulnerable to deliberate attack, and security has come to encompass to some degree the protection of the individual citizen from these risks. The anthrax mailings, though a relatively small-scale occasion of biological weapon use, are a poignant example of the high-risk national security challenges located at the intersection of health and security.

Second, naturally occurring infectious disease outbreaks represent a direct threat to military operations. In 1987, Brigadier General Ognibene noted in the journal *Military Medicine*:

*Disease is woven intricately into the fabric of war. The story of one cannot be told without the other and yet, each succeeding generation of history, soldier and scholar alike, seems destined to repeat the errors of history and fail to perceive the impact of disease.<sup>4</sup>*

In fact, naturally occurring infectious disease outbreaks, rather than firepower, are often responsible for more casualties in warfare. During the U.S. Civil War, for example, twice as many soldiers died of disease than were killed in combat.<sup>5</sup> More recently, some contingencies of the United Nations Mission in Sierra Leone reported an excess of 30 percent of troops bedridden with malaria in any given month, a significant drag on the performance of the operation.<sup>6</sup> Likewise, of the 225 U.S. Marine Corps service members who were in Liberia in August 2003, fifty were hospitalized with malaria.<sup>7</sup>

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**[T]he health of the individual is now vulnerable to deliberate attack, and security has come to encompass to some degree the protection of the individual citizen from these risks.**

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Infectious diseases also impact predeployment force readiness. Throughout Africa, the armed forces and security apparatuses are particularly afflicted by HIV/AIDS with prevalence rates typically, and often drastically, higher than in the general population. For example, in 1999, the HIV prevalence rate in Nigeria's military is estimated to be 10 to 20 percent, in Tanzania 15 to 30 percent, and in Angola 40 to 60 percent whereas prevalence rates in the adult civilian populations were estimated to be 5.06 percent, 8.09 percent, and 2.78 percent, respectively.<sup>8</sup> These developments affect manpower resources and preparedness in military and police forces and may reduce the effectiveness and capability of these security apparatuses to maintain order domestically and abroad. Furthermore, faced with enormous HIV/AIDS challenges in their national militaries, major African troop-contributing countries are becoming reluctant to offer soldiers for peacekeeping missions given the strain HIV/AIDS is placing on the readiness of their national militaries. Moreover, many host countries are reluctant to accept HIV-positive peacekeepers because of the

risks related to the spread of the disease to local populations. Despite the enormous impact that infectious diseases have on force readiness, on the effectiveness of military operations, and on regional peacekeeping capabilities, military planners rarely give the risks posed by such health challenges sufficient attention.

Third, infectious diseases also represent an indirect threat to security as major killers of civilian populations. Smallpox alone is estimated to have killed 300 million people in the twentieth century, about three times as many people that died in wars during the same time period. Today, infectious diseases—HIV/AIDS, tuberculosis, malaria, and many others—continue to ravish the developing world. Of these, HIV/AIDS exemplifies the burden of disease because of its devastating impact, primarily in Africa. An estimated 20 million people have died globally since HIV/AIDS was reported in 1981, and 29.4 million are estimated to be living with the disease in sub-Saharan Africa as of 2002.<sup>9</sup> Countries such as Botswana, Zimbabwe, and Swaziland are witnessing prevalence rates in the 15 to 49 age group of 38.8 percent, 33.7 percent, and 33.4 percent, respectively.<sup>10</sup> With such a large percentage of these countries' populations sick and dying, economic productivity is drained through labor shortages and heightened absenteeism. National resources are redirected from critical needs such as education and infrastructure development to health care spending. Furthermore, economic development is impeded because the epidemic discourages capital investment, and gross national product decreases as HIV prevalence rates rise.<sup>11</sup> Poor health also reduces individual and family resources by diminishing savings and imposing higher health care costs. Left unabated, HIV/AIDS will not only continue to destroy the social fabric of communities in Africa, but also roll back economic development and impede democratic transition. Furthermore, HIV/AIDS will erode the capacity of governments to provide basic human services, place enormous strain on already fragile institutions, and with other pressures, potentially spark violence and state instability.

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**Despite the enormous impact that infectious diseases have on force readiness, on the effectiveness of military operations, and on regional peacekeeping capabilities, military planners rarely give the risks posed by such health challenges sufficient attention.**

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Although the HIV/AIDS pandemic does not directly threaten security in the way that HIV/AIDS impacts military populations, should HIV/AIDS contribute to factors that result in instability, there would be serious security implications for the directly impacted countries and for regional and international security. While it is difficult for the national security community to calculate the security risks associated with such a scenario, some degree of risk, however uncertain, does exist. Failure to consider the potentially serious health and security implications of HIV/AIDS on social stability would be shortsighted.

Fourth, HIV/AIDS is negatively impacting social stability and the security sectors in Africa while simultaneously creating a huge orphan cohort as parents succumb to the disease. AIDS orphans, approximately 13 million currently in Africa, are expected to double by 2010 and are estimated to grow to 40 million by 2020.<sup>12</sup> Lacking family support and guidance and educational and economic opportunities and ostracized socially, many AIDS orphans will be forced to turn to crime or prostitution to survive. Already, many orphans are feared to have been recruited into paramilitary and terrorist organizations that offer attractive incentives such as food, shelter, and a sense of purpose. Should the involvement of AIDS orphans in illicit activities increase as their numbers grow, many national security sectors in Africa will be hard pressed to effectively control growing criminal or insurgent elements of society. While presently AIDS orphans represent an indirect and relatively low security risk, should AIDS orphans become involved in illicit activities, the threat to security may become increasingly direct.

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**[M]ost infectious disease experts agree that the emergence of a virulent strain of influenza could unleash a *pandemic* that would certainly constitute a global health crisis and possibly an international security crisis.**

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Fifth, in addition to the potential risk of infectious diseases contributing to instability in the developing world, globalization has increased the vulnerability of the developed world to infectious disease outbreaks originating abroad. An outbreak of SARS in China is only a plane ride away from Washington, D.C., London, or Tokyo and can no longer be viewed as a local event. The emergence and global proliferation of SARS illustrates the risks associated with the global spread of infectious disease.<sup>13</sup> Yet, we must be careful not to characterize all outbreaks of infectious diseases as security issues. Communicable diseases such as SARS represent a much higher risk of developing into a national or international security threat than other infectious diseases such as West Nile Virus or monkey pox. Even SARS, despite the relatively high level of risk associated with the outbreak and its declaration as a health emergency by the World Health Organization, did not reach proportions that would constitute a threat to national security. While SARS represented a public health crisis requiring the rapid implementation of emergency public health measures to contain and control the outbreak, it is difficult to argue that the national security of China, Canada, or the United States at any point was in serious jeopardy. This is not to say that infectious disease outbreaks cannot become security concerns. Without aggressive measures to control the outbreak, SARS could (and still may) develop into a security threat. In addition, most infectious disease experts agree that the emergence of a virulent strain of influenza could unleash a *pandemic* that would certainly constitute a global health crisis and possibly an international security crisis. Likewise, discovery of a *single case* of smallpox would be viewed as a public health,

national, and international security crisis. The key point to highlight is that SARS, influenza, smallpox, monkey pox, West Nile Virus and other infectious diseases each have different levels of risk associated with them. While some outbreaks could potentially represent security concerns, not all emerging and reemerging infectious diseases carry the same level of risk. This must be kept in mind as we think about infectious diseases in the context of security.

Finally, many of the HIV prevalence trends seen in Africa a decade ago are now emerging in what is being called the “Next Wave” countries of China, Russia, and India.<sup>14</sup> If these trends are not halted and prevalence rates continue to climb, the “Next Wave” countries will completely transform the demographics of the HIV/AIDS pandemic in terms of the sheer numbers infected and the geographic distribution of the pandemic. India and China are countries with enormous populations and double-digit prevalence rates in these countries would translate into hundreds of millions of HIV-positive persons. Despite the explosive potential of HIV/AIDS in these countries, and the benefit of hindsight regarding the pandemic in Africa, it is difficult to calculate the degree of risk, in terms of public health and security, associated with the “Next Wave” countries.

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**We should not overlook that national and international security concerns were a primary driver behind the current response to HIV/AIDS and are likely to be a central factor in how the international community responds to epidemics in the “Next Wave” countries.**

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If the past is any indication of the future, national security calculations are likely to be a primary catalyst for action in the “Next Wave” states. The experience in Africa over the past decade is instructive. Throughout the 1990s, the public health, humanitarian, and developmental communities warned of an impending HIV/AIDS tragedy in Africa and called for a stronger response by national governments and the international community to stem the spread of the disease. Although these warnings were heeded to some degree, it was not until January 2000 that the international community truly took notice when the United Nations Security Council convened a meeting to discuss AIDS. This was the first time that a health issue was considered by the UN body with primary responsibility for international peace and security. A National Intelligence Council report, *The Global Infectious Disease Threat and its Implications for the United States*, published in January 2000 corresponded with the Security Council meeting and with the Clinton administration’s April 2000 announcement that it had formally designated AIDS as a threat to U.S. national security. These steps firmly established the linkage between HIV/AIDS and security, drew a great deal of attention in the international community to what had previously been a widely overlooked characterization of the HIV/AIDS challenge, and mobilized both political and financial capital to address the problem. We should

not overlook that national and international security concerns were a primary driver behind the current response to HIV/AIDS and are likely to be a central factor in how the international community responds to epidemics in the “Next Wave” countries.

## V. CONCLUSION

At a time when our conceptions of security are evolving rapidly, we must look hard at our answers to the question: What constitutes security? Although the debate remains divided on whether to include health issues in the security debate, clearly health and security challenges are intersecting with greater frequency and intensity. Some health and security challenges represent direct threats to security in its traditional context, while others remain indirect and uncertain threats. Given this uncertainty and ambiguity, much more work is needed to bring analytical clarity to the health and security paradigm. The first step toward developing an analytical framework is to elaborate on the specific characteristics that emerge from the health and security paradigm, which produces particular risks. By creating and applying a standard risk-based methodology, analysts and policymakers alike will have a tool to assess the nature of such problems and thereby fashion better responses to them.

### Notes

<sup>1</sup> Dennis Pirages, “Ecological Theory and International Relations,” in Charles W. Kegley, Jr. and Eugene R. Wittkopf, eds., *The Global Agenda: Issues and Perspectives*, 5th ed. (New York: McGraw-Hill, 1998).

<sup>2</sup> Report of the Secretary-General Boutros Boutros-Ghali, “An Agenda for Peace: Preventive Diplomacy, Peacemaking, and Peacekeeping,” A/47/277-S/2411, January 31, 1992, p. 3. Also available online at [www.un.org/Docs/SG/agpeace.html](http://www.un.org/Docs/SG/agpeace.html).

<sup>3</sup> Andrew Price-Smith, *The Health of Nations: Infectious Diseases, Environmental Change, and Their Effects on National Security and Development* (Cambridge, MA: MIT Press, 2002). See Price-Smith for a discussion of the direct and indirect impact of health issues in terms of relative deprivation and on a state’s capacity to govern.

<sup>4</sup> Andre J Ognibene, “Medical and Infectious Diseases in the Theater of Operations,” *Military Medicine*, vol. 52, no. 1, 1987, pp. 14.

<sup>5</sup> James McPherson, *Battle Cry of Freedom: The Civil War Era* (New York: Oxford University Press, 1988), p. 485.

<sup>6</sup> Jonathan Ban, *Health, Security, and U.S. Global Leadership*, Health and Security Series, Special Report No. 2. (Washington, DC: Chemical and Biological Arms Control Institute, December 2001), p. 45.

<sup>7</sup> Amir Attaran, “Malaria, The Terrorist’s Friend,” *The New York Times*, September 25, 2003.

<sup>8</sup> Stefan Elbe, “Strategic Implications of HIV/AIDS,” *The Adelphi Papers*, vol. 357, no. 1, July 2003 (London: International Institute for Strategic Studies), p. 18.

<sup>9</sup> UNAIDS. *Fact Sheet: HIV/AIDS in Sub-Saharan Africa*, January 9, 2003, accessed September 23, 2003 at: [http://www.unaids.org/html/pub/Publications/FactSheets03/FS\\_AIDS\\_in\\_Africa\\_2003\\_en\\_doc.htm](http://www.unaids.org/html/pub/Publications/FactSheets03/FS_AIDS_in_Africa_2003_en_doc.htm).

<sup>10</sup> UNAIDS. *Report on the Global HIV/AIDS Pandemic* (Geneva, July 2002), p. 190.

<sup>11</sup> WHO. *Macroeconomics and Health: Investing in Health for Economic Development*, Report of the Commission on Macroeconomics and Health, December 20, 2001, pp. 22-23, 47, 103, 108.

<sup>12</sup> USAID, UNAIDS, UNICEF, *Children on the Brink 2002: A Joint Report on Orphan Estimates and Program Strategies*, July 2002. The 2020 Figure is from Phiri, Stanley and Webb, “The Impact of HIV/AIDS on Orphans and Program and Policy Responses,” in Giovanni Andrea Cornia, ed, *AIDS, Public Policy and Child Well-Being*, chapter 15 (New York: UNICEF, June 2002), <http://www.unicef-icdc.org/research/ESP/aids/chapter15.pdf> (accessed September 23, 2002).



<sup>13</sup> For a review of the SARS outbreak see Elizabeth M. Prescott, "SARS: A Warning," *Survival*, vol. 45, no. 3, Autumn 2003, pp. 207-225.

<sup>14</sup> National Intelligence Council, *The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India, and China*, ICA 2002-04 D, September 2002.





# Pre-empting an HIV/AIDS disaster in China

By Drew Thompson

## INTRODUCTION

Since September 11, 2001, the United States and China have enjoyed a particularly stable relationship. Both nations have actively engaged each other in pursuit of their own perceived interests, and are becoming partners to overcome shared strategic challenges. By cooperating closely on the global war on terror, the North Korean issue and international drug trafficking, the U.S. and China have established robust channels of communication which continue to strengthen their bilateral relationship. Secretary of Health and Human Services Tommy Thompson's visit to Beijing this October provides an additional example of the opportunities to further the national interests of the United States by enhancing U.S.-China cooperation and commitment to prevent an impending HIV/AIDS disaster in China.

China's HIV/AIDS epidemic is beginning to emerge from localized populations of former plasma donors and intravenous drug users and spreading to the general population. Without effective interventions, up to twenty million Chinese could be infected with HIV by 2010.<sup>1</sup> The capacity of China's healthcare system is lacking, largely due to insufficient investment since the reform and opening period began in 1979. The mishandling of the Severe Acute Respiratory Syndrome (SARS) outbreak provides insight into the challenges faced by the public health care system. While the prevalence of HIV/AIDS in the Chinese population is currently believed to be low, with around one million infected, the rapid increase and higher prevalence of other sexually transmitted diseases indicates the potential for the future spread of HIV/AIDS into the general population.<sup>2</sup> Unlike the efforts of President Hu Jintao and Premier Wen Jiabao to mobilize the nation against SARS, China's top leaders have yet to take a highly visible role in addressing HIV/AIDS. Without greater leadership commitment, the government-run healthcare system's ability to prevent the spread of HIV is uncertain at this point.

Increasing globalization continues to link the economies and interests of the U.S. and China. While it is not certain if the U.S. trade deficit or China's substantial holdings of foreign reserves can be sustained for the long term, the social and economic relationship between the two nations is unlikely to significantly decline unless exogenous shocks intervene. Moreover, China's economy is structurally weak and dependent upon foreign direct investment and access to export markets, thus the country remains vulnerable to disturbances, such as the threat represented by HIV/

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AIDS. Additionally, China faces a security risk from HIV/AIDS which could spread through its own military, much as it has already affected the security forces of Vietnam and Cambodia.<sup>3</sup> Neither economic collapse nor instability in China serves the interests of the United States or its allies in Asia.

The United States government is actively engaging the Chinese government to curb the spread of HIV/AIDS in China, both bilaterally and through multilateral organizations, such as the United Nations and the Global Fund to Fight AIDS, Tuberculosis and Malaria. The U.S. government's bilateral commitments to China include significant financial and personnel investments that will undoubtedly be enlarged through new initiatives. This dynamic bilateral collaboration clearly establishes China's effort to combat the emergence of infectious diseases as an essential diplomatic element of the U.S. strategy to preserve economic and strategic stability in the Asia Pacific region.

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### **Outside experts...estimate that by 2010 there could be between 10 and 15 million infected Chinese.**

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#### **THE EMERGENCE OF HIV/AIDS FROM LOCALIZED EPIDEMICS AND ITS SPREAD TO THE GENERAL POPULATION**

China is at significant risk of a generalized HIV/AIDS epidemic, as the disease is currently spreading from relatively localized high-risk groups into the mainstream population. The Chinese government documented 40,560 cases of HIV infection by the end of 2002, but estimated that one million had been infected nationwide.<sup>4</sup> On September 22, 2003, the Executive Vice Minister of Health Gao Qiang addressed the UN General Assembly in New York, informing them of current Chinese estimates that 840,000 people are currently living with HIV, and 80,000 are HIV/AIDS patients.<sup>5</sup> This announcement implies a 20 per cent increase in HIV infections and a 140 per cent increase in AIDS cases over the same six month period last year.<sup>6</sup> Outside experts, including the U.S. National Intelligence Council and the UN Joint Program on AIDS (UNAIDS), estimate that by 2010 there could be between ten and fifteen million infected Chinese.<sup>7</sup>

The Chinese government has identified three distinct HIV/AIDS epidemics in China. Approximately 68 percent of HIV positive individuals are identified as intravenous drug users, located largely in the south and west, and 10 percent have been infected through heterosexual intercourse, identified largely as intercourse between commercial sex workers and their clients. Another 10 percent have been infected through unsafe blood donation practices and the remainder contracted the disease through unclear modes.<sup>8</sup> As China's economy continues to reform and the population becomes increasingly mobile, so-called "bridge populations" come into contact with relatively well-defined, high-risk population segments which have great potential to spread HIV.

One of the key bridge populations is the “floating population” (*liudong renkou*), who are estimated at 120 to 130 million people from rural areas that migrate to the cities in search of work. This floating population is extremely vulnerable to HIV infection. They are largely young, poorly educated, and in a sexually active period of their lives, but with little access to prevention education. Male migrants make up the largest proportion of the floating population, and are frequently away from home for fifty weeks a year, living in single-sex dormitory style housing, and working long hours in difficult conditions.<sup>9</sup> They are easy targets for drug sellers, have ample opportunities to interact with sex workers, and being far from home, are less constrained by the conservative mores of their home villages.

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Migrants also constitute a large number of commercial sex workers, who are generally young and have little formal education. Sex education is not widely taught in primary or middle schools in China, while cultural conservatism limits discussion of sexual matters within families. The Chinese Ministry of Health estimates that 1.32 percent of sex workers were HIV positive in 2002, while other experts have estimated that the infection rate is almost 11 percent and 5 percent in the Guangxi and Yunnan provinces, respectively.<sup>10</sup> There is low condom use among sex workers, and low awareness or knowledge of HIV transmission.<sup>11</sup> Sex workers tend to be very mobile, as are many of their migrant clients. As the commercial sex industry expands, its clientele increasingly includes middle-class men, business people, and government officials. Recent corruption scandals in China have detailed the use of “sexual-bribery” as a common mode of remunerating government officials in lieu of cash payments that could be used as evidence of graft. As HIV infection becomes more prevalent within the commercial sex worker population, China’s most productive working age population, including government leaders, will likely be increasingly affected.

An additional key bridge population includes long-distance truck drivers who have ready access to commercial sex. Brothels, posing as restaurants, line inter-province highways outside of cities as a kind of “rest stop” for long-haul truckers. Like members of the floating population, truck drivers return to their home villages and infect their partners, whose sexual fidelity is also not assured.

