

# The Securitisation of Swine Flu?

Written by James Ricci

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<https://www.e-ir.info/2009/04/30/swine-flu-and-securitisation/>

JAMES RICCI, APR 30 2009

With the emergence of swine flu (H1N1) in April 2009 and despite the relatively low mortality levels (160 as of this writing), international actors have quickly scrambled to develop and implement health measures in an attempt to minimise or eliminate the possibility of a full-blown pandemic. In particular, during these early stages states and the World Health Organization (WHO) appear to have begun the process of engaging swine flu with political priority. This raises two interrelated points: is swine flu being securitised and if so, why?

As developed from the work of Buzan et al., securitisation is a political move that removes a particular issue from established procedures and subsequently frames it as a special type of politics.[1] This does not reflect any objective set of criteria and, as demonstrated by the special actions taken by the United States in reaction to a swine flu outbreak in 1976, placing infectious diseases outside of normal political processes can lead to unintended consequences that ultimately are more dangerous than the original threat.[2] However, as the 2003 SARS outbreak and current pandemic influenza preparations (H5N1) demonstrate, infectious diseases have gathered particular political priority within the last decade. (Alan Ingram explores these diseases in the context of a developing system of global health security.[3])

While seasonal flu kills approximately 36,000 people per year in the United States alone, for example, what especially concerns the public health community is the novelty of this current strain which appears to have characteristics of avian, human and swine influenza.[4] This is further compounded by confusion as to why the virus, thus far, has almost exclusively killed people in Mexico. Much like the early stages of the SARS outbreak, scientists appear to have conceptualised swine flu as a potentially extremely dangerous threat that warrants prioritised attention until a greater understanding of its virology emerges.[5]

Similarly, states have implemented a prioritised response. With more than 2,000 confirmed or suspected cases at the end of April, Mexico stands at the epicentre of the outbreak. Schools and businesses have been closed. The Army is distributing surgical masks. Large public gatherings have been temporally banned.[6] And representing a strong visual metaphor for the unique political actions implemented in this football passionate country, matches are currently being played in front of empty, 110,000 seat stadiums.[7] The response to swine flu in Mexico is anything but normal.

Outside of Mexico, states have taken less drastic measures. In the United States, with the second largest number of confirmed swine flu cases, restrictions on public gatherings and the distribution of face masks have yet to emerge. However, the declaration of a public health emergency, suggests that despite the relatively few number of cases, officials remain particularly concerned about further developments.[8] As experienced in Scotland, the number of cases can suddenly jump, which quickly complicates established procedures.[9] Similarly, the European Union expressed concern about these developments reflected in the issuing of travelling warnings to Mexico and the United States which stood in contrast to the official WHO position on travel.[10]

Yet, it is in Asia, where the effects of the SARS outbreak still linger, that some of the most drastic measures have been implemented. Malaysia requested that WHO ban all outbound travel from Mexico and Japan suspended visa-free entry for Mexican nationals.[11] Further, China, Russia, and South Korea are among a group of countries which have banned, to varying degrees, the importation of pork from Mexico and the United States.[12] Despite assertions from public health and state officials that some of these measures are unnecessary, many states are conceptualising

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swine flu as a threat that requires an immediate and special response.

Through the end of April, the response to swine flu has been one of sustained caution and prioritisation. Although still too early to know whether the biological event will evolve into something similar to SARS or be more like the 1976 swine flu outbreak[13], some evidence suggests that swine flu is spreading.[14] Questions, though, are already starting to emerge about the methods employed by states in response to swine flu. For example, there has been some suggestion that the exchange of information between Mexico and the United States was slow during the initial weeks of the outbreak.[15] Additionally, the issue of borders as a central policy response again focuses attention on whether this helps or hinders engagement of infectious diseases.[16]

Finally, a larger question remains. Much like the biological elements, it is still too early to draw any definitive conclusions about the political response. Thus far however, swine flu is being engaged, for the most part, through a pandemic influenza framework that emerged with the most recent national and WHO influenza plans around 2005; a framework that significantly differs to those that existed in previous historical periods. To be sure, public health officials have conceptualised swine flu as unique and have prioritised attention. Similarly, states, to varying degrees, have prioritised national responses.

Accordingly, whether swine flu has been securitised or is being securitised, and to what extent, is not currently known. Some evidence suggests that the novelty of the virus, particularly in Mexico, has caused difficulty in implementing policy and required a different type of response. Yet, banning public gathering, closing schools, and distributing facial masks are contained within established policy 'tool boxes' and WHO decisions have been made through established procedures laid out in the International Health Regulations implemented in 2007.[17] The media is presenting the swine flu story with relatively little knowledge of high-level, behind-the-scenes decisions. The degree to which the events in Mexico and beyond have deviated from established practices should become clearer as the political decisions taken by states, WHO, and other international actors become more available.

*James Ricci is an Associate Lecturer at Cardiff University. His PhD thesis, scheduled for submission in spring 2009, explores the securitisation of infectious diseases and the international institutional mechanisms employed to tackle these microscopic agents.*

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[3] Alan Ingram, "Swine flu calls into question the meaning of global health security," *E-IR.info*, <http://www.e-ir.info/?p=1016> (30 April 2009).

[4] "Key Facts about Swine Influenza," *Centers for Disease Control and Prevention*, [http://www.cdc.gov/swineflu/key\\_facts.htm](http://www.cdc.gov/swineflu/key_facts.htm) (30 April 2009).

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<http://www.google.com/hostednews/afp/article/ALeqM5ilJz3cjY4JI0UJKOd0xAuzziXEtg> (30 April 2009).

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[13] Stephanie Beck, "When politics, and swine flu, infect health," *San Francisco Chronicle*, <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2009/04/29/EDEG17B017.DTL> (30 April 2009).

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[15] David Brown, "U.S. Slow to Learn of Mexico Flu," *Washington Post*, <http://www.washingtonpost.com/wp-dyn/content/article/2009/04/25/AR2009042501335.html> (30 April 2009).

[16] Liz Robbins and Donald G. McNeil Jr., "Asking for More Funding, U.S. Steps Up Flu Response," *New York Times*, [http://www.nytimes.com/2009/04/29/health/29flu.html?\\_r=1&hp](http://www.nytimes.com/2009/04/29/health/29flu.html?_r=1&hp) (30 April 2009).

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