These high-risk and bridge populations present significant challenges to the government’s response to HIV/AIDS. China’s governmental organizations have had trouble organizing effective educational and behavioral intervention programs that target individuals engaged in illicit activities, such as intravenous drug users and commercial sex workers.<sup>12</sup> Sex workers and drug users are generally not willing to participate in voluntary counseling programs due to the relatively high risk of being

identified and punished in the future. Most government-organized education projects targeting these groups are centered on apprehended commercial sex workers and intravenous drug users in detention centers run by the public security ministry. Executive Vice Minister Gao Qiang's speech to the United Nations in September stated the government's policy for dealing with these at-risk populations.

*Illegal acts like drug trafficking, drug use, prostitution and illegal blood collecting and supplying will be cracked down while drug-free community and healthy sexual life will be promoted.<sup>13</sup>*

In many other countries, non-governmental organizations provide counseling and outreach to marginalized groups which also generates valuable data for the scientific and policy community about population sizes and their behaviors. The government's general distrust and resistance to the development of non-governmental organizations deprives Chinese policy makers of vital information about these key groups. Access and information about these groups are crucial to designing and implementing effective interventions and education campaigns.

#### HOW FAR CAN HIV/AIDS POTENTIALLY SPREAD INTO THE GENERAL POPULATION?

HIV/AIDS is just one of several blood-borne and Sexually Transmitted Diseases (STDs) that have been spreading in the post-Mao period. STDs are not only indicators of the potential future extent of HIV infection, but they also facilitate the spread of HIV. China's society is rapidly changing with extra-marital sexual contact becoming increasingly commonplace. While the Chinese government maintains clinics devoted to treatment and surveillance of sexually transmitted infections, many patients visit private clinics, complicating the task of STD surveillance through the national network. Additionally, underfunded and unregulated clinics are partly responsible for the spread of some infections due to improper re-use of medical equipment, such as syringes and catheters.<sup>14</sup>

Hepatitis B and C, while more easily transmitted than HIV, are spread by the same means, making it a key indicator of the potential extent of the spread of HIV/AIDS.<sup>15</sup> An estimated 170 million Chinese have hepatitis B, and an additional forty million are suspected of carrying hepatitis C, making liver cancer one of the leading causes of death in China.<sup>16</sup> The increase of hepatitis B infections in China has been reduced over the past three years due to aggressive vaccination campaigns, largely financed by international donations and cooperative projects. However, the disease continues to plague millions, particularly in rural areas. Two-thirds of the world's hepatitis infections occur in China, giving an indication of the capacity of China's healthcare system to prevent the spread of sexually transmitted and blood-borne diseases.<sup>17</sup> While the increase in HIV/AIDS infections is still largely attributed to intravenous drug users and commercial sex workers in official statistics, hepatitis reveals the extent to which sexual transmission and improper re-use of medical equipment in clinical settings can play a role in the transmission of infection.

Other sexually transmitted diseases are indicators of increased unsafe sex practices in China. In one report by the National Center for STD and Leprosy Control, researchers claimed that the average annual growth of the incidence of syphilis between 1993 and 1999 was 84 percent.<sup>18</sup> This report goes on to detail how syphilis has spread rapidly from coastal, urban areas to inland urban areas, then into inland rural areas, establishing the existence of sexual transmission routes between urban and rural areas. A population-based survey conducted in 2000 of over three thousand Chinese aged twenty to sixty-four, found that chlamydia infected 2.1 percent of men and 2.6 percent of women.<sup>19</sup> Nine percent of men in the survey had reported having sex in the previous year with a commercial sex worker, and 94 percent of those men reported “inconsistent condom use” in commercial sexual encounters.<sup>20</sup>

The reduction of risky behavior, such as sharing of needles or unprotected sex with multiple partners will require aggressive and effective programs of behavioral intervention and general education campaigns to prevent the spread of HIV/AIDS in China.

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**The reduction of risky behavior, such as sharing of needles or unprotected sex with multiple partners will require aggressive and effective programs of behavioral intervention and general education.**

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#### CHALLENGES FOR THE CHINESE GOVERNMENT

Despite an increased willingness to address the issue of HIV/AIDS, China's governmental approach has had limited success on a national scale. There are four key weaknesses in the Chinese public health system which inhibits an effective response to the HIV/AIDS crisis: insufficient high-level political and financial commitment; bureaucratic obstacles between the central government and provinces; lack of human resources; weak epidemiological surveillance capacities.

##### *Insufficient high-level political and financial commitment*

Chinese government authorities have been devoting fewer resources for national public health care services since the post-Mao period began. The Ministry of Health, which is the lead actor in the Chinese bureaucracy in the fight against AIDS, lacks an adequate budget and continuous, visible support from high-level leaders.<sup>21</sup> Unlike the outbreak of SARS, which resulted in a mass mobilization of resources, daily pronouncements and hospital inspections from central government leaders, HIV/AIDS has garnered inadequate public attention from the top leadership. At the height of the SARS outbreak, the premier, president and vice president regularly visited hospitals and the Ministry of Health, promising increased funds for SARS prevention and medical capacity.<sup>22</sup> Some analysts optimistically predicted that SARS was a wakeup call for the top leadership and hoped that their attention would shift to

other public health crises, including AIDS.<sup>23</sup> However, it remains to be seen if the top leadership will take up HIV/AIDS as a major issue on their agenda.

China's annual budget for HIV/AIDS prevention and treatment has hovered around RMB 100 million per year (US\$ 12 million) since 2001.<sup>24</sup> From 1996 to 2000, the national budget was approximately US\$ 1.8 million.<sup>25</sup> By comparison UNAIDS notes that in 2000, the funds that China allocated to HIV/AIDS prevention and control was one seventh of the funds that Thailand invested.<sup>26</sup> While investments, funded through bond issues have been made to improve the blood collection system, these central government funds are inadequate supplements to provincial budgets. Both Beijing and the provinces are becoming increasingly reliant on international donations to fund their HIV/AIDS initiatives, including bilateral government aid, grants and loans from UN organizations, and donations from independent foundations and charities such as the Global Fund to Fight AIDS, Tuberculosis and Malaria. Unfortunately, one result of this system of disparate donors is the profusion of pilot projects. Few, if any of these projects have been able to "scale-up" into sustainable, nationwide efforts.<sup>27</sup> Additionally, direct funding from abroad to provincial projects lessens the influence of the central government with the provinces.

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**The bureaucratic challenges with HIV/AIDS are compounded by the way many provincial authorities see HIV/AIDS as a politically sensitive issue.**

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*Bureaucratic obstacles between the central government and provinces*

The Ministry of Health faces bureaucratic resistance from provincial authorities, as shown by the SARS outbreak. While Ministry of Health authorities demanded daily reports, not all provinces responded until politburo members intervened, firing the minister of health and the mayor of Beijing. Despite the close proximity of the municipal and central health authorities, as SARS was spreading in the capital, the local authorities defied directives, continued to hide cases and resist central government oversight. The bureaucratic challenges with HIV/AIDS are compounded by the way many provincial authorities see HIV/AIDS as a politically sensitive issue.<sup>28</sup> They view this issue as having the potential to spark civil unrest, or negatively impact foreign investment or tourism, all of which reduce a local official's prospects for promotion within the party or civil service system. Additionally, due to the low national budget for HIV/AIDS prevention and treatment, many of the central government's mandates are not funded, resulting in even less compliance from local officials.

*Lack of human resources*

China's national health care system is also medically unprepared to treat and care for citizens with HIV. The Ministry of Health reported in early 2003, that only between fifty and 100 doctors in China are able to diagnose and treat HIV infection.<sup>29</sup>

These doctors are rarely in rural areas where the majority of sufferers reside. Only two hospitals in China, both in Beijing, have wards for HIV/AIDS treatment.<sup>30</sup> Chinese officials and media have emphasized affordable access to Anti-Retroviral Drugs (ARVs) as a priority in the fight against AIDS, though inadequate attention has been paid to developing medical training programs, referral systems and medical infrastructure. In April, China began providing free domestically manufactured ARVs to some HIV-positive residents in Henan, Hubei, Hunan, Anhui and Sichuan provinces where HIV infection is prevalent in former plasma donors. However, successful treatment is proving to be a challenge, due to an insufficient number of doctors and trained social workers to oversee treatment and inadequate laboratory equipment to monitor patients. It has been reported that patients have already stopped taking their medication because of serious side effects.<sup>31</sup> Because patients are starting their treatment before doctors and counselors have been trained and laboratories with the necessary equipment and technicians are in place, it is likely that many patients will be unable to adhere to their regimens. The potential result is the emergence of drug-resistant strains of HIV, which can easily spread from the provinces to other parts of China, Asia and the rest of the world. The first two years of China's five year, \$98 million application to the Global Fund was approved in October, providing China with \$21 million to begin doctor, technician and counselor training and to build medical infrastructure, in areas with high prevalence of HIV positive former plasma donors. The goal is to use this money to provide ARV treatment in fifty-six counties in seven central provinces.<sup>32</sup>

*Weak epidemiological surveillance capacity*

Aside from former plasma donors in the central provinces, the extent of China's AIDS epidemic is going largely unidentified and uncounted. Hampered by poor communication and scarce national resources, China is having problems establishing an accurate surveillance system that will enable health policymakers to identify emerging HIV/AIDS epidemics, design appropriate interventions and channel resources where they are most needed and can be most effective. China's information on the numbers and locations of HIV infections primarily come from two systems, a case reporting system, and a national sentinel surveillance system.<sup>33</sup>

HIV, syphilis and gonorrhea are among 35 infectious diseases which all health clinics are required to report. Clinics report cases through three separate channels, the STD network, the infectious disease network, and a dedicated HIV reporting network. Positive test results are collected from clinics throughout the county and reported to the provincial authorities, who are then required to pass the statistics on to the national authorities. However, the unreliability of communications between various authorities within the system makes much of the collected data inadequate for establishing the actual scope of the epidemic. Additionally, testing protocols are not uniform throughout the system, or within each network, making the results from some sources questionable.<sup>34</sup> Even more frustrating for public health officials are the case reporting networks, such as the military which began testing all recruits in 2001, that do not share their information with civil authorities.<sup>35</sup>

Supplementing the case reporting system is the national sentinel surveillance system. By the end of 2002, China operated 158 national surveillance sites, conducting two rounds of tests per year, with at least one site in each province.<sup>36</sup> These sites include STD clinics, drug-user rehabilitation sites, commercial sex worker re-education centers, trucking company clinics, and maternal-child health clinics. The targeted populations covered by this system are uneven, with many at-risk groups excluded, especially men who have sex with men. There are several hundred provincial level surveillance sites, though the testing protocols employed are inconsistent, making much of their data unreliable.<sup>37</sup>

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### **If China fails to identify and prevent the eruption of HIV/AIDS into a generalized epidemic, the implications for China, its neighbors, and the United States are grim.**

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The Chinese government is increasing their efforts to improve the national HIV/AIDS surveillance system by working with UNAIDS and the U.S. Centers for Disease Control and Prevention. The ability to accurately determine the scope and form of the epidemic in China will be valuable towards designing effective prevention and treatment programs. If China fails to identify and prevent the eruption of HIV/AIDS into a generalized epidemic, the implications for China, its neighbors, and the United States are grim.

#### **CHINA'S INCREASING INTERDEPENDENCE WITH A GLOBALIZED WORLD**

Since *gaige kaifang* or “reform and opening” began in 1979, China has steadily moved to integrate itself into the global economic system, attracting foreign investment and exporting its goods to the world. The United States has played a major role in China's economic reforms and integration with the global economy. The nations' economies and mutual interests have increasingly converged, prompting China to become more active in advocating peace and stability in the region. Due largely to China's cooperation with the U.S. on major issues, including the global war on terrorism and negotiations with North Korea, U.S. officials have recently described U.S.-China relations as the “best they have been since President Nixon's first visit.”<sup>38</sup> To maintain this relationship based on trade and mutual interests, China requires social stability. China is attempting to maintain this stability through constant economic growth to ensure employment for workers laid off from restructured or bankrupt state owned enterprises. Maintaining steady economic growth requires a peaceful international environment, free-market access to energy and technology, and most important for the Communist Party – stability and security at home. HIV/AIDS will threaten this delicate balance, much as the SARS outbreak dramatically demonstrated that China's social, political, and economic interdependence can be quickly derailed by the rapid outbreak of an infectious disease. Preventing future outbreaks will require an expanded domestic and



international effort to control the spread of not only SARS, but HIV and additional infectious diseases as well.

This section will review four key issues where the spread of HIV/AIDS in China will have a major impact in both China and the United States. First, China's population is increasingly mobile with borders more open than ever before, facilitating economic development while simultaneously posing public health challenges to authorities. Second, HIV/AIDS threatens China's economy, at the micro and macro levels. Third, as China's economy integrates with the global economy, multinational corporations are becoming exposed to China's domestic challenges, particularly the impacts from HIV/AIDS. Finally, HIV/AIDS poses a security threat to China, which in-turn could threaten the U.S. and the region.

*Mobile populations contribute to economic growth, but present public health challenges*

With a population of 1.3 billion people, China's economic integration and development has required unprecedented mobility of its people and exposure to travelers from other countries. The health of China's population is increasingly linked to that of other nations. China's increasingly opened borders have resulted in massive flows of people to and from the country. An estimated 97 million people from around the world visited China in 2002.<sup>39</sup> At the same time, an improved economy has enabled increasing numbers of Chinese citizens to travel domestically and internationally, generating an unprecedented level of commerce between the world and every Chinese province. In 2002, approximately 16.6 million Chinese people traveled abroad 2002 for business or pleasure.<sup>40</sup> Increased mobility, both domestically and internationally, makes tracking and preventing emerging infectious diseases a challenge to the authorities. The SARS outbreak in Beijing vividly demonstrated how a disease that emerged in Guangdong province easily spread to Beijing, inducing the flight of a million migrant workers back to the countryside despite government admonitions to remain in place. HIV/AIDS is particularly difficult to control; particularly as the government attempts to cope with a broad range of bureaucratic impediments related to unfettered population flows within the country.

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*Potential impact of HIV/AIDS on China's economy*

The economic impact from HIV/AIDS begins at the family level with economic hardships caused by sickness or incapacitation and ultimately contributes to economic decline of macro-level indicators. The majority of Chinese citizens do not have health insurance, particularly in rural areas, where the capacity for preventative medicine is weak.<sup>41</sup> In areas with a high-prevalence of HIV/AIDS, the economic impact of disease is already being felt, as fields go untended and possessions are sold

off to pay for medicines. Additionally, there is little provision by the government for the care of children orphaned by HIV/AIDS, so the burden of care falls on relatives and neighbors. Similarly, elderly peasants have no social insurance or retirement benefits, making the loss of a son to HIV/AIDS an extreme hardship to the surviving family members.<sup>42</sup>

There should be concern in the U.S. because increased integration with the global economy comes an increased risk due to the structural economic vulnerabilities of China. With annual GDP growth rates around 10% for the previous decade, China has been described as an “engine of growth” for Asia and a significant contributor to regional economic stability in the aftermath of the Asian financial crisis. However, researchers at RAND have projected that HIV/AIDS could lead to reductions in annual GDP growth of between 1.8 and 2.2 percent up to 2015.<sup>43</sup> Coupled with unemployment, a frail financial system, and rampant corruption, China’s economy could lose its resilience if faced with a sustained public health crisis. While HIV/AIDS is not likely to cause China’s creaky banking system to collapse, HIV/AIDS and poor health in general engender economic decline that can increase the stress on an already stressed economic system.

#### *Economic integration between the United States and China*

For the past 30 years, commerce has been the bedrock of the Sino-US relationship. U.S. based companies were among the first to invest in China, and are some of the largest investors with significant payrolls. China is the United States’ fourth largest trading partner with over \$147 billion in total trade in 2002.<sup>44</sup> Transpacific flights between major cities in both countries transport thousands of officials, professionals, tourists and students every day. This growing interdependence makes U.S. companies and investors increasingly exposed to China’s domestic condition. A declining health situation threatens to impact U.S. corporations with extensive investments and employees in China. HIV/AIDS affects people in the most productive years of their lives, between the ages of 15 and 55, placing much of the epidemic’s burden on employers.<sup>45</sup> If HIV/AIDS is not controlled, it will likely increase labor costs to companies operating in China, through reduced productivity, increased employee turnover, and higher medical and insurance costs.

#### *Security implications of HIV/AIDS in China*

HIV/AIDS has the potential to spark unrest both locally and regionally. Locally, some villages in Henan province with large numbers of former plasma donors have already seen sporadic incidences of civil unrest. Isolated clashes between police and villagers have not spread to other areas that are heavily infected. However, the long incubation period of HIV means that many more villagers across central China may yet show symptoms of full-blown AIDS. As more villagers become ill, incapacitated, and die, the potential for increased violence against authority and the dispossession of property becomes more likely. Paramilitary units could potentially be involved in quelling unrest in several regions in central China.

Regionally, China's handling of the HIV/AIDS epidemic has wide implications. Aside from economic relations with regional partners, China has an increasing strategic role both in Asia and around the world. United Nations observers and peacekeepers from the People's Liberation Army (PLA) units have been deployed in Asia and Africa, particularly areas where HIV prevalence is high.<sup>46</sup> The Chinese military's modernization drive over the past decade has been a cause for concern for neighbors and the United States, which remains the dominant military in the region. It is not unreasonable to assume that as the HIV virus spreads in China, the PLA will be directly affected. How China and the PLA respond to the impact of HIV/AIDS could potentially contribute to instability in the region.

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### **Many military bases around the world attract large numbers of sex workers and China is no exception.**

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The PLA, like other armies around the world, is vulnerable to sexually transmitted diseases. Like the so-called "floating population," military units are at risk of HIV infection due to duties that require them to be away from home. Living in segregated barracks far from the social restrictions of home and with disposable income, troops have frequent opportunities to engage in casual and commercial sex. Many military bases around the world attract large numbers of sex workers and China is no exception. Experiences of other militaries have established that access to alcohol when on leave can increase the chances of unprotected sexual encounters, particularly when condom access is limited.<sup>47</sup>

While the prevalence of HIV/AIDS in China's general population is low, if the experience of other Asian nations gives any indication, the prevalence of HIV within the military will likely be higher. In Vietnam, where the adult prevalence rate of HIV was estimated at 0.3 percent in 2001, overall prevalence in the military is estimated at 0.5 percent. More ominously, up to 4.5 percent of Vietnamese military recruits in one province tested positive for HIV. Since commercial sex workers are key vectors of HIV within the military, the rapid increase in the rate of infection amongst commercial sex workers from 1.5 percent in 1999 to 3.53 percent in 2000 is an additional concern to the Vietnamese military.<sup>48</sup> In Cambodia, with an adult prevalence rate of approximately 4 percent, between 12 and 17 percent of the armed forces are possibly infected with HIV. High-ranking officers and rank-and-file soldiers are both contracting HIV, which poses a long-term problem. Most soldiers contracted HIV through unprotected sex with prostitutes.<sup>49</sup> The Cambodian Defense Ministry's senior health official stated, "HIV/AIDS is now the military's only enemy. It could devastate our plans for reform and reduce our capability. We are very worried."<sup>50</sup>

The impact of HIV/AIDS on the PLA is not currently known, though the effects are not expected to be immediate due to the five to ten year incubation period of HIV and China's relatively recent exposure to HIV. However, it is clear that the PLA is aware of the threat from HIV/AIDS, since the testing of recruits started in 2001. The PLA is wise to be cautious. While HIV is not likely to impact

the young conscripts who only serve two years, China's military modernization drive has created increased reliance on technically trained officers and larger numbers of noncommissioned officers. These long-term, highly trained experts are costly to train and difficult to replace. Technology driven services, such as the PLA air force, could be disproportionately impacted by HIV/AIDS, should it become prevalent within the PLA and general population. Several key factors will determine how severe the impact of HIV/AIDS on the PLA will become: the level of HIV prevalence in the general population; the size of the force; the levels of technical expertise required to run a modernizing force; and perhaps most importantly, the availability of adequate resources devoted to prevention and competent, engaged civil and military leadership at the highest levels.<sup>51</sup>

While it is premature to speculate on whether or not HIV/AIDS will have a destabilizing impact on the PLA, a chief concern is that HIV/AIDS will affect the military balance in Asia. A military with high rates of HIV/AIDS could be perceived as weak by neighboring countries, increasing the possibility that a country might seek to engage a neighbor in conflict to establish a more credible deterrent against opportunist powers. Cambodia, Vietnam, and Thailand have militaries currently affected by HIV, potentially shaping the military balance in the region in the medium term, while the epidemic in China will take longer to determine. As the dominant military power in the region, the United States has a vested interest to maintain a balance of power and prevent regional militaries from initiating hostilities that could possibly draw U.S. forces into costly conflicts.

#### MAINTAINING U.S. LEADERSHIP ON HIV/AIDS

In the post September 11 security environment, the United States has clearly established global leadership not only in the War on Terror but in the war against HIV/AIDS as well. The announcement of the president's Emergency Plan for AIDS Relief, a five-year, \$15 billion initiative targeted at twelve countries in Africa and two in the Caribbean, provides a benchmark for other nations. As the HIV/AIDS pandemic's center of gravity shifts towards Asia, national leaders throughout the region need to become more engaged on HIV/AIDS prevention and treatment. The appointment of Randall Tobias, a retired pharmaceutical executive, to the newly created global HIV/AIDS coordination office at the U.S. Department of State will establish an additional conduit for high-level engagement between the United States and international leaders.

The destabilization of China caused by HIV/AIDS would likely distract China from cooperation on issues of mutual concern, including non-proliferation, drug trafficking and terrorism. China's current efforts to cultivate a more secure environment in Asia, including intensified diplomatic engagement with ASEAN and central Asian nations through the Shanghai Cooperation Organization, coincide with U.S. national interests on many fronts. HIV/AIDS threatens these relationships, which, in turn, threaten international security and U.S. national interests.

It is crucial for the U.S. government to engage China diplomatically to prevent HIV/AIDS from becoming a catastrophic epidemic within China. It will require top-level attention from China's leaders and the use of international financial and technical resources combined with higher levels of political and financial commitment from China. The Chinese government especially needs assistance from experienced institutions, such as the U.S. Centers for Disease Control, to accurately assess the extent of the spread of HIV in order to channel resources appropriately. An accurate assessment will likely dictate a more equitable distribution of resources than has been seen to date. Additional resources will need to be directed to rural areas, where health care capacity is particularly lacking. Likewise, various high-risk and hard-to-reach populations, including drug users and commercial sex workers, must be addressed. U.S. government and multinational efforts to assist non-governmental organizations to build up capacity of the health care system in this area will be of great importance in China's fight against HIV/AIDS.

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**It is crucial for the U.S. government to engage China diplomatically to prevent HIV/AIDS from becoming a catastrophic epidemic within China.**

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Direct U.S. government endeavors to bolster China's capability to combat HIV/AIDS are significant in terms of financial and personnel commitments. The U.S. Department of Health and Human Services, the National Institutes of Health, the Centers for Disease Control and Prevention (CDC), and the U.S. Agency for International Development all have made significant financial commitments to China's public health system. This October, Secretary of Health Tommy Thompson, marking the first visit of a Health Secretary to China since 1988, announced the newly created position of a Health Attaché at the embassy in Beijing. Additionally, the CDC, through the Global AIDS Program (GAP), has assigned two permanent staff members to Beijing to work with the Ministry of Health to contribute to China's effort. Additional U.S. government branches also have supported efforts for treatment, prevention and education both bilaterally and through non-governmental organizations. Continued U.S. commitment, both to the Global Fund as well as direct bilateral aid, is vital. The U.S. government should continue to maintain a high-level of sustained engagement with China's leaders. HIV/AIDS can effectively remain on the diplomatic agenda by linking China's HIV/AIDS intervention efforts to all aspects of the U.S.-China relationship, much the way human rights became an omnipresent component of the bilateral dialogue after 1989.

As China becomes more globally integrated, its economic and immunological health matter more to the world. Continued U.S. global leadership on HIV/AIDS is critical to pre-empt an HIV/AIDS disaster in China.

## Notes

<sup>1</sup> Bates Gill and J. Stephen Morrison, eds., *Averting a Full-blown HIV/AIDS Epidemic in China*, Center for Strategic and International Studies, Washington, DC, 2003, pg. 2.

<sup>2</sup> For recent survey-based examples of the prevalence of sexually transmitted diseases in China, see, William L. Parish et al., “**Population-Based Study of Chlamydial Infection in China A Hidden Epidemic**,” *Journal of the American Medical Association*, 2003;289:1265-1273. See also, Gong et al., “Epidemiological analysis of syphilis in China through 1985 to 2000,” *Chinese Journal of Sexually Transmitted Infections*. 2001; 1 (1): 1-6.

<sup>3</sup> HIV prevalence within Cambodia’s military is estimated between 7 and 12.5%. See Family Health International (Accessed on November 17, 2003 at: [www.globalhealth.org/assets/advocacy/larivee603.pdf](http://www.globalhealth.org/assets/advocacy/larivee603.pdf) , slide number 13, and [http://www.fhi.org/en/HIVAIDS/Publications/Archive/articles/IOH/ioh22/Mak\\_Imp\\_HIV\\_AIDS\\_Cambodia.htm](http://www.fhi.org/en/HIVAIDS/Publications/Archive/articles/IOH/ioh22/Mak_Imp_HIV_AIDS_Cambodia.htm)).

<sup>4</sup> Chinese Ministry of Health Document, “AIDS situation and progress on prevention work in China in 2002,” accessed on February 24, 2003 at [http://www.chinaids.org.cn/index\\_sy\\_zxbd.asp?sn=811](http://www.chinaids.org.cn/index_sy_zxbd.asp?sn=811)

<sup>5</sup> Executive Vice Minister of Health, Gao Qiang’s address to the UN General Assembly on September 22, 2003.

<sup>6</sup> “Mainland Aids Death Rate Reaches 20pc,” *South China Morning Post*, October 5, 2003. See also “HIV infections rise sharply in China, pass 1 million,” *Deutsche Presse-Agentur*, October 4, 2003.

<sup>7</sup> See, “HIV/AIDS: China’s Titanic Peril,” UNAIDS, June 2002. See also, “The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India, and China,” National Intelligence Council, September 2002.

<sup>8</sup> Chinese Ministry of Health Document, “AIDS situation and progress on prevention work in China in 2002,” Accessed on February 24, 2003 at [http://www.chinaids.org.cn/index\\_sy\\_zxbd.asp?sn=811](http://www.chinaids.org.cn/index_sy_zxbd.asp?sn=811)

<sup>9</sup> “China Warned of AIDS Epidemic in Floating People,” *Xinhua*, January 29, 1999. See also “AIDS in China: A View from the Ministry of Public Health,” U.S. Embassy Beijing, April 1997. Accessed on September 9, 2002 at: <http://www.usembassy-china.org.cn/english/sandt/webads2.htm>

<sup>10</sup> Joan Kaufman, Roundtable before the Congressional-Executive Commission on China, September 9, 2002. Pamphlet published by the Government Printing Office.

<sup>11</sup> Wu Zunyou, National Center for AIDS/STD Prevention and Control, Chinese Center for Disease Control and Prevention. Presentations made in October 2002 and January 2003.

<sup>12</sup> Bates Gill and J. Stephen Morrison, eds., *Averting a Full-blown HIV/AIDS Epidemic in China*, Center for Strategic and International Studies, Washington, DC, 2003, pg. 9.

<sup>13</sup> Executive Vice Minister of Health Gao Qiang’s address to the UN General Assembly on September 22, 2003.

<sup>14</sup> “Re-using Disposable Needles – Even Getting Rich off Medical Garbage,” *People’s Daily*, March 20, 2003. [In Chinese.]

<sup>15</sup> Sun Z, Ming L, Zhu X, Lu J, “Prevention and Control of Hepatitis B in China,” *Journal of Medical Virology*, July 2002; 67(3):447-50. See also: Chinese Foundation for Hepatitis Prevention and Control, statistics posted on web site accessed on March 15, 2003 at: <http://www.csyhepa.com>

<sup>16</sup> Ibid.

<sup>17</sup> “China Launches Battle Against Hepatitis,” *British Broadcasting Corporation*, June 1, 2002.

<sup>18</sup> Gong X, Zhang G, Ye S, et al., “Epidemiological analysis of syphilis in China Through 1985 to 2000,” *Chinese Journal of Sexually Transmitted Infections*, 2001; 1: 1-6.

<sup>19</sup> William L. Parish et al., “**Population-Based Study of Chlamydial Infection in China A Hidden Epidemic**,” *Journal of the American Medical Association*, 2003;289:1265-1273.

<sup>20</sup> Ibid.

<sup>21</sup> Bates Gill and J. Stephen Morrison, eds., *Averting a Full-blown HIV/AIDS Epidemic in China*, Center for Strategic and International Studies, Washington, DC, 2003, pg. 6.

<sup>22</sup> There was saturation press coverage in China of Hu Jintao, Wen Jiabao, and to a lesser extent Zeng Qinghong repeatedly visiting hospitals and the Ministry of Health. *People’s Daily* maintains a web site with archived SARS coverage in English ([http://english.peopledaily.com.cn/zhuanti/Zhuanti\\_335.shtml](http://english.peopledaily.com.cn/zhuanti/Zhuanti_335.shtml)).

<sup>23</sup> Ibid.

<sup>24</sup> UN Theme Group on HIV/AIDS in China, “HIV/AIDS: China’s Titanic Peril—2001 Update of the

AIDS Situation and Needs Assessment Report,” UNAIDS, June 2002, pg. 34.

<sup>25</sup> “China Launches Battle Against Hepatitis,” British Broadcasting Corporation, June 1, 2002.

<sup>26</sup> Sun Z, Ming L, Zhu X, Lu J, “Prevention and Control of Hepatitis B in China,” *Journal of Medical Virology*, July 2002; 67(3):447-50. See also: Chinese Foundation for Hepatitis Prevention and Control, statistics posted on web site accessed on March 15, 2003 at: <http://www.csyhepa.com>

<sup>27</sup> Parish WL, LAumann EO, Cohen MS, et al., “Population-based Study of Chlamydial Infection in China: a hidden epidemic,” *JAMA* 2003; 289; 1265-1273.

<sup>28</sup> Congressional-Executive Commission on China Annual Report for 2003. Pg. 46-47. (Accessed on November 17, 2003 at: <http://www.cecc.gov/pages/annualRpt/2003annRpt.pdf>)

<sup>29</sup> “China starts offering free AIDS drugs but lacks doctors to administer them,” Agence France Presse, July 15, 2003 and “China HIV/AIDS Surveillance Framework for Improving the China Response to HIV/AIDS,” Interim Report dated July 11, 2003, Jointly Developed by UNAIDS/WHO Mission and NCAIDS, July 7-11, 2003, Beijing, p. 7.

<sup>30</sup> Bates Gill and J. Stephen Morrison, eds., *Averting a Full-blown HIV/AIDS Epidemic in China*, Center for Strategic and International Studies, Washington, DC, 2003, pg. 8.

<sup>31</sup> “China starts offering free AIDS drugs but lacks doctors to administer them,” Agence France Presse, July 15, 2003.

<sup>32</sup> China’s third proposal to the Global Fund to Fight AIDS, Malaria and Tuberculosis, entitled “China CARES (China Comprehensive Aids REsponse) –

A Community-Based HIV Treatment, Care and Prevention Program in Central China,” was prepared by China’s Country Coordinating Mechanism (CCM), which is chaired by the Ministry of Health.

<sup>33</sup> “China HIV/AIDS Surveillance Framework for Improving the China Response to HIV/AIDS,” Interim Report dated July 11, 2003, Jointly Developed by UNAIDS/WHO Mission and NCAIDS, July 7-11, 2003, Beijing, pg. 7.

<sup>34</sup> *Ibid.*

<sup>35</sup> “China begins HIV/AIDS tests for military recruits,” Agence France Presse, October 24, 2001.

<sup>36</sup> Presentations given to members of a CSIS delegation to Beijing, January 13-17, 2003. See also Bates Gill and J. Stephen Morrison, eds., *Averting a Full-blown HIV/AIDS Epidemic in China*, Center for Strategic and International Studies, Washington, DC, 2003.

<sup>37</sup> “China HIV/AIDS Surveillance Framework for Improving the China Response to HIV/AIDS,” Interim Report dated July 11, 2003, Jointly Developed by UNAIDS/WHO Mission and NCAIDS, July 7-11, 2003, Beijing, pg. 7-8.

<sup>38</sup> “Powell says US-China ties best since 1972” *Xinhua*, September 6, 2003.

<sup>39</sup> “China’s Cross-Border Tourism Prospers in 2002,” *Xinhua*, Dec. 31, 2002.

<sup>40</sup> “Lives of Chinese People Improve Markedly in Five Years,” *People’s Daily*, March 5, 2003.

<sup>41</sup> “Funds to Improve Rural Medicare,” *China Daily*, February 19, 2002.

<sup>42</sup> For an overview of the impact of HIV/AIDS on heavily affected areas in China, see: Wan Yanhai, “Henan AIDS Prevalence and Effect”, self published in Chinese, March 8, 2002, and “Henan Province, Shangcai County, Houyang Village Orphan Record”, self published in Chinese 2002, both made available to the author. See also: Elisabeth Rosenthal, “Spread of AIDS in Rural China Ignites Protests,” *New York Times*, December 11, 2001; Leslie Chang, “AIDS Epidemic Spreads Unchecked Through Another Chinese Province,” *Wall Street Journal*, December 19, 2001.

<sup>43</sup> Charles Wolf, Jr., K. C. Yeh, Benjamin Zycher, Nicholas Eberstadt, Sung-Ho Lee, *Fault Lines in China’s Economic Terrain*, RAND, Santa Monica, 2003. pg. xvii.

<sup>44</sup> US Census statistics accessed on September 30, 2003 at: <http://www.census.gov/foreign-trade/top/dst/2002/12/balance.html>

<sup>45</sup> Bates Gill and Andrew Thompson, “The Impact of HIV/AIDS on Business in China,” *China Business Review*, July-August 2003. Accessed on November 17, 2003 at: <http://www.chinabusinessreview.com/0307/thompson.html>

<sup>46</sup> Since 1990, Chinese peacekeepers have served in Cambodia, Mozambique, Liberia, Sierra Leone, Ethiopia and Eritrea and most recently the Democratic Republic of Congo. In 1992, up to 800 engineering soldiers served in Cambodia in their largest deployment to date. For a list of PLA Peacekeeping deployments, see the *People’s Liberation Daily* at: <http://english.pladaily.com.cn/special/e-peace/txt/11.htm>. Similarly, PLA Navy ships have made visits to Asia and Africa, including port calls in

Simonstown (Cape Town), South Africa and Dar es Salaam, Tanzania. See: <http://www.china.org.cn/english/2000/Aug/806.htm>. The Chinese space tracking vessel Yuan Wang 4 has visited South Africa prior to the Shenzhou space launches, while the Chinese military operates a land-based space tracking station in Namibia. For reporting of these port calls, see: [http://www.ports.co.za/navalnews/article\\_2003\\_09\\_28\\_2041.html](http://www.ports.co.za/navalnews/article_2003_09_28_2041.html)

<sup>47</sup> Elbe, Stefan, *Strategic Implications of HIV/AIDS*, Oxford University Press, New York, 2003. Pg 20.

<sup>48</sup> "4.5 Percent of Recruits Test Positive in Vietnam Province," Associated Press, January 2, 2002; Vietnam Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections 2002 Update, UNAIDS, 2002; "FHI Focus on Vietnam," Family Health International, October 2001.

<sup>49</sup> Joe Cochrane, "Troops face unseen enemy as HIV sweeps through ranks," South China Morning Post, March 31, 1999; Cambodia Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections 2000 Update, UNAIDS, 2000.

<sup>50</sup> HIV/AIDS: A Major International Security Issue, Asia Pacific Ministerial Meeting Melbourne 2001, AUSAID, pg. 5.

<sup>51</sup> Elbe, Stefan, *Strategic Implications of HIV/AIDS*, Oxford University Press, New York, 2003,



# The Impact of SARS on China

by Xiaohong Xu

Before the war on Iraq subsided, a mysterious flu-like disease, first called “atypical pneumonia” and then named by the World Health Organization (WHO) as severe acute respiratory syndrome (SARS), was spreading quietly and making its way onto the world stage. Since the first spot of SARS in November 2002 till this June, the epidemic has inflicted a heavy and abrupt blow to the Chinese society and its economy. Though efforts by both the Chinese government and the international community, the negative impact of SARS has been successfully contained. Officials in Beijing declare that China’s economy would retain an approximate growth rate of 8 percent for 2003.<sup>1</sup> How China’s government and its public health system were challenged by SARS, and the actions they took to manage the crisis is the main focus of this article.

## I. THE EFFECT OF SARS ON THE CHINESE ECONOMY—A STEEP DECLINE OR A TEMPORARY SHOCK?

Asia, not including Japan, has been the growth engine of the world economy in 2002. However, the growth forecasts for Asia have been cut due to the abrupt outbreak of SARS.

Though the deadly virus has spread to at least thirty-one countries or areas ever since it was first spotted, the three worst-hit are all in Asia: China, with 5,327 confirmed cases as of September 26; Hong Kong with 1,755, and Taiwan with 346.<sup>2</sup> With patient numbers and toll rates growing, SARS cast a shadow over the economic prospects of Asia. Estimations made by the Asian Development Bank (ADB) in early May showed that GDP growth in East and Southeast Asian economies would be reduced by about 0.2-1.8 percentage points assuming the disease’s impacts did not run into the third quarter of 2003.<sup>3</sup> Recent Reports from ADB stated that the cost of SARS was around \$59 billion for the Asia and Pacific region, while that for China and Hong Kong amounted to \$17.9 billion and \$12 billion respectively.<sup>4</sup>

Asia’s travel and tourism industries have been particularly devastated by SARS. Airlines have reported sharp falls in traffic and tourist travel, especially in tourism-dependent areas. Singapore Airlines has asked all of its 6600 cabin-crew members to take unpaid leave and has cut capacity to barely one-third of normal levels. At one point, more than 40 percent of scheduled flights into Hong Kong were cancelled. As shoppers avoid crowded malls, retail businesses from restaurants to hotels have

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seen sales plunge. In March, with many restaurants either closed or taking extended holidays, the retail business of Hong Kong fell by 50 percent.

East Asia's export-oriented growth in recent years, coupled with China's rapid economic expansion, has been based on the forces of globalization. After more than two decades of rapid development, China's formal entry into the World Trade Organization (WTO) in 2001 has brought the country new rewards such as a stronger growth momentum. However, the same forces of globalization—including extensive trade, business travel, and tourism across national borders—have come back to haunt the region.

There is widespread concern among economists and businesspeople that SARS has inflicted a great blow to China's economy, causing a plunge in retail sales, a slump in demand for some Chinese exports, and a near-collapse in domestic and foreign tourism. According to the estimates from J.P. Morgan Chase, "after expanding at a torrid annual rate of 9.9 percent in the first quarter, the Chinese economy is actually shrinking at a rate of 2 percent in the second quarter of this year."<sup>5</sup> In addition, experts at China's Peking University Economic Research Center predict that SARS might cost China some 210 billion Yuan (\$25.4 billion) in lost economic growth—a figure equal to about 2 percent of its total economy.<sup>6</sup> Some even point out that the economic growth rate of the entire year would be merely 6 percent, hardly enough for the Chinese government to absorb millions of new workers who need jobs.

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Feelings of panic and uncertainty sparked by the epidemic are the major factors stalling China's economic engine. Due to fear of infection, people canceled their travel plans and reduced spending on dining-out and shopping. Consequently, the initial economic impact of SARS fell most heavily on businesses that provide services, which are most dependent on consumer spending, and thus most susceptible to the steep decline of consumer confidence. The tourist, entertainment, retail, and catering industries have suffered the most.

Guangzhou and Beijing have been among the biggest beneficiaries of China's economic prosperity in the past two decades, but they have been hardest hit by the fatal disease. According to statistics from the local tourism bureau in Beijing, more than 1,440 tour groups have postponed travel plans since the outbreak of SARS.<sup>7</sup> China Economic Monitoring Center under the National Bureau of Statistics (NBS) carried out a survey, showing that the occupancy rate of twenty 4- or 5-star hotels in Beijing has fallen 30 percent.<sup>8</sup> Guangdong Province, which usually garners a large annual income from tourism, saw retail sales of catering drop sharply to 6.5 billion Yuan in March, from 8.3 billion in January, and 8.0 billion in February. The Provincial

Statistics Bureau revealed that tourists arriving at Guangdong's major hotels dropped 0.4 percent from the previous year during the January-March period. At the Guanzhou Trade Fair in April, only 16,400 people attended, compared with 135,000 the previous year.

To curtail the further spread of SARS, the Chinese government has taken strict preventive measures, which inevitably negatively impact its economy. In an effort to contain SARS, the State Council trimmed what was to be the "Golden Week" to only three days this year. Citizens were advised to stay at home instead of taking mass travel. The China Securities Regulatory Commission announced on April 29 the closing of stock markets and futures markets in Shanghai and Shenzhen until May 12. The municipal government of Beijing also ordered the closing of all movie theaters, Internet cafes, and other places of entertainment on April 28. All these strict measures, though necessary, further weakened trade or economic activities.

Though China is the epicenter of the SARS outbreak and the country has witnessed a steep decline in certain economic sectors, there are people who deem it inappropriate to overestimate the disease's negative effects and remain optimistic about China's robust economic growth, in the belief that SARS is not likely to fundamentally change China's growth equation.

In a recent press conference, the chief economist of China's National Bureau of Statistics (NBS), Mr. Yao Jingyuan, demonstrated the marked increase in China's economic efficiency and the overall improvement of its economic structure by displaying a series of key indicators. According to Yao, China's GDP registered a 9.9 percent increase in the first quarter of 2003, the highest ever since 1997. Its fiscal revenue hit \$63 billion in this period, up 36.7 percent from the previous year. NBS figures also indicated that the per capita disposable income of China's residents had risen to about 8 percent; the private bank savings reached \$1.14 trillion by the end of March.<sup>9</sup>

Provided the Chinese government brings SARS under control quickly, some Western analysts predict that the epidemic will cause only a short drop for the Chinese economy. Robert A. Kapp, president of the U.S.-China Council in Washington, DC, expressed his confidence that "the broad fundamentals why China has become an important place for business haven't changed" and "the economic effects (of SARS) would recede rather quickly."<sup>10</sup> Vice-President for East Asia and the Pacific of World Bank, Mr. Jemal-ud-din Kassum, also says SARS is "in principle a temporary shock" and China is still generally expected to grow at robust rates.<sup>11</sup>

There are three reasons for the sound development of China's economy. First, China has built up an enormous manufacturing sector thanks to heavy foreign investment and soaring exports in the past two decades. Though the service businesses appear to be hit hard by SARS, the most fundamental components of the Chinese growth story—low-cost manufacturing, bolstered with investment from governments and multinational firms—have gone on more or less unabated.<sup>12</sup>

Factors that ensure China's cost advantage and thus make it attractive to business, including easy access to raw materials and a large pool of cheap skilled labor, will

endure beyond the SARS crisis. That partly explains why even in Guangdong province where SARS hit first, disruptions to the production lines and supply chains of factories have been small. Craig Pepples, the president of *Global Sources*, a company in Hong Kong that helps put foreign buyers in touch with Chinese factories, told the *New York Times* that China's exports to the U.S. didn't appear to be affected. In Pepples' words, "as long as people in the States are going to Wal-Mart and Home Depot, the buyers are going to have to get the stuff for the shelves."<sup>13</sup>

Some researchers believe that the economic consequences of SARS might have been more severe if China had a larger service sector which relied heavily on consumer spending. In the United States service businesses represent close to two-thirds of the economy, and in Hong Kong the ratio is five-sixths. In China, the service sector comprises one third of mainland China's economy.<sup>14</sup> This partially accounts for the uneven impact of SARS distributed in different areas. According to the World Bank, a 10 percent fall in tourist arrivals would have an effect of less than 0.2 percentage points of GDP in China, whereas it would be 0.5 percentage points in Hong Kong.<sup>15</sup> Since income generated by tourism in China only accounts for less than 0.3 percent of its total economy, even if the week-long holiday in May was shortened, the effect wouldn't be unbearable.

Second, the cumulative effects arising from adoption of the proactive fiscal policy, the stable currency policy, and the guidelines to enlarge domestic demand have strengthened China's growth momentum. In the views of Lin Yifu, a noted economist from Peking University, China's industrial development is mostly driven by its domestic demand, unlike Japan and the Republic of Korea. Ever since 1998, when all the above-mentioned measures were adopted, China's economic infrastructure has been notably consolidated with new "growth points" appearing, such as real estate and car manufacturing. According to figures from NBS, the sale of residential housing in China rose 52.7 percent in the past year.<sup>16</sup> Production and sales volume of automobiles increased by 54 percent and 99 percent respectively, with car sales exceeding one million for the first time in 2002.<sup>17</sup> "SARS may temporarily prohibit people's consumption of tourism or entertainment, but it is unlikely to stop the discernible underlying trend towards a gradual increase of the domestic demand. With all those strict disease control measures implemented, the epidemic would be reined in, restoring people's confidence in consumption.

China's entry into the WTO is held as the third factor facilitating economic growth. Thanks to the further opening of its markets and the improved transparency and removal of sector hurdles, China has seen the benefits of joining the WTO more clearly. At a time when Europe and Japan were stumbling and the United States market was shaken by war, more than \$13 billion of investment poured into China in the first three months of 2003. According to Yao of the NSB, China's trade volume climbed by 42.4 percent and the actual foreign direct investment in the mainland surged by 56.7 percent year-on-year in the first quarter.<sup>18</sup> The WTO membership not only has given China an additional boost to its GDP growth, but has also served as a buffer for its export-driven Asian neighbors since China is replacing the United States as Asia's growth driver.

What remains unclear now is how long SARS will persist; also unknown is how long people's fears of it will last. The duration and virulence of the epidemic, as well as consumers' confidence in the government, will serve as the key variables determining the future development of China's economy. If the trajectory of the disease goes uncontrolled for a prolonged period, the challenge faced by both Asian countries and China will be more difficult. Looking back to the Chinese government's actions in the past weeks, we should have confidence that the deadly virus will be reined in soon and China's economy will return to its normal track. For now, showing iron will in combating SARS is ultimately the responsibility of the Chinese government.

## II. SARS—A CHALLENGE FOR OFFICIALS, AS WELL AS A CHANCE FOR A MORE RESPONSIBLE GOVERNMENT

Ever since the first outbreak of SARS in China's southern province of Guangdong, the initial response of some officials towards the flu-like disease was sluggish, while mass media kept a low profile in SARS reporting due to a lack of comprehensive and accurate information. As of April 18, a total of 1,512 SARS cases had been reported on the Chinese mainland,<sup>19</sup> with thirty-seven cases and four deaths confirmed in the capital city of Beijing.<sup>20</sup> Claiming that SARS was under effective control, health officials promised that it was safe for people to travel or work in China. However, Western media had mounting suspicions that the Chinese government might be covering up the severity of the disease, triggering uncertainty and panic among the general public.

A dramatic turning point came on April 20 when a press conference on SARS sponsored by the Information Office of the State Council was held in Beijing and broadcast live to the world by China's Central Television. The conference, originally to be given by the health minister and the mayor of Beijing, was held by the new executive vice Minister of Health, Gao Qiang, who admitted that there were 339 confirmed SARS cases in Beijing, as compared to the thirty-seven cases previously stated. Within an hour of the press conference, the State Council declared the dismissal of two senior officials—the health minister, Zhang Wenkang, and the mayor of Beijing, Meng Xuenong, for their “negligence in work.” A direct warning was extended to both officials and medical institutions at all levels nationwide, stipulating that intentional cover-ups of SARS cases or refusing to admit suspected and identified patients would be punished severely. In a speech made on April 22, Premier Wen Jiabao reiterated that all localities and workplaces must report about SARS in a “timely and accurate” manner. In cases of failure to comply, “local and departmental leaders will be held strictly responsible.”<sup>21</sup> By May 8, more than 120 central and local government officials had either been dismissed, demoted, or suspended from their duties due to their slow response to SARS.

The measures taken by the Chinese government reveal nothing but its resolution and preparedness in combating the virus, as well as restoring its accountability to

the public. A strict system of publicizing daily updates about SARS figures was initiated to replace the former five-day briefing mechanism. At a State Council executive meeting chaired by Premier Wen on April 23, officials decided to set up a national task force, known as the SARS Control and Prevention Headquarters of the State Council, to coordinate efforts nationwide against SARS. China's "Iron Lady," Vice-Premier Wu Yi, was designated as commander-in-chief of the task force. Her further appointment as China's new Minister of Health on April 26 reflected again the unswerving confidence of the central government in containing the disease.

With the April 20 press conference came a new trend of bolder reporting by a more transparent press. Newspapers like the *China Business Times* carried headlines like "Zhang Wenkang and Meng Xuenong are sacked for negligence."<sup>22</sup> Others ran a speech by Liu Qi, the Party Secretary of the Beijing Municipal Government, in which he claimed responsibility for the mishandling of SARS, stating, "I would present my sincere self-criticism here."<sup>23</sup>

The dismissal and self-criticism of senior officials, along with the increased openness in SARS reporting, represent a level of public accountability not seen before, turning a new leaf in reforming China's political structure towards a more responsive and service-based administration. Professor Li Xiguang of Tsinghua University, while talking to correspondents from Financial Times, said that he could not recall any two senior officials dismissed for poor work in the past decade.<sup>24</sup> When the WHO asserted that the Chinese government had made "great progress" in publicizing information on SARS, the storm of criticism by Western media subsided.

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There are various incentives that explain the determination of the Chinese government in controlling the SARS outbreak. First, as a new infectious disease, SARS is proving itself a formidable enemy in every sector of society—medical, political, economical, and even psychological. It poses either an immediate or potential threat to the life of every individual around the world, especially the Chinese people. As China becomes a nation of increasingly mobile citizens, the lack of access to sufficient hygiene facilities increases people's fear of infection, as well as adding fuel to the spread of rumors. Consequently, as Professor Li Xiguang says, "a shortfall of accurate news reports can easily cause public panic and other effects."<sup>25</sup> To reassure the general public, safeguarding their health as well as guaranteeing people's "right to know," the Chinese government has no choice but to inform the public about the epidemic which directly affects their lives and to mobilize a full array of political, economic, and military resources available to combat the disease.

Second, since the first SARS case was observed in China, the virus and the government's handling of the crisis has become a de facto global issue, putting the Chinese government under intense international scrutiny. Under a new generation of leadership, keen on establishing a good international image, taking a candid attitude and resolute actions in containing SARS would help China gain a reputation as a responsible power serving the interests of not only its own citizens but also the world. Intentional cover-up of SARS cases would not only delay the treatment of patients, but also elicit more vehement criticism from the international community, largely due to the heavy scrutiny of the Western media.

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Third, the initial mishandling of the outbreak demonstrated to both the leaders and ordinary citizens the long accumulated malady of the bureaucratic machine. This made it imperative to reform it to become a more efficient and responsive administration. Lack of an efficient disease surveillance network, as well as the perfunctory performance and dereliction of duty demonstrated by officials contributed to the initial delay in effectively dealing with SARS. In an increasingly open society where citizens demand a government to shoulder its due responsibilities, China's new generation of leaders fully understands the pressure for launching a radical campaign against negligent or incompetent officials. Disciplinary actions, such as the dismissal of both the Health Minister and Mayor of Beijing, would strengthen the awareness of officials at all levels to serve the people not only in their daily lives, but especially in periods of emergency. SARS, though it poses challenges to the Chinese government, presents an opportunity to carry out a long awaited reform of making officials directly accountable to the people.

### III. A WAKE-UP CALL FOR A STRONG AND EFFICIENT HEALTH CARE SYSTEM

Just as the American people are united in the fight against terrorism, now the Chinese have united with their government against the terrible disease of SARS. President Hu Jintao and Premier Wen Jiabao have revealed themselves as not only ready to take responsibility, but also prepared to improve the government's accountability. While doctors are searching for a cure and tracking the origin of the virus, people are ringing alarm bells to prompt the overhaul of China's public health system in order to prevent and beat any contagious diseases in the future.

During the planned economy era, China developed one of the world's most comprehensive healthcare systems, with the government providing health care for urban residents "from the cradle to the grave" and an army of "barefoot doctors"—workers trained to serve peasants' basic health-care needs—being the pillars of a

rural cooperative healthcare network. Using relatively low expenditures, China was able to ensure basic health for 85 percent of its citizens.<sup>26</sup> In addition, a national “Patriotic Public Health Campaign” was initiated by the late Chinese President Mao Zedong in 1952, calling on the public to improve sanitation. Thanks to the healthcare network, by the 1960s China had eliminated a variety of epidemics such as smallpox, cholera, and tuberculosis, which had claimed millions of Chinese lives in the past. The average life expectancy of rural dwellers has risen from thirty-five years in 1949 to seventy years in 2000. The World Bank, citing China as one of the “great success stories” in public health, pointed out that China fulfilled basic medical services for 22 percent of the world’s population by using only 1 percent of the world’s total health finance.<sup>27</sup>

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Since the reform and opening up of China in the late 1970s, the public health network has become decentralized. Funding of medical services for urban citizens was assigned to the local governments in provinces, cities and towns, with the “work units” paying for people’s basic medical needs. As a result, the portion of health care invested by the central government has fallen to its present level of about 20 percent.<sup>28</sup> While the total health expenditures increased by a large margin in the past two decades, inequality between various areas became increasingly apparent. Big cities like Beijing, Shanghai, and the prosperous coastal provinces could finance public health effectively, but many local governments in the less developed central and western regions are plagued by a lack of financial and human resources.

Gaps continue to widen between the urban and rural areas. Under a medical social insurance program initiated by former Premier Zhu Rongji in 1998, health care for urban citizens has been steadily improved. However, the cooperative “barefoot-doctor system” in the countryside has been brought to the verge of collapse due to shrinking investment. Uncovered by an effective health care system, 900 million rural residents, who account for more than 70 percent of China’s population, currently use only 20 percent of China’s medical services and resources.<sup>29</sup> Low income levels, as well as the rocketing price of medical services, force an increasing number of farmers to be victims of “unfairness” in the public healthcare network. According to a study carried out by China’s Ministry of Health in 1998, 37 percent of all ill farmers didn’t visit the doctor, and 65 percent of patients who should have been hospitalized failed to receive treatment simply because they were unable to pay.<sup>30</sup> Another survey in 2000 showed 87.3 percent of sick farmers paid medical expenses by themselves.<sup>31</sup>



When SARS hit the country, China faced an embarrassing situation—though substantial efforts were being made, the new health care system hadn't been completely established while the old one had become antiquated. Challenged by the sudden outbreak of an epidemic, China's disease prevention system was not efficiently equipped or completely prepared to tackle it. Officials are highly concerned that the consequences would be extremely serious if SARS was found to be spreading in the countryside. SARS has become a wake-up call to accelerate the construction of health infrastructure and a disease prevention mechanism.

At an executive meeting chaired by Premier Wen on April 14, the State Council endorsed an initiative to establish a national rapid response mechanism to deal with public health emergencies. Other urgent tasks, such as improving information sharing and strengthening the medical forces, were also outlined in the meeting. Promulgating laws and regulations for the emergency-response mechanism was designated to be the priority of the State Council's legislative work for 2003.

On April 23, the central government announced a fund of two billion Yuan (\$241 million) for treating farmers and poor urban residents infected with SARS. Moving with a rarely seen urgency, the Chinese Ministry of Science and Technology and the Ministry of Health have launched a joint emergency research program on SARS. The \$1.2 million program has a short term goal of exploring effective treatment for SARS as well as a long term aim at enhancing China's overall capacity in preventing newly found epidemics through research on virus screening, speedy diagnosis, and disease monitoring.

More importantly, in order to fundamentally improve medical services for the disadvantaged rural residents, the State Council has mapped out a reform blueprint aiming at creating an affordable health care system for them. In a national conference on public health in rural areas held in October 2002, decisions were made to revitalize the rural "cooperative medical care network." The then-Vice Premier Li Lanqing, while addressing the meeting, warned that "the possible spread of contagious diseases and endemic diseases would cause consequences that are too dreadful to think of; and such diseases not only mean a catastrophe for the families of sick peasants but will also cause great harm and heavy losses to the state and society."<sup>32</sup> To facilitate the construction of medical infrastructure, the central government will put ten Yuan into each medical account of rural dwellers annually; local governments are urged to contribute another ten Yuan annually for each peasant. Rural residents will be encouraged to join the pool system voluntarily with a contribution of ten Yuan for each year. Funds will also be used to develop non-governmental medical institutions through various channels.

Pilot programs have so far been successfully implemented in approximately 10 percent of China's rural areas, such as east China's Jiangsu Province and the Tibet Autonomous Region in the southwest. The programs are expected to go nationwide by 2010.

#### IV. GLOBAL HEALTH PROBLEMS: CALL FOR GLOBAL COORDINATION

Since the first appearance of the term in 1962, “globalization” has gone from jargon to cliché. As defined by Webster’s dictionary, globalization is a process that renders various activities and aspirations “worldwide in scope or application.” Globalization has intensified and accelerated in recent decades and all its benefits and destructive power have come into full view.

Human beings today are living in a more closely connected global village. In 1955, 51 million people a year traveled by plane. Today, 1.6 billion fly every year and 530 million cross international borders. There is no place in the world that cannot be reached within twenty-four hours. Thanks to innovations taking place at unprecedented rates, especially advances in computer and communications technology, we are also living in a much more technologically advanced world than our forefathers.

However, the closely-knit global communication network that makes growth possible has also made the world more vulnerable to threats ranging from disease to terrorism. Much of progress that has made our lives more comfortable is also making them more dangerous. Since the mid-1970s, some thirty new diseases have cropped up, causing tens of millions of deaths. More disconcerting, however, is how easily diseases cross national borders, as people can travel without proper visa screening. Epidemics that once might have taken months or weeks to spread could be transmitted within a matter of days. The 1918-1919 Spanish flu epidemic, which killed some 40 million people worldwide, was believed to have been spread by traveling World War I soldiers. HIV infection in humans developed in Africa but has spread to the entire world, now infecting some 14,000 people each day.<sup>33</sup> The SARS outbreak’s rapid proliferation has become a symbol of global vulnerability.

Fortunately, today if a disease goes international with unprecedented speed, so does the response. The way the world has mobilized against SARS is an impressive sign of the value of our connections. In face of the disease, health organizations and scientists have also gone global.

It took centuries for people to identify the cause of cholera, it took seven years to identify the agent that causes Lyme disease, and two years to identify the virus that causes AIDS. The pursuit of SARS, by contrast, has moved at a lightning pace, fueled by dramatic advances in technology, unprecedented scientific cooperation, and a pressing sense of international crisis.<sup>34</sup> On March 15, the WHO issued a global travel alert, identifying the illness as SARS for the first time and calling it a “worldwide health threat.”<sup>35</sup> Under the WHO, thirteen labs in ten countries put everything else aside and focused upon SARS research. In a matter of weeks, an international community of scientists identified the corona virus as the cause. Within a month, labs from Vancouver to Atlanta to Singapore had mapped the genome.<sup>36</sup>

Acknowledging that health is national responsibility as well as a global public good, and realizing that individual nation-states are unequipped to manage something like SARS alone, China has endeavored to boost coordination and facilitate pooling of resources and knowledge by all countries in the battle. SARS, though it dragged

China into a national emergency, has become a chance for Beijing to shoulder its responsibility as a regional power and to consolidate diplomatic friendships with other parts of the world.

On April 29, a special summit meeting on SARS was held by the Association of Southeast Asian Nations (ASEAN) in Thailand. At the invitation of Thai Prime Minister Thaksin Shinawatra, Chinese Premier Wen Jiabao went to Bangkok for his first foreign visit after being elected as Premier in March. Just as ASEAN and China joined hands to tackle the Asian financial crisis six years ago, they are now more closely aligned to face the challenge of combating SARS. While meeting his counterparts from Singapore, Thailand, and Cambodia, Premier Wen expressed China's strong commitment to support to make concerted efforts with ASEAN members to beat SARS.

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In the joint statement after the meeting, leaders from both China and ASEAN, while expressing their deep concern over the mounting threat SARS imposed on the life and health of the Asian people, reemphasized the need for collective efforts not only in the ASEAN region but also in the rest of the world. China's all-out efforts in the fight against SARS were greatly appreciated by officials from the WHO and the ASEAN leaders present at the meeting. China's traditional friendship with its ASEAN neighbors had been further strengthened through their joint efforts against SARS.

On May 13, the forum "SARS and Asia's Economy—Impacts and Policy Recommendations" was held in Beijing. Jointly convened by the Boao Forum for Asia and the Asian Development Bank, this workshop is the first discussion over the social and economic impacts of SARS ever since its outbreak. Among the participants were Bruce Murry, a representative of the Asian Development Bank to China, Long Yongtu, secretary general of the Boao Forum, and Deepak Bhattasali, chief economist of the World Bank's Beijing office. The experts present agreed that the SARS epidemic would not be a catastrophe for the Asian economy, which helped to rebuild investors' confidence in Asia.

The Foreign Ministry of China announced on May 15 that an international anti-SARS forum would be held in Beijing from June 3 to 4 in order to implement the joint communiqué issued in the China-ASEAN meeting. Focusing on the exchange of information on SARS prevention and treatment, especially with regard to epidemiological research, clinical treatment, diagnostic reagents, and medicinal exploration, this forum will be another major effort taken by the Chinese government to boost international cooperation in the anti-SARS campaign.

## V. CONCLUSION

In face of a new global threat China has been taking all necessary measures to reduce its impact. To maintain the economic growth engine, China has to rally all its resources and continue with its proactive economic policies. Though there is still a long way to a fully responsive government and a well-equipped public health system, SARS has brought lessons to the Chinese government, making it more resolute to correct mistakes and to serve the interests of its people. As a global issue in an interconnected world, SARS broaches new diplomatic topics for all countries concerned, including China. With a more forthright attitude, more immediate and decisive actions, more willingness to cooperate with not only other countries but also international health organizations, people should be confident that China will win in the fight against SARS.

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# Society Building in Bosnia: A Critique of Post-Dayton Peacebuilding Efforts

By Carlos L. Yordán

## INTRODUCTION

The recent rise of intrastate wars has been accompanied by an augmentation of peacemaking efforts conducted by a multiple range of state and non-state actors. For the sake of simplicity, peacemaking can be explained as a process composed of three interrelated stages: (a) pre-settlement activities designed to move parties closer to mediation or negotiation; (b) settlement-making efforts and the drafting of peace agreements that promote new social structures that increase cooperation between contending parties; and (c) post-settlement peacebuilding, which is the implementation of a negotiated or mediated agreement.

This investigation pays close attention to the last of these stages. Judging from the many challenges peacebuilding efforts face in post-Dayton Bosnia and Herzegovina,<sup>1</sup> it can be said that traditional conceptions of peacebuilding have to be reconsidered if a self-sustaining peace is to become a reality in this country. Other cases, Kosovo and Afghanistan being the most recent, also show how traditional conceptions of peacebuilding have failed to institute conditions of self-sustaining peace. It is therefore not surprising that a growing literature has emerged critiquing mainstream understandings of peacebuilding,<sup>2</sup> while also calling for new concepts and practices that can advance the ideals of a positive peace.

Although these studies' findings influence this investigation, it differs from them by its intent to provide a critical understanding of peacebuilding in the context of post-Dayton Bosnia. Such an understanding is motivated by normative concerns and by the belief that peacebuilding efforts should establish the institutional foundations of a self-sustaining peace. Self-sustaining peace means the cessation of hostilities, as well as the creation of social orders that enable individuals in post-settlement situations to fulfill their potentials, without worries that members of other ethnic communities will renew the fighting.

Motivated by critical-theoretical thinking,<sup>3</sup> this investigation does not only assess peacebuilding efforts in Bosnia, but also suggests an alternative program that might empower Bosnia's citizens to construct a social order that best represents their needs and interests. Before going further, it is important to emphasize that this investigation's alternative is still more of a "promissory note," as a theoretical framework that has

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not been actualized.<sup>4</sup> Thus, this investigation also aims to encourage further debate on the viability of current peacebuilding efforts in post-Dayton Bosnia as a way of creating new practices that can make peace self-sustaining in this war-torn society.

This investigation is divided into two parts. The first demonstrates how traditional conceptions of peacebuilding promote peace by way of state-building mechanisms. It also shows why these mechanisms have not been able to establish a self-sustaining peace in Bosnia. Noting this reality, part two presents an alternative peacebuilding program for Bosnia. The program proposes that a self-sustaining peace can be achieved by way of “society-building mechanisms of conflict resolution.”<sup>5</sup>

## I. TRADITIONAL PEACEBUILDING: THE CASE OF BOSNIA

Peacebuilding efforts can be divided into several core activities: (a) the delivery of humanitarian relief; (b) the demobilization of armed forces; (c) the deployment of peacekeeping and other policing related missions; (d) democracy-building; (e) economic reconstruction; and (f) inter-ethnic reconciliation. While all these activities are important for the success of peacebuilding operations, recent research suggests that international agents in post-settlement situations put a heavier premium on all but the last.<sup>6</sup> This is interesting because the success of peacebuilding missions can only be gauged if combatants are willing to transform their contentious relationships and create new patterns of cooperative interaction that promote new social structures and make peace a reality.

As seen in post-Dayton Bosnia, the delivery of humanitarian relief is usually pursued in the early stages of post-settlement missions, while the other activities are at the center of the work carried out throughout peacemaking. Indeed, the implementation of the *General Framework Agreement for Peace in Bosnia and Herzegovina* (GFA) has been aimed at strengthening the structures of the new central state. As, Wolfgang Petritsch, the third High Representative, argued, the general objectives of the international community are:

*...to reform the courts, to strengthen the judiciary and central institutions like the presidency and the council of ministers so that leaders have the tools to mend their blighted country. By creating a true civil society, a society that is based on ethnic cohesion, not division, we can enable the people to tackle corruption and other social ills for themselves.*<sup>7</sup>

In a recent interview, Paddy Ashdown, the fourth and current High Representative, states that building strong state institutions, including the judicial system, is the only way to address many of Bosnia’s social ills.<sup>8</sup> As a consequence, the international community, under the auspices of the United States and the European Union, is in the business of state-building—the creation of a strong state in order to engender stable social conditions support democratization, market reforms, and social integration.<sup>9</sup>

Echoing mainstream theories of political stability, the leaders of the international community believe that “ethnically homogeneous states are more stable and durable



than multiethnic or multinational states.”<sup>10</sup> In the case of Bosnia, it has been argued that the creation of a strong state can serve as a mechanism of social integration, bringing each ethnic group’s leaders in contact with each other to create a new national identity that can institute cooperative relations and legitimize established social structures. In the end, this approach argues that cooperation between leaders at the state level will trickle-down to the rest of society.

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In theory, these state-building efforts should foster social stability. In practice, this can only be achieved in the long-term. Research demonstrates that in the short-term these practices are met with much resistance and can even lead to outbreaks of political violence: “Increasing central state claims for resources—for the material means of state-making and domination—intrude into and compete with preexisting structures of rights and obligations which tie those resources to sub-national collectivities and/or ‘polities.’ Conflict, resistance, and violence are...often the result.”<sup>11</sup> Although outbreaks of political violence have been minimal in post-Dayton Bosnia, the ethno-national groups are still pursuing their “wartime goals by other means.”<sup>12</sup> Cooperation between each group’s leaders is not only minimal, but competition for control of the government and the economy has hampered the work of the state and has delayed the implementation of the peace process. Since the signing of the peace agreement, leaders of the ethno-national communities have emphasized that the protection of each community’s social structures—which are not necessarily consistent with the values and principles of the GFA—is more important than supporting the values of capitalism and multiethnic democracy.

Indeed, the slow pace of peace implementation and the ineffectiveness of the central government in the first two years after the signing of the GFA forced the Peace Implementation Council (PIC), an *ad hoc* international body created to monitor the GFA’s implementation, to augment the High Representative’s political and economic powers.<sup>13</sup> The “Bonn powers” gave the High Representative the power to propose and adopt legislation when conflict among politicians stalled the legislative process, and to dismiss politicians who worked to prevent or delay the implementation of the Dayton Peace Accords (DPA).<sup>14</sup> Carlos Westendorp, the second High Representative who originally campaigned for the expanded mandate, and his successors Petritsch and Ashdown, have rewritten or imposed over 100 laws, spanning economic, social, political, and judicial issues, and have removed over eighty individuals from public office.

In the end, the PIC’s decision to increase the High Representative’s powers reaffirms the main objective of the GFA: the creation of a strong central state that

can bring stability to engender a new multiethnic identity that legitimizes the GFA's social structures. As Westendorp commented in his last report to the Secretary-General of the United Nations:

*In the summer of 1997 there was still no true sense of state identity. As soon as I had been granted my Bonn powers, I brought into force on an interim basis provisional laws regulating the symbols of the state.... These measures have given the people of Bosnia-Herzegovina a growing sense of their country's identity.<sup>15</sup>*

The belief that the state is an important vehicle of social integration is the foundation for the fulfillment of other important objectives of the GFA: (1) reconciliation, (2) the institution of capitalism, and (3) the acceptance of democratic values and procedures.

Is this peacebuilding mission attaining its desired objectives? These initiatives have settled the conflict and even suppressed interethnic violence, but they have not introduced the foundations of a self-sustaining peace. While complicated by a myriad of problems, such as contradicting political principles,<sup>16</sup> the general failure of this mission regards its espousal of the traditional strategic approach to peacemaking. This holds true in at least two important respects.

First, the strategic approach is influenced by a view of politics that validates Max Weber's understanding of purposive-rationality, where actors in social situations compete against each other in order to fulfill their interests. Thus, a conflict cannot be resolved, but only controlled. The management of conflict via state structures is necessary in order to keep the social system working efficiently and in an orderly fashion. This way of thinking and arranging the social world has motivated international actors to concentrate their efforts and direct their resources to strengthen Bosnia's central state structure. While not directly addressing Bosnia's peacebuilding strategy, a World Bank study argued that the international community has virtually ignored the reconstruction of war-torn societies' social fabric.<sup>17</sup> Indeed, the problem is that traditional conceptions of peacebuilding take for granted that the formation of a state and the introduction of market economics can create the necessary conditions for peace to take place.

Second, and closely related to the first, the United States and the European Union's intervention in Bosnia was guided by their respective self-interest, rather than humanitarian ideals. American negotiators wrote the GFA with the assistance of Western European and Russian diplomats. While the parties to the peace talks could debate these provisions, they were not allowed to make many substantive changes. Through diplomatic arm-twisting, the U.S. forced the parties to sign the peace agreement, even though some of its provisions contradicted their self-interest. In the end, the GFA can be seen as an instrument of conflict settlement, rather than one of conflict resolution. It did not permit the leaders of ethno-national group to negotiate an ending to their war and it did not provide an incentive for Bosnia's political leaders to address the very problems that had led them to war.<sup>18</sup> Instead, a settlement was forced upon them, angering many of Bosnia's politicians and stripping them of their right to create a society that best represents their needs and interests.

Seen in this light, the establishment of a self-sustaining peace in Bosnia has been stalled by political leaders who do not agree with the GFA's provisions and by the international community's insistence that peace equals the peace agreement's full implementation. It is important to emphasize that while many nationalist leaders oppose the GFA because it challenges their position in society, moderate politicians have also expressed their dissatisfaction with the peace agreement because it does not empower them to change the political system crafted at Dayton according to the democratic and multi-ethnic ideals that allegedly inspired the peace process.

The growing criticisms from within Bosnia have become so strong that in the first months of his tenure as High Representative, Petritsch presented a plan to give more power to the people so they could administer their affairs with little interference from international agents working in Bosnia, including his Office of the High Representative.<sup>19</sup> While Bosnia's citizens have welcomed this "ownership approach," it is important to note that the international community has continued to impose the peace agreement, while Bosnia's politicians have failed to execute its provisions. Even though this approach has not challenged the objective of creating a strong state as means to integrate society, it highlights the need to rethink the viability of the existing peacebuilding strategy.

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The most important question that must be answered is the following: can the current strategy foster a new pattern of inter-ethnic relations that makes self-sustaining peace a reality? While many policy-makers argue that state-building efforts can foster new patterns of cooperation between Bosnia's ethno-national groups, it is equally important to emphasize that these projects have been unable to transform people's attitudes and they have made reconciliation between the groups very difficult to achieve. As a result, the success of the present peacebuilding operation should not be solely gauged by how much the economy grows, by how many bills are passed by the legislature, or by how many pro-GFA supporters are elected to public office. Instead, this peacebuilding mission must make it possible for "former combatants [to] bury their hatreds along with their casualties,"<sup>20</sup> and enable them to build a new society that allows them to jointly meet their needs and interests. While this is easier said than done, this is the challenge peacebuilding operations face in societies torn by ethnic conflicts.

Part two of this investigation shows the theoretical foundations of an alternative peacebuilding program for Bosnia. It is important to highlight that this program does not spell out a set of activities Bosnia's leaders or international agents must execute in order to make peace self-sustaining. Instead, the program offers a set of themes, grounded on the research conducted by advocates of conflict transformation

and conflict resolution mechanisms to guide new peacebuilding efforts. Hence, this program is a strategy in the making—to call attention to the insights provided by these alternative approaches to peacemaking by those individuals currently debating the international community's role in post-Dayton Bosnia.

## II. SOCIETY-BUILDING PROGRAMS AS AN ALTERNATIVE

The international community's peacebuilding strategy in Bosnia can be described as a successful failure. On the one hand, it was able to settle the war. On the other, there are no assurances that if the international community had exited Bosnia in the short-term, the war would not have restarted. Can there be a way of achieving a self-sustaining peace in Bosnia or in any society torn by ethnic conflict?

An alternative strategy for Bosnia should start by reconsidering mainstream understandings of peacebuilding. If a strategic approach has been used to build peacebuilding programs that stress the importance of the state as an agent of social integration, then a counter approach is needed that stresses the importance of interethnic dialogue, social empowerment, and deliberative democracy. Achieving these goals can be done via society-building initiatives of conflict resolution, which are influenced by the tenets of multi-track diplomacy, as envisioned by Louise Diamond and John McDonald.<sup>21</sup>

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A society-building strategy suggests that social change should not be directed by the state or the international community, but through the interactions of these members in civil society's proceedings. Instead of building peace via trickle-down state-building strategies, multi-track diplomacy stresses the importance of "bottom-up" initiatives of social transformation. Hence, this investigation has envisioned a peacebuilding program that includes three interdependent efforts: (a) reconciliatory mechanisms of conflict resolution, (b) processes of political will-formation, and (c) the institution of reflexive structures of governance.

#### *a. Reconciliatory Mechanisms*

The movement toward political cooperation and the social integration of Bosnia has been hampered by strong feelings of hatred, mistrust and fear among the members of each ethno-communal group. A recent World Bank study captures Bosnia's divisions six years after the signing of the peace agreement. Participants in focus groups repeatedly said that a "low level of interpersonal trust" has led to "a decline in socialization and mutual help."<sup>22</sup> Noting the prevailing high levels of social distance and low levels of social capital, how can social integration be achieved?

Much social psychological research has demonstrated how perceptions influence human behavior. It is therefore necessary to deconstruct the negative images that

inhibit peace and find ways of constructing and nurturing new attitudes that foster inter-communal dialogue and cooperation. Therefore, attitudes and political identities are mutable. Just as each ethno-communal leader supported the creation of enemy images of the 'other' in order to mobilize members of the group to fight for a set of particular objectives, conflict resolution mechanisms can break these images and foment a culture based on tolerance, cooperation, and empathy.<sup>23</sup>

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To accomplish this normative-supported end, it is necessary to organize a series of interactive problem-solving workshops or similar conflict resolution mechanisms, where influential members of each community can meet and address issues of contention. Herbert Kelman's workshops on the Israeli-Palestinian conflict led him to conclude that the workshop's facilitation of unrestricted dialogue enables "the parties to explore each other's perspectives and through a joint process of creative problem solving, to generate new ideas for mutually satisfactory solutions to their conflicts."<sup>24</sup>

Even more importantly, this process of open dialogue serves as an instrument to deconstruct the ethnic identities that separate the conflicting parties and allow the construction of a new identity based on "relational empathy." Benjamin Broome's research on cross-cultural communication is especially important in this respect, as he shows how dialogical processes of conflict resolution can de-escalate conflict by transforming adversarial attitudes and nurturing a new "third culture" that emanates from these processes. This "third culture" is important because it provides the means for the involved parties to reconcile their opposing interests and develop a working relationship that resolves their conflict and builds a culture of trust and cooperation.<sup>25</sup>

In attempting to deconstruct the negative images and the ethnic identities that divide Bosnia, the organizers and facilitators of these conflict resolution processes must be very selective of the people they invite to these workshops. All societies have influential leaders at different levels. John Paul Lederach argues that influential individuals can be found at three social levels: (a) top, (b) middle-range, and (c) grassroots. The top level includes military, political and religious leaders with "high visibility," leaders who are usually involved in Track-One diplomatic initiatives. The grassroots level encompasses local political leaders, heads of indigenous non-governmental organizations, local relief workers, factory workers, construction laborers, and small business owners.<sup>26</sup> The middle-range level, and the most relevant for the purpose of this investigation, includes academics, journalists, business owners, local political and religious leaders, leaders of non-ethnic, civic-based political parties,

artists, actors, leaders of trade unions, and other influential people in the community.<sup>27</sup>

It is important to tap into the resources offered by the middle-range level. These individuals have the most influence on the other two social levels. If middle-range leaders from each community are brought together and can achieve a transformation of their attitudes and establish cross-communal working relations, people in the grassroots level might be more inclined to interact with individuals of other ethno-national communities. In fact, the promotion of a “third culture” will take hold once a portion of the population embraces this culture.

It is important to stress that the workshop facilitators should employ Lederach’s elicitive approach, where the participants are encouraged to use their cultural context as a resource to craft their own solutions to their problems.<sup>28</sup> Organizers of these workshops must understand that even though violence has affected the pattern of pre-war inter-communal relations, there are still discourses, ideas, and institutions these communities share that might provide the first step to reconciliation.<sup>29</sup> Internationally-backed norms and values cannot be imposed upon these workshop participants, as the purpose of these exercises is not only to deconstruct the identities that have fostered social separation, but to also endow the participants with the ability to critically reflect on their own social condition, so they can create their own mechanisms of social change. This is not to say that the conveners of such workshops cannot propose ways of achieving social change. In fact, a healthy discussion of the shortcomings and potentials of proposed mechanisms can be a way of inciting participants to engage with one another to judge the viability of these proposed mechanisms, or to create new measures that might support the search for peace.

In all, a transformation of public consciousness will take place once middle-range communal groups start encouraging people at the grassroots and at the top social levels to interact with members of other communities. As a result, the potential of the problem-solving workshop is that it can build new communication networks by transforming negative attitudes into a culture of trust and cooperation. Inviting middle-range level leaders to take part in these reconciliatory mechanisms will create the foundations of a “third culture” that will spread across Bosnia and start the process of integrating the groups into new social contexts.

#### *b. Political Will Formation*

Once the foundations of shared experiences commence to develop and individuals from each community, especially at the grassroots level, begin to communicate, then the foundations of civil society will start taking hold in Bosnia. An integrated civil society will dismantle nationalist and separatist movements by deconstructing the political identities that fuel these social groupings. Reconciliatory mechanisms can break these images and foster new ones based on shared histories and values. To this extent, civil society empowers people to voice new political identities and enables them to create new social movements to shape society according to their needs and interests. As a consequence, new non-ethnic political parties will evolve and ones in power will have to change their stance to get the support of the new

electorate. Economic organizations, non-governmental organizations, community groups, women groups, and interests-based groups will also emanate from civil society's proceedings.

Thus, civil society permits the creation of a cohesive political community based on dialogue and cooperation, leading to the establishment of a new social order in which its citizens can feel included. Establishing "a legal order," Carla Hesse and Robert Post argue, "requires the prior existence of a community cohesive enough to justify the law's claim to speak, within its jurisdiction, in accents that are authoritative and universal."<sup>30</sup> While the GFA has established a legal order in Bosnia, it does not reflect the needs or interests of the people. The peace plan reflects the interests of a group of politicians that do not necessarily mirror the needs and interests of the country's citizens. In fact, Slobodan Milošević represented the Bosnian Serbs during the peace negotiations at Dayton, while Franjo Tuđman represented the Bosnian Croats.

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Civil society serves as a tool to strengthen the "third culture" that results from reconciliatory processes and permits people to come together to express their opinions, to voice their hopes for a better future, and to influence the way society is organized. Civil society's mechanisms of political will formation will have an important effect in Bosnia. These new social movements will force political leaders to change their actions or resign from their positions of power. The organs of civil society delimit government prerogatives, allow the formation of political groupings, train future political leaders, and, most importantly, counter and de-legitimize the political identities, social narratives, and political discourses constructed by the institutions of the state and the international community.

#### *c. Instituting Reflexive Structures*

The last phase of this strategy will materialize once the forces of civil society institute new social structures of governance that reflect the needs, interests, and values of Bosnia's citizens. This should usher in a true participatory democracy and establish an open social system. The present state-building strategy practiced in Bosnia has instituted a closed social system, where people can only affect the way society is organized through voting. The danger of a closed system is that it is vulnerable to political and economic crises and outbreaks of political violence because it lacks any "safety valves."<sup>31</sup>

In essence, the institution of participatory democracy is consistent with the task of establishing a self-sustaining peace. It is important to remember that the cause of the conflict that divided Bosnia along ethnic lines and led its constituents to war was a result of the manipulation of political identities according to the interests

of the political leaders of each community. Manipulating these identities and dehumanizing the “other” was accomplished with relative ease due to the decay of political institutions that had averted opportunists from challenging the established order during the communist era. Consequently, the success of this mobilization practice was dependent upon the destruction of the structures that held the ethno-communal groups together, as well as the fabrication and spread of enemy images of the “other.” While moderates of each community attempted to contradict these ethno-national dehumanization projects, they could not voice their messages because chauvinists and nationalists controlled Bosnia’s social structures.<sup>32</sup> In essence, there was no civil society that could enable moderates to disclaim these projects. More importantly, media outlets including television, radio, newspapers, and magazines, were mostly controlled by people who adhere to these views.<sup>33</sup> Overall, the war in Bosnia can be partially blamed on the closed nature of the society, which inhibited moderates from repudiating these false images and challenging the construction of competing ethnic identities that first led to the disintegration of Bosnia’s social fabric and then to war.

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In light of this reality, preventing the recurrence of interethnic violence will take place once Bosnia’s citizens, through the organs of civil society, can establish a social order that reflects their various needs and interests rather than those of a self-appointed minority. The institution of reflexive structures of governance, often legalized by re-writing or amending the constitution, or by transforming the structures set-up by the GFA in the case of Bosnia, serves as a conflict prevention mechanism that will assure that cooperation between the ethnic groups actually takes place. Nonetheless, attaining this social condition and increasing cooperation between the leaders of each community is dependent on the success of reconciliatory mechanisms, the spread of a “third,” civic-based culture, and the flourishing of civil society.

*d. The Role of the Bosnian State and International Community*

It is important to reiterate that the success of this envisioned society-building strategy is directly dependent on the support and participation of the Bosnian state and the international community. It is equally necessary to re-emphasize that the participation of these two actors must be restricted—too large a role in this process might incite one of these to augment its power, organizing Bosnian society according to its values and interests. This must be avoided if a positive conception of peace is to be instituted. To understand the value of the state and international community



in future strategies incorporating a society building program, it is necessary to demarcate some of the activities they can conduct to aid the institution of a self-sustaining peace in Bosnia.

The international community has an almost infinite number of military, political, and economic resources that can be used to make peace self-sustaining in Bosnia. Militarily, the role that NATO troops are playing is vital in providing a secure environment, where middle-range leaders will feel safe to meet with other communal leaders in reconciliatory workshops. Politically, international non-governmental organizations have to facilitate these conflict resolution mechanisms. The United Nations (UN), and other regional organizations, can suggest different middle-range leaders that might be instrumental in supporting these processes and encouraging their constituents to interact with former combatants.

Equally important, individual nation-states, the UN, and other regional organizations have to nourish social movements emanating from the first phase of this strategy. It is important to train middle-range community leaders in capacity-building strategies, so they can construct citizen action groups, interest groups, and political parties. The United States Institute of Peace demonstrates that this is an area where the international community must be more active.<sup>34</sup> However, it is necessary to re-emphasize the significance of Lederach's elicitive approach. While many international actors have dismissed local practices as means to build new civic programs, these practices are significant in peacebuilding processes because they can engender social institutions reflective of local needs and cultural logics that "fulfill the dual function of both political socialization and permanent renegotiation of the rules of the game."<sup>35</sup>

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**[T]he international community must do more to support the creation of independent media organizations that question the activities of the state and the international community.**

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In addition, the international community must do more to support the creation of independent media organizations that question the activities of the state and the international community. This will keep the state's power in check, while diminishing top-level ethno-national leaders' ability to mold public opinion through party-owned media outlets. Last but not least, the international community must oversee the acts of the state and make sure that it is not attempting to impede the development of political movements that might eventually transform the structures of society. Thus, the international community must use its political muscle to ensure that the citizenry's vision of Bosnia becomes a reality.

Economically, the international community must not only re-build the economic infrastructure of the country, but it must do so in a balanced manner. If the current policy of assigning more funds to the Bosniak-Croat Federation than to Republika

Sprska continues, the levels of resentment between the communities will increase. This will have negative repercussions on the success of this society-building program. It is also important to encourage the creation of small, indigenous businesses. These entrepreneurs will not only build the backbone of a re-vitalized economy, but they also will influence the way society is organized and delineate the powers the government will have in economic affairs. Other activities, such as the creation of unified financial and banking systems, will also assist in the economic reconstruction of the country.

Finally, it is important to offer economic and financial assistance to initiatives that attempt to integrate Bosnia's shattered social fabric. This is an area where the international community has not invested much of its vast economic resources. Susan Woodward finds that

*the peace process in Bosnia is being driven by the decisions of donors about what they are willing to finance, when, and how. Whether that includes activities that can lead to reconciliation and a sustainable peace was not clear in the first three years of peace, although comparison with Bosnians say they need and with the experience in other cases of peace building after civil war suggest a major divide: between the needs of peace and the goals of international actors in the process*<sup>36</sup>

Thus, a large amount of capital has been invested in fixing material aspects of society, but too little has been invested in the psychological and emotional aspects. The latter, and not the former, will provide the foundations of a self-sustaining peace in Bosnia.

Though flawed, the Dayton-endorsed state provides a working structure of governance that can move Bosnia towards the path of integration. It is important to accentuate that the state and its administrative, legislative, and judicial apparatus are not fully reflective of the interests and values of Bosnia's citizens. While the state's endorsement of democratic procedures and human rights is an important step in advancing a self-sustaining peace in Bosnia, a recent report from the High Representative's Office demonstrates how legislation to support human rights has not garnered much attention by the central state's legislative bodies.<sup>37</sup> Without the protection of these rights, the work of civil society organizations is compromised.

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### **The role of the state and its leaders should be to empower citizens so their opinions can influence Bosnia's policy-making structures.**

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This is surely a cause for great concern. The role of the state and its leaders should be to empower citizens so their opinions can influence Bosnia's policy-making structures. The state should not interfere with the society-building process, but support it by actively protecting and legitimizing it through legislation. If the state implements the changes advocated by its citizens, this will provide an incentive for people to join the institutions of civil society. Working with other like-minded

individuals, they can foster a new conception of society that fosters self-sustaining peace based on civic needs, values, and interests.

## CONCLUSIONS

The international community has openly expressed its frustration with the pace of peace implementation in Bosnia. Although the country is doing better today than before the signing of the peace agreement, High Representative Ashdown is searching for new ways of fulfilling the international community's more immediate interests and strengthening the capacity of the Bosnian state so it can assume control of the implementation process. This has been complicated by the fact that the international community has started to direct its attention and resources to post-conflict reconstruction missions in Kosovo, Iraq, and Afghanistan, as well as addressing emerging problems in Africa.

As the international community considers its next steps in Bosnia, it must move away from the state-building program and embrace society-building mechanisms. This would not be a radical departure. In fact, it would be in line with Petritsch's "ownership approach," which Ashdown has vowed to uphold, but has so far not deepened. Petritsch's "ownership approach" was originally designed to increase Bosnian citizens' participation in the peace process. As part of this approach, he created a Civic Forum and a Consultative Partnership Forum. The former brought together middle-range civic leaders and the High Representative to talk about the implementation of the peace process, whereas the latter was intended to promote more contact between government ministers and international diplomats to design policies that would help the international community fulfill its interests in Bosnia. These fora were a step in the right direction, but they did not address the root causes of the conflict or empower Bosnia's citizens.

Indeed, one of the major faults of the peace process is that international diplomats are not accountable to Bosnia's citizens and their policies often disregard the opinions of the country's political leaders.<sup>38</sup> Even Petritsch, who was the most sympathetic to the idea of empowering Bosnian society, emphasized that Bosnia had to fully implement the negotiated peace agreement, even though many people in Bosnia have expressed their dissatisfaction with many of its principles and goals. In reality, the GFA's objectives of multiethnicity, democracy, and market economics are not in themselves problematic. The question is how to translate these goals into reality.

The international community has opted for a state-building approach, but as documented in this investigation, it has not been able to make peace in Bosnia self-sustaining. The state-building strategy must be accompanied by society-building mechanisms that empower people at the grassroots and middle social level to interact with each other and address the causes that led the communities to war. It is important to emphasize that this society-building program does not reject a role to Bosnia's central state or international bodies, such as the OHR, but in fact relies on their active support. A society-building program stresses the importance of citizens'

active participation in Bosnian affairs. This means that the state and the international community must pay attention to the demands of Bosnia's citizens and act on their proposals, voiced by means of civic organizations or elections.

Bosnia's fate should be in the hands of its citizens, not international diplomats. Thus, the international community should make Bosnia's citizens partners in peacebuilding, even if this means a new round of talks to rewrite the peace agreement. Ashdown should actively support problem-solving workshops that promote reconciliation and encourage the work of civic organizations by reinvigorating his predecessor's Civic Forum.

It has been eight years since the GFA's signing. The international community has settled and managed the conflict, but it has yet to be resolved. The main lesson of the last few years is that a self-sustaining peace cannot be imposed on Bosnia; it must ultimately be constructed and established by Bosnia's citizens and officials. A society-building program meets this requirement. Its actualization is easier said than done, as the international community has demonstrated little support for alternative peacebuilding programs. Getting support for alternative peacebuilding strategies may prove to be the greatest challenge for states and international organizations working in societies torn by war.

### Notes

<sup>1</sup> The official name of the country is Bosnia and Herzegovina, however for the sake of brevity Bosnia will be used from here on.

<sup>2</sup> See for instance: John Paul Lederach, *Building Peace: Sustainable Reconciliation in Divided Societies* (Washington, DC: USIP Press, 1997); Ronald Paris, "Peace-building and the Limits of Liberal Internationalism," *International Security*, vol. 22, no. 2 (1997): 54-89; Nat J. Colleta, Michelle Cullen and Johanna Mendelson Forman, *Conflict Prevention and Post-Conflict Reconstruction: Perspectives and Prospects, Workshop Report* (Washington: World Bank Post-Conflict Reconstruction Unit, 1998); Francis Kofi Abiew and Tom Keating, "Outside Agents and the Politics of Peacebuilding and Reconciliation," *International Journal*, vol. LV, no. 1 (1999-2000): 80-106; Kimberly Maynard, *Healing Communities in Conflict: International Assistance in Complex Emergencies* (New York: Columbia University Press, 1999); and Ronald Paris, "International Peacebuilding and the 'Mission Civilisatrice,'" *Review of International Studies*, vol. 28, no. 4 (2002): 637-656.

<sup>3</sup> Critical-theoretical thinking maintains that theory must give insight to practical ways of empowering people to transform oppressive social systems. For more on this topic see: Stephen K. Leonard, *Critical Theory in Political Practice* (Princeton: Princeton University Press, 1990).

<sup>4</sup> I borrow this term from: Anthony Giddens, *The Third Way: The Renewal of Social Democracy* (Cambridge: Polity Press, 1998).

<sup>5</sup> Carlos L. Yordán, "Moving From Preventive Diplomacy to Proventive Mechanisms: Fostering Peace and Cooperation at Intrastate and International Levels," *Swords and Ploughshares: A Journal of International Affairs*, vol. 7, no. 2 (1998): 92.

<sup>6</sup> Abiew and Keating, "Outside Agents and the Politics of Peacebuilding and Reconciliation," 81-82.

<sup>7</sup> Wolfgang Petritsch, "The Future of Bosnia Lies with its People," *The Wall Street Journal Europe* (September 17, 1999). Available at: <http://www.ohr.int> [Accessed October 4, 1999].

<sup>8</sup> Paddy Ashdown, "Bosnia Has No Time, You Must Speed Reforms," interviewer: Amra Kebo, *Oslobodjenje* (3 May 2003). English copy available at: <http://www.ohr.int> [Accessed 15 May 2003].

<sup>9</sup> This understanding builds on Karin von Hippel's definition of nation-building exercises. See, Karin von Hippel, "Democracy by Force: A Renewed Commitment to Nation Building," *Washington Quarterly*, vol. 23, no. 1 (1999): 95.

<sup>10</sup> Susan Woodward, *Balkan Tragedy: Chaos and Dissolution After the Cold War* (Washington, DC: The

Brookings Institution, 1995), 21.

<sup>11</sup> Youssef Cohen, Brian R. Brown, and A. F. K. Organski, "The Paradoxical Nature of State Making: The Violent Creation of Order," *The American Political Science Review*, vol. 75, no. 4 (1981): 902.

<sup>12</sup> Susan Woodward, "Bosnia After Dayton: Year Two," *Current History*, issue 96 (1997): 98.

<sup>13</sup> For the original powers of the Office of the High Representative, see Annex 10 of the *General Framework Agreement for Peace in Bosnia and Herzegovina*. Available at: <http://www.ohr.int> [Accessed: 4 April 2000].

<sup>14</sup> OHR Documents. *Bosnia and Herzegovina 1998: Self-Sustaining Structures* (Sarajevo: OHR, 10 December 1997). Available at: <http://www.ohr.int> [Accessed 2 October 1999].

<sup>15</sup> OHR Documents, *Report by the High Representatives for Implementation of the Peace Agreement to the Secretary-General of the United Nations: April-June 1999* (Sarajevo, Bosnia and Herzegovina: OHR, 16 July 1999). Available at: <http://www.ohr.int> [Accessed: August 8, 1999].

<sup>16</sup> Mary Kaldor, *Old and New Wars: Organized Violence in a Global Era*. (Palo Alto: Stanford University Press, 1999), 41.

<sup>17</sup> Colleta, Cullen and Forman, *From Reconstruction to Reconciliation*, 8.

<sup>18</sup> Carlos L. Yordán, "Resolving the Bosnian Conflict: European Solutions," *The Fletcher Forum of World Affairs*, vol. 27, no. 1 (2003), 150-51.

<sup>19</sup> Wolfgang Petritsch, "Bosnia and Herzegovina: On its way to a modern European society?" *Speech Delivered at Royal Institute of International Affairs (London, 18 February 2000)*. Copy of the speech is available at: <http://www.ohr.int>.

<sup>20</sup> Mario Calabresi, "Not To Reconciliation: Despite Western Intervention, Bosnia's Ethnic Hatreds Still Run Deep," *Time International*, vol. 150, no. 4 (1998): 38.

<sup>21</sup> Louise Diamond and John McDonald, *Multi-Track Diplomacy: A Systems Approach to Peace*, 3<sup>rd</sup> edition (West Hartford: Kumarian Press, 1996), 11-25.

<sup>22</sup> World Bank, *Bosnia and Herzegovina: Local Level Institutions and Social Capital Study, Volume 2: Findings and Recommendations* (Washington, DC: World Bank Group, 2002), 8.

<sup>23</sup> For more information on this issue, see: William Eckhardt, "Making and Breaking Negative Images," *Bulletin of Peace Proposals*, no. 1 (1991): 87-95.

<sup>24</sup> Herbert Kelman, "The Interactive Problem-Solving Approach" in C. Crocker and F. O. Hampson with P. Aall (editors) *Managing Global Chaos: Sources of and Responses to International Conflict*, ed. (Washington, DC: USIP Press, 1996), 501.

<sup>25</sup> Benjamin Broome, "Managing Differences in Conflict Resolution: The Role of Relational Emphathy" in D. Sandole and H. van der Merwe (editors) *Conflict Resolution Theory and Practice: Integration and Application* (Manchester: Manchester University Press, 1993), 111.

<sup>26</sup> Lederach, *Building Peace*, 43

<sup>27</sup> Lederach, 41-42

<sup>28</sup> John Paul Lederach, *Preparing for Peace: Conflict Transformation Across Cultures* (Syracuse: Syracuse University Press, 1995), 68.

<sup>29</sup> Béatrice Pouligny, "Promoting Democratic Institutions in Post-Conflict Societies: Giving Diversity a Chance" *International Peacekeeping*, vol. 7, no.3 (2000): 25.

<sup>30</sup> Carla Hesse and Robert Post, "Introduction," in C. Hesse and R. Post (editors) *Human Rights in Political Transitions: Gettysburg to Bosnia*, (New York: Zone Books, 1999), 20.

<sup>31</sup> Raimo Väyrynen, "To Settle or Transform? Perspectives on the Resolution of National and International Conflicts" in R. Väyrynen (editor) *New Directions in Conflict Theory: Conflict Resolution and Conflict Transformation* (London: Sage, 1991), 12.

<sup>32</sup> Jack Snyder and Karen Ballentine, (1996) 'Nationalism and the Marketplace of Ideas', *International Security*, vol. 21, no. 2 (1996): 28-29; and Milan Milošević, "The Media Wars, 1987-1997" in J. Udovički and J. Ridgeway (editors) *Burn This House: The Making and Unmaking of Yugoslavia* (Durham: Duke University Press, 1997), 108-129.

<sup>33</sup> Milošević, 112.

<sup>34</sup> USIP, *Special Report: Bosnia Report Card Pass, Fail or Incomplete* (Washington, DC: USIP Press, 1998), 5.

<sup>35</sup> Pouligny, "Promoting Democratic Institutions," 25.



<sup>36</sup> Susan Woodward, "Bosnia After Dayton: Transforming a Compromise into a State" in R Rothstein (editor) *After the Peace: Resistance and Reconciliation* (Boulder: Lynne Reiner Publishers, 1999), 163.

<sup>37</sup> OHR Documents. "The High Representative's New Year's Message to the Citizens of Bosnia and Herzegovina" (Sarajevo: OHR, 31 December 2001). Available at: <http://www.ohr.int> [Accessed 5 January 2002].

<sup>38</sup> Roberto Belloni, "Civil Society and Peacebuilding in Bosnia and Herzegovina," *Journal of Peace Research*, vol. 38, no. 2 (2001): 176.



*Address to Seton Hall University:*

## **Power and Persuasion in International Relations: A Comparison of EU and U.S. Approaches**

**Ambassador John B. Richardson**

**October 9, 2003**

On June 2 the European Space Agency's unmanned mission to Mars was launched from Russia's Baikonur cosmodrome in Kazakhstan. You might well ask what Europeans want on Mars. After all, we all know that Americans are from Mars, and Europeans are from Venus. Since Robert Kagan's famous article, it has become fashionable to say that Europeans and Americans are at odds in the foreign policy arena because we in Europe favor a policy based on friendly persuasion while the U.S. prefers the muscular projection of power. We do so because we are weak; you act so because you are strong.

It is a seductive thesis, but as political scientists you will be used to mistrusting such an over-simplistic view of transatlantic relations. Today I want to suggest a different way of looking at international relations, examine what transatlantic relations have been about over past decades, and then ask what, if anything, has changed. And I will finish with my own variation on the Kagan thesis.

In geopolitics, change is the order of the day. The ice-sheet of bipolarity, which overlay and hid the complexity of international relations during the Cold War, is breaking up at ever increasing speed and revealing a world in which two paradigms are competing to become the underlying ordering principle for this new century.

The traditional paradigm of interacting nation states, each pursuing its own separate interests, with alliances allowing the small to compete with the large, is alive and well. In many ways it now dominates intellectual discourse in the United States in the realm of foreign policy.

At the same time there is a school of thought which points to the growing economic and ecological interdependence of our societies and the necessity for new forms of global governance to complement national action. The experience of the European Union with the sharing of state sovereignty is clearly related to this second

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paradigm and also to the EU's firm support for the development of the United Nations as well as other elements of multilateral governance.

Does this mean that the Cassandras are right who see the Atlantic alliance falling apart? If they were this would amount to a cataclysm in international relations, since a transatlantic alliance based on partnership in the sure knowledge of common interests and shared values has been a given for the last half century, since the end of the Second World War.

Let us look back for a moment at the history of that half-century.

It was dominated by a titanic struggle between two worldviews, between Communism, with its centrally planned economies and its political repression, and our Western model of open societies with democratic governments, individual freedom and the market economy. This struggle, which was essentially ideological, in other words a struggle for the minds and hearts of men, was accompanied by a second struggle, to contain and eventually defeat the expansionist ambitions of the Soviet Union. Moral conviction was backed up by strength, through history's most successful defensive military alliance, NATO. In both these areas the United States usually took the lead and Europe followed, secure in the strength of our common worldview.

And the Wall fell, the Soviet Union imploded, its empire was liberated and the process began which will allow another ten states to join the European Union on May 1 next year. For this, millions of Europeans will be eternally grateful to the leadership of the United States.

The rest of the world has also changed in the last two decades, and it has been transformed in a very positive sense. The values that we have been propagating, we, the United States, Europe, and others, have swept not just across the former Soviet Empire since 1989. Those values have allowed a massive spread of prosperity in Asia, particularly in East and Southeast Asia. Those same values have brought down, one after another, authoritarian regimes in Latin America. And those values have become part of the consensus on what developing countries must do, if they aspire to rise out of poverty and misery. You will find them, for example, set out in speech after speech by developing country leaders to the UN conference held in Monterrey, Mexico, back in March of last year, in which a consensus emerged on how to promote the mobilization of financial resources for development. And those are our values, and I think we can be proud of that.

As far as the EU is concerned you can do an analysis of the foreign policy values to which we have subscribed in our founding Treaty and you will come up with five central ideas:

- The need for the rule of law as the basis for relations between members of society;
- The interaction between the democratic process and entrenched human rights in political decision-making;
- The operation of competition within a market economy as the source of increasing prosperity;



The anchoring of the principle of solidarity among all members of society alongside that of the liberty of the individual;

The adoption of the principle of sustainability of all economic development.

The first three of these principles have been fundamental to the process of European integration from the beginning. The others have begun to come into focus more clearly only in the recent past. Let us look at them one by one.

### THE RULE OF LAW

The ordering of society through the application of a framework of laws and regulations based on the will of the people as expressed through the democratic process and implemented by an independent judiciary has deep roots in Europe, going back to at least Roman times, so it is no surprise that it should have been adopted by the EU. What has been surprising, however, is that the enforcement of EU law, which overrides national law in areas of EU legal competence, has been successfully entrusted to national courts, under the overall umbrella of the European Court of Justice. No parallel system of European Courts has been established along the lines of U.S. federal courts. This is surely one of the great success stories of European integration.

The international rule of law has developed as a result of two different traditions. The network of international bilateral agreements and of decisions based on them has led to the growth over many years of an established body of what is normally called international law.

Alongside this a system of multilateral agreements has been negotiated, at an accelerating rhythm, originally to regulate diplomatic and military relations between states (the Vienna Conventions), more recently to regulate international economic relations (WTO, ITU, ICAO, WMO, etc.), or to provide more broadly an embryonic system of governance for dealing with global problems (the UN system).

The public spotlight usually falls on the UN's role in crisis management through the Security Council. What this fails to highlight is the web of multilateral conventions, which has been built up over the years through painstaking negotiation in the General Assembly. What this has done is to provide the world in many areas with a set of rights (largely of individuals) and of obligations (largely of states), similar to the laws in an individual state. Their implementation, of course, is largely left to peer pressure, except in cases in which the Security Council determines that there is a risk to world security as defined under Chapter VII of the charter of the United Nations.

I think it is fair to say that the United States and the European nations have always worked in tandem in building up this international system, although the U.S. has found it more difficult to ratify a number of the resulting international agreements than has the EU. This is true, e.g., of the Convention on anti-personnel landmines, the Comprehensive Test Ban Treaty, and the Convention on the Rights of the Child.

## THE MARKET ECONOMY

In principle a reliance on the market has characterized the EU since the inception of the European Economic Community. It is on this basis that the Common Market was created, the competition policy implemented, and the Single Market created. In practice, however, it coexisted with the practice of state intervention in many areas, with the Marxist idea that the people should have control over “the commanding heights” of the economy, and with the idea of their being “natural monopolies” in areas such as telecommunications, transport or energy provision.

Within the last decade, economic policies in Europe have swung decisively away from an interventionist model and towards a reliance on competition within open markets to generate economic growth and prosperity. The remnants of an interventionist industrial policy have been dismantled at EU level: telecommunications and air transport have been completely deregulated, state-owned enterprises have been largely privatized by Member States or at least made subject to competition from private companies on the basis of a level playing field achieved by regulatory means. This is not the result of changes in the political complexion of governments but rather a sea change in the cross-party consensus. It has gone hand-in-hand with the development of an international consensus along similar lines and it has brought the EU very much into line with policy development in the U.S.

The most obvious external expression of the EU’s commitment to the market economy is, of course, its championing of trade liberalization under the WTO. More generally, it is, however, the championing of a form of market economy, which has worked well in Europe. It is thus no surprise that the EU fought so hard in the run up to Doha for several issues, without which we believe that the benefits of a market economy do not become fully available to citizens. These include policies to ensure that competition reigns on open markets and that policies are put in place to ensure that benefits are passed on equitably though the adoption of core labor standards, although no agreement was reached to include the latter on the Doha agenda. Whatever the differences may be in the models of capitalism developed on the two sides of the Atlantic, it has up till now proved possible to reconcile them in defining global agendas such as Doha.

## DEMOCRACY AND HUMAN RIGHTS

It has always been understood that the Union could only have democratic states as members. For this reason it was the reintroduction of democracy in first Greece and then Spain and Portugal which paved the way for their accession.

After the fall of Communism, this principle was codified in the text adopted by the European Council in Copenhagen in June 1993 setting out the criteria to judge whether a candidate for membership of the EU could be admitted or not. The principle of democracy has since been spelled out as Article 6.1 of the Treaty on European Union.

But in Europe, as in the United States, democratic decision-making is constrained by the entrenchment of certain fundamental rights. In your case this goes back to the original incorporation of the Bill of Rights into your constitution.

In the case of Europe, Article 6.2 of the TEU also incorporates the principle of the respect of human rights, defined as those guaranteed by the European Convention for the Protection of Human Rights and Fundamental Freedoms. In addition, the European Council in Nice (December 7-9, 2000) welcomed the joint proclamation by the Council, the Parliament and the Commission of the Charter of Fundamental Rights, combining in a single text civil, political, economic, social, and societal rights from various sources.

Since Nice the TEU also sets out (in Article 7) the steps to be taken if a Member State is in serious breach of these principles.

In this way, the original implied assumption of democracy has gradually been spelled out in detail and partially codified.

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What is the international expression of this type of governance? The idea that democracy is the best way to take decisions has been gaining ground simply through the spread of democratic forms of government from one country to another in the latter part of the last century and the legitimacy of world institutions such as the UN can be regarded as increasing as more and more of its member states become democratic.

The international equivalent of national entrenched legislation is of several types. First is the multilateral system itself, to which changes can normally only be made by consensus, a rather extreme form of entrenchment. Second is the system of international conventions, which are then implemented in national law, thus leading to a convergence of national legal systems. Third is the codex of human rights, which has been built up over the last decades.

While being “soft” law, in the sense that there is usually no legally binding enforcement mechanism, this codex, representing, as it does, the evolving consensus of the world community, undoubtedly affects the way that nations behave and is “enforced,” in practice, by a series of mechanisms designed to exert peer pressure.

The world is even moving beyond that now in the case of the International Criminal Court, by establishing an enforcement mechanism for the trial of those who commit crimes against humanity (which are defined extremely carefully in enumerative fashion in order to guard against frivolous misuse). For the first time an instrument is available on a permanent basis, which can ensure the rule of law by methods other than simple exhortation or brute force. I will come back to U.S. views on this later.

The EU itself contributes to the spread of the respect for human rights by incorporating this respect as an element of its trade and cooperation agreements, of which the Cotonou agreement with ACP countries is certainly the best example. The Stabilization and Association Agreements with the countries of the western Balkans are another.

To sum up, the EU's policy in this area of promoting national democratic governance, supporting the multilateral system, and pushing for the extension of the international rights-based system, is nothing other than the transposition to the international arena of principles, which we apply at home with the full support of a consensus within our societies. It is this, which gives the policy its credibility.

And I would argue that it also reflects on an international level the same balance and the same values to be found in the U.S. constitution.

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**The realization of the misery of other human beings like us evokes the simple human reaction of sympathy, and out of sympathy genuine solidarity in action can grow.**

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#### SOLIDARITY

The political development of Europe has been dominated since WWII by the ideas of Social and Christian Democratic parties. Their enduring legacy is the principle of the social safety net, the idea that society will look after all its citizens by ensuring that they can live lives of reasonable comfort and dignity, even if they are unable to earn the income necessary to this end. In this sense, Europe has espoused the model of a Social Market Economy, regarded by many as fundamentally different in concept from the U.S. model.

The same principle of solidarity codified in Title XVII of the EEC Treaty, where Article 158 commits the Union to "aim at reducing disparities between the levels of development of the various regions and the backwardness of the least favored regions or islands, including rural areas." In practice this has meant a systematic transfer of financial resources from richer to poorer Member States.

Two relatively new phenomena have made it easier to contemplate the extension of the concept internationally. The first is the growing realization of the extent of ecological interdependence on our planet. The other is the ability of the international media to beam pictures of suffering from the furthest corners of the globe into our living rooms. The realization of the misery of other human beings like us evokes the simple human reaction of sympathy, and out of sympathy genuine solidarity in action can grow.

On this basis the political constituency to support the strengthening of international instruments of solidarity, of which the most obvious is Official Development Assistance, can be cultivated, thus allowing ODA to be increased, in line with international commitments, and as reinforced in Monterrey, both by the EU and by the U.S.

*Seton Hall Journal of Diplomacy and International Relations*

So although it is certainly true that we organize solidarity differently within our separate bodies politic, we are moving in the same direction on development policy.

My conclusion is that, while the totality of the values espoused by Europeans in their interaction with the world may not be shared by the United States, the commonality is broad and solid.

#### DEFENDING OUR VALUES

We should not forget this when we disagree on how best to pursue the continued spread of these values around the world and how to defend them where they are under attack. There is no doubt that the EU sees the principle instrument for furthering these foreign policy goals as persuasion, as dialogue, as the building of a consensus, largely through multilateral institutions. But we also use bilateral leverage, particularly our trade and aid policies, to reinforce our persuasive powers. It is, however, in the area of threats to security that these instruments are least effective.

And it is here that you will all have been reading about the differences of view between a Europe, which believes in the use of multilateral instruments, and a United States, which wants to act unilaterally. I believe this, also, to be a caricature. The reality is more complex, although no less important.

#### TERRORISM

What is the biggest threat facing our peace, our prosperity, and our freedoms today? No one who lives near New York City can doubt that it is terrorism, which struck at the heart of Manhattan two years ago. Similarly in Europe, no other threat is seen as so serious. So how have we in Europe reacted to this threat?

First, by complete solidarity with the United States. The outpouring of expressions of sympathy in Europe two years ago was genuine and deeply felt.

Second, by giving full support to US military action in Afghanistan against Al-Qaeda and to bring down the Taliban, who harbored them. As you know, several of our Member States have also been militarily involved.

Third, by swift action to introduce new, effective, Europe-wide, anti-terrorism legislation. This was accomplished by Christmas 2001 and has been bearing fruit in a wave of arrests throughout Europe.

Fourth, by active support for United Nations action. Let us not forget that the UN comprises not only the Security Council, but also the General Assembly. It is through the General Assembly that the community of nations has laboriously negotiated a series of eleven conventions on different elements of terrorism, which are now being implemented by all its members. It is these conventions, which provide the legal framework for other countries to cooperate with our intelligence services and our law enforcement officials in our struggle to defeat this terrible scourge. In Europe, our Member States have, of course, ratified these conventions, and we are pressuring others to do the same. The number of countries who have done so has since grown by leaps and bounds.

The Security Council also lost no time in adopting Resolution 1373, which imposes a legal obligation on every member of the UN to adopt and implement legislation sealing off any financial flows to terrorist organizations, and this is being followed up vigorously in the new Counter Terrorism Committee, currently under Spanish chairmanship. And in the European Union we are committed to helping those developing countries, which have the most difficulty to help themselves, to implement it effectively.

In my view the commonality of approach that I have described here is impressive. It remains the best way to prosecute a struggle against terror in the coming years, as long as we do not forget at the same time to continue to pursue the commitments we assumed at the millennium General Assembly, commitments to the alleviation of poverty around the world. For it is starvation and misery, which provide terrorists with the warped excuses, with which they attempt to justify their actions and obtain at least the acquiescence of the societies in which they operate.

#### THE INTERNATIONAL CRIMINAL COURT

But the world does not suffer just from terror.

African development has long been held back by autocratic leaders misappropriating their countries' resources and refusing to step down long after their sell-by-date. In doing so they trample on our values, which are the only ones, on the basis of which successful development can come about in their countries.

In the Balkans, the break-up of the Soviet Empire unleashed an orgy of nationalist bloodlust, and it has taken years of patient diplomacy, a military action by NATO, led by the United States, and several years of patient nation-building by the UN and by the EU to get that unhappy region back on a track towards a society based on the values we share, and someday, we hope, to a membership of the European Union. And Milosevic is now on trial in The Hague for crimes against humanity.

But why do African dictators think they can get away with it?

Why did Milosevic think that he could, we believe, pursue massive ethnic cleansing with impunity? (I am choosing my words carefully, because even Milosevic has a right to be presumed innocent before being proved guilty.)

In Europe we believe that the answer to this question is that we have had no international legal system defining crimes against humanity, committing States to bring their perpetrators to justice, and setting up a court to be ready to try them. In other words we believe that if the International Criminal Court had been in place, with the backing of the world community, ten years ago the Milosevics of this world would have thought twice.

Here, of course, the U.S. takes a different view. As it turns out, the attempt to set up a system, which will deter wrongdoers in the future, is supported by the world community minus one.

In Europe, we do not intend to be any less vigorous in its defense because the U.S. disapproves. We believe that the Court provides a way for the rule of law to

end impunity for those who violate in the most serious fashion the values which are not just ours but those of the world community. We also believe that the U.S., which shares those values, will eventually come to see it in this way and come in out of the cold again.

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**For it is starvation and misery, which provide terrorists with the warped excuses, with which they attempt to justify their actions and obtain at least the acquiescence of the societies in which they operate.**

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#### GLOBAL CLIMATE CHANGE

Apropos of cold, let me now address the main long-term threat to the realization of our common vision for humanity. This is the question mark over the long-term sustainability of development around the world. The world's biggest ever conference in Johannesburg addressed just this issue last year. It will occupy us for the foreseeable future, not just for my lifetime but for yours as well.

The concept of sustainability was first incorporated into our Treaty with the Treaty of Amsterdam and Article 2 EEC now defines the aim of the Union's economic policies as promoting "a harmonious, balanced and sustainable development." In our system this gives it the equivalent of the force of constitutional law. The adoption by the European Council at Gothenburg in June 2001 of a Strategy for Sustainable Development has begun to turn this into practical policy. This is one of very few examples of an international discussion then being reflected in internal changes within the Union.

The driving force behind it was the consciousness of global environmental interdependence—the idea that we are all citizens of "Spaceship Earth"—and the need for international solidarity in dealing with it. The discussion has triggered the realization that EU policies have an obligation to ensure that our children and children's children are afforded the same opportunities for a good life as are we, and thus the need to ensure that economic development preserves and does not diminish the resources, natural and otherwise, on which it is based.

This is also why we are so attached to the Kyoto Protocol on Global Climate Change. The EU has already achieved its first target under the Protocol and stabilized its emission levels of greenhouse gases at their 1990 level. We are also well on the way to achieve our second commitment and reduce them by 8 percent over the next ten years.

In May 2002 the U.S. submitted its third national communication to the UN Climate Change Convention. It was the first time a document from the Bush administration had acknowledged the human responsibility for climate change. Furthermore, it predicted that the U.S. itself will experience far-reaching and even devastating environmental consequences. So what is the U.S. doing?

Your government has said that it will not ratify Kyoto because it is a flawed treaty, it will go a different route. So let us suppose for a moment that Kyoto is not the ideal way forward. What then is the U.S. doing?

On February 14, 2002, President Bush forwarded his proposals on greenhouse gas emissions to Congress. If they are implemented and achieve the desired results they will indeed reduce the greenhouse gas intensity of U.S. economic output. But the U.S. economy will continue to grow, and even on the Administration's own estimates, U.S. output of greenhouse gases will have risen 30 percent above the 1990 level by 2012.

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**Unless something is done, the rest of the world will be dealing with this threat to all our futures without the U.S., which will blithely continue to produce a greater and greater proportion of the gases, which cause climate change.**

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This is hardly surprising in the light of current U.S. legislation. Let me take just one example. I guess we are all assuming that Governor Schwarzenegger will be turning up for work in one of his Hummers. And we all know the extent to which suburban shopping malls are now dominated by SUVs and minivans. Yet all these vehicles are exempted from the mileage restrictions placed on automobile manufacturers by the U.S. CAFÉ legislation.

Unless something is done, the rest of the world will be dealing with this threat to all our futures without the U.S., which will blithely continue to produce a greater and greater proportion of the gases, which cause climate change.

Such a lack of solidarity is unworthy of a country whose people are known for their generosity of spirit.

## IRAQ

Let me turn now to Iraq and some of the questions it has raised. A year ago, the threat of this country developing weapons of mass destruction was the subject of second-highest concern after terrorism for our citizens, as it was for yours.

Saddam had simply ignored the resolutions of the Security Council for years and got away with it. Your President set out the case against him in clear and cogent terms at the General Assembly on September 12, 2002, and we shared his analysis. But the transatlantic community split, right through the middle of Europe, on what to do next. We may share values and interests, but we have been struggling to re-establish a common view of how to act.

Robert Kagan saw the problem as follows:

*Americans are 'cowboys', Europeans love to say. And there is truth in this. The United States does act as an international sheriff, self-appointed perhaps but widely welcomed*



*nevertheless, trying to enforce some peace and justice in what Americans see as a lawless world where outlaws need to be deterred or destroyed, and often through the muzzle of a gun. Europe, by this old West analogy, is more like a saloonkeeper. Outlaws shoot sheriffs, not saloonkeepers. In fact, from the saloonkeeper's point of view, the sheriff trying to impose order by force can sometimes be more threatening than the outlaws who, at least for the time being, may just want a drink.*

Analogies are fun, but can be misleading. I would make one point only. A sheriff is not a vigilante; his mandate is to uphold the law, not to put himself outside it. And in international relations the law is clear on some fundamental points.

Article 2 of the United Nations Charter obliges all members to:

Settle their international disputes by peaceful means in such a manner that international peace and security, and justice, are not endangered.

Refrain in their international relations from the threat or use of force against the territorial integrity or political independence of any state.

This does not, of course, prevent the use of force in self-defense, but this is clearly defined, in Article 51 of the charter, as the case when "an armed attack occurs against a member of the United Nations."

In all other cases of threats to international peace, Article 39 makes it clear that it is for the Security Council to determine this and to recommend or decide on the appropriate action.

And let us remember that this text was drafted, under U.S. prompting, after two catastrophic world wars in which acts of aggression by single nations had engendered the most terrible chain reactions.

Having said this, few Europeans would dispute that, when the chips are down and the world community has to deal, as a last resort, by force with a threat to international peace and security, we will need to be led by the United States. At the end of the day, if a posse is needed, there will be no doubt as to who the sheriff will be. And we will all be grateful that he is around.

## CONCLUSION

I do not believe that this broad-brush survey of current foreign policy challenges and our response to them suggests a decisive rift across the Atlantic. On the whole it is still true that we share an important set of values, which have served us well in the past and can do so in the future. The one big exception is our attitude to the sustainability of development on this planet. But, in these turbulent times the need for dialogue between us to ensure that we retain not only a bedrock of common values but also a common understanding on how best to defend them around the world is more necessary than ever.

Some observers worry whether this will be possible. Robert Jervis of Columbia University, for example, wrote an article, which appeared this August in the journal, "Foreign Policy," entitled "The Compulsive Empire." In it, he argues that nations enjoying unrivalled global power have always defined their interests in increasingly

expansive terms and that resisting this historical mission creep is the greatest challenge facing the United States today.

Leopold Kohr wrote a prophetic book in 1946, called "The Breakdown of Nations." One of its chapters sets out what he calls the Power Theory of Aggression. He says,

There could be no gentler peoples on earth today than the Portuguese, the Swedes, the Norwegians, or the Danes. Yet, when they found themselves in possession of power, they lashed out against any and all comers with such fury that they conquered the world from horizon to horizon. This was not because, at the period of their national expansion, they were more aggressive than others. They were more powerful."

Kohr argues that power leads inexorably to aggression and that the abuse of power begins when a nation believes that it cannot be checked by any existing larger accumulation of power. And he makes a chilling prophecy. He says that when the United States becomes aware of just how dominant it has become,

*When that time comes, we should not fool ourselves with pretensions of innocence. Power and aggression are inseparable twin phenomena . . . .and innocence is a virtue only up to a certain point and age. If there ever should be a powerful country without any desire to lick and dominate others it would not be a sign of virtue but of either overage or mongoloid under-development. In the United States neither is the case.*

Kohr is suggesting that power corrupts values. If he were right, it would signal real trouble for the transatlantic partnership. It seems to me that as political scientists you might wish to examine whether history supports Kohr's theory. And as U.S. citizens you might wish to help to prove him wrong in the case of the world's greatest democracy, and show that American ideals are indeed immune from the corrupting force of power.

*A Dialogue Among Civilizations*  
**Address to Seton Hall University**  
**Ambassador Prince Turki Al-Faisal**  
**October 14, 2003**

Thank you for giving me the opportunity to speak in your distinguished University. You know that I studied at that other Catholic university, but I went to a prep school that is not far from here, the Lawrenceville School. New Jersey was my home for more than four years, and they were enjoyable years. Like some of you, the hardest thing for me at both prep school and university was to keep my enjoyment level down and my academic level up. I ended up with a mixed bag—admittedly favoring the enjoyment over the academic! At both Lawrenceville and Georgetown, I felt welcome.

Do you know how many of us Saudis went through your schools, universities, academies? More than 500,000 over the past fifty years. You multiply that by eight, which is the number in an average Saudi family, and you have 4 million Saudis who have been directly affected by America. That is nearly one quarter of the Saudi population. Until recently, thousands of Saudis regularly visited the U.S. for health care, education and vacation. Over this last half century, many myths have developed in America about Saudi Arabia. These myths were propagated by so-called “experts” on Saudi Arabia, and yes, even by Hollywood. Most of these experts have never been to Saudi Arabia nor have some of them even talked to a Saudi and yet “they” confidently assert their expertise, whether in book form, in newspaper articles, or on radio and television. And they know everything about us: our religion, our social structure, our economy, our education, and even our souls. Now, you may ask, what are these myths? And I will tell you. But first let me put them in historical perspective, in the following manner: before September 11th; after September 11th; and those that cross over September 11th. I shall try to analyze them as I list them.

Before September 11th, the myths were the following:

Saudi Arabia and the United States came together in a deal that exchanged oil for security, with the U.S. buying Saudi oil in return for securing the safety of the Kingdom. The reality is that what brought us together is much more than that. In 1945, when King Abdulaziz, the Founder of Saudi Arabia, met with President Franklin Roosevelt, the two men hit it off immediately, with Roosevelt commenting to his

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Prince Al-Faisal is a member of the Saudi Arabian Royal family with more than twenty-five years of experience in government and diplomatic service to the Kingdom. From 1973-1977 Prince Al-Faisal served as an advisor to the Royal Court. In 1977, he was named Director of General Intelligence. In January Prince Al-Faisal was appointed Saudi Ambassador to the Court of Saint James in London.

aides after the meeting that he learned more in a few hours about the Middle East from Abdulaziz than he had from all of his advisors. At the time, the rest of the Arab world was under either British or French colonial rule, Abdulaziz looked upon Roosevelt and America as the champion of freedom for all of the oppressed people in the world. By that time as well, the Saudi experience with American pioneers was unfolding. In 1933 King Abdulaziz received in Jeddah an American philanthropist and industrialist, Charles Crane, who was touring the world in his yacht. The King was complaining about the lack of water in the Kingdom, and his guest offered to send him a top geologist to look for water. Twitchell was his name. He came, he saw, and he advised the King that instead of looking for water, he should look for oil. Shortly thereafter, a group of scientists and engineers came to the Kingdom and started not only ARAMCO, but they also started the human contact between Saudis and Americans. More than 200,000 Americans have lived, with their wives and families, in the Kingdom on and off since that time. Several hundred, if not thousands, were born there. They are called "Aramco kids." Today there are more than 30,000 Americans, men and women and children, living and working all over Saudi Arabia.

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**Since its founding in 1932, Saudi Arabia has been in the forefront of countries that promoted and practiced a responsible and moderate foreign policy.**

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The other myth, pre-September 11th, was that the Al Saud family would not be able to weather the pressures of modernization amid the growing winds of Arab nationalism and socialism that were sweeping the area, with coup d'etats and revolutions erupting everywhere. The Al Saud, Al Hamdulillah, Thank God, have managed to disappoint all of these predictions. And why? Why did we not suffer the fate of King Farouk of Egypt, or the Hashemite King of Iraq, or the Shah of Iran? We did so because we always thought of ourselves and acted as one people and never ever did we think and act as if we were above the people. Even today, the King and the Crown Prince hold a public Majlis, or audience, for any Saudi citizen who wishes to complain personally about a grievance, or present a petition. Many a petitioner or complainer will address them by their first name. There is no subservience nor servility proffered. Neither is it expected. Later on I shall refer to the fact that it is the leaders of the Al Saud that initiate reform in the country.

After September 11th, the myths are the following:

Saudi Arabia is the "kernel of evil", as one of these so-called experts has claimed. That we breed terrorists in our schools and mosques; that we created the Taliban and Al Qaeda; that we are hell bent on converting the rest of the world, whether by force, or by dictat, to our brand of Islam - Wahhabism. We are the dreaded Wahhabis who infest our kids, from kindergarten, until they leave college, with hatred and bigotry for everything and everybody who is not Wahhabi. Phew.

Since its founding in 1932, Saudi Arabia has been in the forefront of countries that promoted and practiced a responsible and moderate foreign policy. We have

never waged war on anybody, except in self-defense; we have been a responsible member of the United Nations; we have been leading the Arab world in making peace - look at the Fahad Plan of 1982, which brought all the other Arab countries to espouse peace, as an objective, and not war, as had been the case before. Look at the Abdullah Plan of 2002, also adopted by the rest of the Arab world, which calls for total Israeli withdrawal from the occupied Palestinian territories, in return for total peace from the Arab world to Israel, including diplomatic and normal relations. These are two initiatives by Saudi Arabia. There are countless others. Now you tell me, is this the work of an evil country?

The Taliban came into existence in 1995. The Kingdom had stopped giving aid to all, and I repeat, all Afghan parties in 1990, when the then Mujahideen parties, having chased out the Soviet invader, turned on themselves, and civil war ensued. Not one single penny has gone from Saudi Arabia to any Afghan, including the Taliban, since that date. However, from 1980 to 1990, we had the honor and privilege of working hand in hand with your government, and our Pakistani brothers, in supporting the Afghan people in their just struggle to repel the Soviet Armies. We are proud of our record then, as you must be.

In 1990, after we had stopped all aid to the Afghans, Osama bin Laden and Ayman Al Thawahiri, an Egyptian who was convicted of terrorism in Egypt, founded Al Qaeda, which defined its aim as the liberation of all Muslims from what they called the Crusaders and Zionists. You know of course who their first target was? Saudi Arabia. We were that first target because we had agreed to station, in Saudi Arabia, American Air Force units that would provide protection to the people of Southern Iraq against Saddam's Air Force. This was part of the Safwan Agreement between Iraq and the Allied Forces led by the US and Saudi Arabia, which brought to an end the war to liberate Kuwait. In 1993, having gone to the Sudan, bin Laden began to issue statements denouncing the Kingdom and after all attempts to persuade him to stop this campaign failed, he was stripped of his citizenship in March 1994. In 1995 he struck his first terrorist blow. It was in Riyadh at the National Guard training building. From then until now, bin Laden's primary target has been the Kingdom of Saudi Arabia. All that you read or hear about Saudi support, whether in terms of money or even sentiment, for him is baloney. In a poll taken by the Zogby Group, an American polling firm, taken last month, more than 90 percent of Saudis disagreed with or condemned bin Laden. I was sent twice to Afghanistan in 1998 to try to convince Mullah Omar to hand over bin Laden to the Kingdom in order to bring him to justice. If you don't believe me, just listen to bin Laden himself commenting on my efforts to have him deported to the Kingdom. (ABC TV in an interview at the end of 1998 with John Miller.) As far as charity organizations are concerned, since 1993 we have been tightening the accounting procedures of all of these institutions, not only to make them accountable, but also to make them transparent, and last year we established a higher commission for charities to be responsible for, and accountable for, every penny spent on charity. Now only checks are accepted as contributions to charities, and that is to make sure that all monies are accounted for.

There are those who say that bin Laden and his murderous airplane hijackers were born and bred in Saudi Arabia; therefore Saudi Arabia is a country that breeds terrorists. I say to you that bin Laden founded a vicious and murderous cult, using Islamic phraseology to attract acolytes and turn them to his evil deeds when they reached Afghanistan. A perfect example is the group of young people, American born and bred, in upstate New York, who led normal lives until they reached bin Laden's training ground. There, they were turned into Al Qaeda operatives. You can read about them in last Sunday's New York Times, detailing how they were enticed to go to Afghanistan and then they were submitted to intensive mental and physical training turning them into bin Laden followers. There are other nationalities - British, French, Egyptian, Moroccan, who made up Al Qaeda. Does the school system in upstate New York breed Al Qaeda members? How about the school system in Britain, France, and the other countries. As to the fact that fifteen of the nineteen hijackers were Saudis, well now we have the admissions of none other than bin Laden's Chief of Operations, who is held prisoner by U.S. authorities. He says that bin Laden personally chose the fifteen Saudis to carry out the 9/11 hijackings out of a pool of several hundred Al Qaeda operatives, from different nationalities. At that time it was easy for Saudis to get U.S. visas. His aim is to destroy the close and strategic relationship between our two countries.

Now, a brief word on that much used and abused word "Wahhabism." In 1734, a religious reformer, in the mold of John Calvin or Martin Luther, started preaching his ideas in Central Arabia. He had traveled in much of the Arab world, which was then mostly under Ottoman rule. His message was direct: Muslims had deviated from the original teachings of Islam. They had corrupted the worship of one God, Allah, into the worship of many intermediaries, like saints, idols, even trees and rocks. He preached the return to the fundamentals of Islam, the primary article of which is that there is no God but God and Muhammad is His Prophet. This man's religious sect was Sunni, meaning a follower of the Prophet's sayings and deeds, from the teachings of Ahmad ibn Hanbal, who is one of the four Sunni Sheikhs whose teachings make up the Sunni branch of Islam. This man's name was Muhammad ibn Abdul Wahhab. In his search for support, he struck a deal with the ruler of one of Central Arabia's then flourishing towns, his name was Muhammad Al Saud. When the two Muhammads succeeded in uniting all of Arabia, even the holy cities of Makkah and Medina, the Ottomans struck back. Being the seat of the Khalifate, Islam's paramount political leadership, the Ottomans cleverly started a campaign to counter the growing strength of Ibn Saud and Ibn Abdulwahhab. The Khalif in Istanbul accused the two Muhammads of preaching and propagating a heretical new sect called Wahhabiyah, deriving from Abdulwahhab, and all sorts of accusations and stigma were heaped upon the Wahhabis then. Pretty much what is happening today. The Al Saud follow the Hanbali school of thought and the Kingdom's judicial system is ruled by all four of the Sunni schools of thought. Do we have bigots in Saudi Arabia? Of course we do. But you have them here too. Do we have people who denounce other religions and express hatred towards them? Of course

we do. But you have them here too. Just listen to what the Reverends Graham and Robertson have said about Islam and the Prophet of Islam (Peace Be Upon Him). Do our society and religious teachings breed terrorists? If it did then how come the more than twenty brothers of Osama bin Laden did not become terrorists? They have the same background; they went to the same schools.

The last myth I am going to refer to is one of many that cross over from before September 11th to after September 11th. It is the myth that the Al Saud are too disunited and decrepit and corrupt to be able to initiate reforms needed to meet today's challenges. What can I tell you? Saudi Arabia compressed the development of 300 years into seventy years. We came from a land of tribal feuds, warring city states, and colonial power infringements, to a united country, where merit is based on personal talent, rather than tribal affiliation. Where thousands of hospital beds tend to the care of more than 22 million people. Seventy years ago, there was only one hospital, badly equipped, and sparsely staffed. Where there are more than 5 million young men and women going to school at all levels. Where the literacy rate went up from 5 percent to 90 percent. When seventy years ago there were only two or three schools. Where highways crisscross the deserts and mountains so that commerce and transport thrive when seventy years ago there were only a handful of cars and journey by camel would take days where now they take hours.

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### **The memory of September 11th has traumatized both our peoples.**

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Economically we came from a subsistence level to a thriving economic environment that makes Saudi Arabia the largest economy in the area, with the largest stock market in value and in number of shares listed in the Middle East; with the widest per capital ownership and usage of computers, and the largest market for books and newspapers and magazines. The Kingdom is also the largest advertising market and per capita personal expenditure is the largest in the area.

Politically we came from a land without any government institutions to a country that not only has government ministries and departments but also a National Consultative Assembly and Regional Councils. Our constitution is the Quran and the Sunnah, and in 1993 King Fahad established the Basic Law defining the line of succession, where merit and capability decide who succeeds as king. The law also rejuvenated the Consultative Assembly, and defined the government's obligations to the citizen, and the citizen's responsibilities to the government. Over the last five years, we have streamlined and trimmed the government; we have established an Investment Authority and a Higher Economic Council. In his speech to the Consultative Assembly six months ago, the king set forth his reform agenda in six points:

1. Redefine and invigorate the country's median religious stance. Our Prophet (Peace Be Upon Him) described Muslims by saying, "We are a people of the middle. Moderation and tolerance are the key words in

our religious practice”.

2. Redouble the efforts to widen the job market by widening the economic base, joining the World Trade Organization, and improving the efficiency of the bureaucracy.
3. Widen political participation.
4. Review the lot of women and make sure that they participate fully alongside men in the continuing development of the Kingdom.
5. The establishment of two Human Rights Commissions, one independent of the government receiving complaints from whatever source about any infringements; the other, within the government to oversee government departments' adherence to the principles of human rights.
6. Review and improve academic curricula to make sure that they prepare students, male and female, for today's needs. And also to make sure that religious instruction follows the median way, which I mentioned in the first point.

This is a brief review of Saudi Arabia. I shall finish with the following points:

In the hunt for bin Laden, we have been working with your intelligence and security departments since 1997, when a joint Saudi/American committee was established. Its aim is to pursue and review all intelligence on bin Laden and Al Qaeda. The committee was set up at Saudi Arabia's request.

The Kingdom will never forget the courageous and selfless stance that the American people took in 1990 as they stood by us when Saddam invaded Kuwait.

There are bigots and zealots amongst our two peoples. Let them not come between us. Our two peoples should look forward to more cooperation, and not recrimination.

The memory of September 11th has traumatized both our peoples. For those who lost loved ones, there will be nothing that can compensate for their loss. But they will always retain the best memories of those whom they lost.

For us, alas, we will always carry the bane of the fifteen. It is a memory that is not only painful but will always remain as a stigma that we bear.

I have just learned today that the Council of Ministers, at the King's behest, has just approved the holding of elections at the municipal level for Municipal Councils. I can tell you that that is but the first of many steps in Saudi Arabia's march towards a better future.

Thank you.