What are the Risks of Securitizing Infectious Disease Pandemics such as HIV-AIDS and SARS?

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In the attempt to approach the literature on this subject, it is almost impossible not to notice the evolutionary process that it has undergone in the past thirty/forty years and to reflect on some of the most paradoxical elements of this path.

In the second half of the last century, scientific research had managed to tackle, stop, and in certain cases eradicate, viral and bacterial infections which had an enormous impact on the life and health of millions of people. The discovery of penicillin in 1928 and the development of a polio vaccine in 1955 led to the common belief that " armed with the powerful tools of research, modern science had won the battle against infectious diseases..and could now concentrate its considerable powers on the fight against cancer, heart disease, and other top priorities for the industrial world."[1]

How is it possible to compare this recent historical reality against the words of the President of the World Bank, James Wolfenston, who unequivocally argued before the Security Council, on January 2000, that all those who thought that AIDS was merely a health issue "were wrong" and that "nothing that we have seen is a greater challenge to peace and stability of African societies than the epidemics of AIDS"?[2] Is it possible to trace a line between the victory of modern science and the opening of a " development and security crisis"[3] caused by the spread of infectious diseases such as AIDS?

As much as it would be interesting and challenging to investigate the real causes and consequences of this 'scientific meltdown', it is even more important to asses the current situation and – starting from Wolfenston's statement – attempt to evaluate the next chapter of this extremely controversial relation between infectious disease and security. Can securitization provide an appropriate and balanced approach to tackle these issues effectively? Or does it represent the other end of the line, the other antipode, an overwhelming engagement against the spread of infectious disease, whose consequences are probably more sinister than the viruses themselves?

As this essay will try to argue, framing infectious diseases as an existential threat entails a whole series of consequences. Some of them concern the nature of the diseases, which are increasingly presented and perceived as a menace to peace and stability rather than a simple but serious medical condition. Others are related to the way these diseases should be treated and by whom, with an increasing role acclaimed both by state and international actors. The essay will first present some attempts to depict infectious diseases as an existential threat. It will then try to point out the risks of these securitizing approaches to infectious diseases – HIV/AIDS in particular – whereby their global and human dimensions are increasingly neglected, and where instead the interests of the states and of the élites in general tend to prevail. As a result, it will be argued that the securitization process tend to make the safe safer, and the endangered even more at risk. Finally, the essay will try to outline an alternative and more responsible approach to infectious diseases, arguing that a degree of securitization to infectious disease can be positive.

Before going into the details of the risks that emerge from the securitization of infectious diseases, it is necessary to introduce the theory behind the concept of ' securitization' and to explain also how this relates to infectious diseases.

The core of this theory is the very concept of securitization and the idea of security as "a self referential practice…as a speech act".[4]

*"In this usage, security is not of interest as a sign that refers to something more real; the utterance itself is the act. By saying it, something is done (as in betting, giving a promise, naming a ship). By uttering 'security' a state representative moves a particular development into a specific area, and thereby claims a special right to use whatever means are necessary to block it".**[5]***

Other traditional approaches to security operate within a specific definition of security – i.e. the realist/traditional approach revolves around the use of military force – and then try to address empirically whether an issue can be considered as a security threat. For the authors of the securitization theory – instead – " it is a choice to phrase things in security terms, not an objective feature of the issue".[6] As Waever points out, " the use of the security label does not merely reflect whether a problem *is* a security problem, it is also a political choice".[7] In other words, according to securitization theory, in order for an issue to be securitized, there is no empirical requirement or measurement of the actual threat: a security issue is proclaimed, not assessed. The act of proclamation itself– the speech act – is composed of four essential elements:

1. *a securitizing actor* (such as political leaders, intelligence experts, etc.) declaring

2. *a referent object* (such as the state or the environment) to be

3. *existentially threatened*(for example by an invasion; by pollution) and who make a persuasive call for the adoption of

4. *emergency measures* to counter this threat (i.e. declare war).[8]

The term securitization itself refers to the process whereby an issue is taken out of its non-politicised or politicised status – that is, when it is effectively made part of public policy and public decision – and instead is elevated to the security sphere, by presenting it in a way that meets these four criteria. It is important to mention that within the framework of the securitization theory, there is an intrinsic negative value attached to the concept and practices of security, because the removal of an issue from routine democratic considerations and the use of the security language – according to the authors – usually implies a willingness by the state's inner circle of power to get rid of the democratic scrutiny of issues, as well as to silence the opposition.[9]

In the context of infectious disease, it is possible to notice that a number of different securitizing actors have tried to frame these illnesses – HIV/AIDS in particular – within a security context. Other international agencies, a part from the World Bank, have also openly proclaimed that "the HIV/AIDS pandemic, if unchecked, may pose a risk to stability and security".[10] Academics from a range of security perspectives – from national security to international, going through a more 'human' approach to security[11] – have tried to assess empirically the security implications of HIV/AIDS for the social, economic and political stability of communities.[12]

Infectious diseases and HIV in particular have also become increasingly important in the agenda of state policy makers, especially among the Western and more developed countries. In the United States, for example, the national intelligence council has recently undertaken a thoughtful examination of the security implications of infectious diseases, coming to the conclusion that " HIV/AIDS represents a threat to the national security of the United States".[13]

When it is embedded within the restrictive framework of national security, one of the main consequences of this securitization process of infectious disease is that the humanitarian and global aspect of the illness tend to be disregarded. Instead, the focus and action of the state actor " is likely to be confined to those instances where it touches upon the selfish security interests of the state".[14] As Susan Peterson points out, " responding to HIV/AIDS as a [national] security issue transforms the logic of international action on the disease into one based on narrow self-interest… . Indeed, it creates the impression that global health issues are not worth addressing in their own right, but only to the extent that – and only as long as – they touch upon the core security interests of the states".[15] From

Peterson's argument, one could say that global health issues become 'nationalised' through the process of securitization. A national actor, instead of engaging with the global dimension of the threat/disease, generates what McInnes and Lee call a "garrison mentality",[16] addressing the problem only as long as is it is inside the country. Strict security polices are in fact applied at the frontier of the state, as to prevent 'the invasion' of the viruses. One could – for instance – analyse the proposal put forward by the American Institute of Medicine to introduce mandatory screening for tuberculosis – a common condition for patients affected by HIV – for immigrants from countries with high prevalence rates.[17]

International approaches to infectious diseases are also embedded within the security framework. International actors such as the World Health Organisations (WHO) have shown an increasing tendency to securitize infectious diseases, HIV in particular. Davies' argument in this regard is that western countries and the WHO "have combined forces to construct infectious diseases as an existential security threat that requires new rules and behaviours for its effective containment".[18] This combined approach to securitization – according to Davies – has allowed WHO to retain an authoritative role in the area of global health governance, by compromising its moral authority and the potential for cooperation with developing states affected by out-brakes. The outcome of this compromise has been " the development of international health cooperation mechanisms that places western fears of an outbreak reaching them above the prevention of such outbreaks in the first place".[19] By accepting the international legitimacy of WHO as a leading agency in the war against diseases, Western countries have secured access to a privileged health agenda, where monitoring of global outbreaks of infectious diseases are in fact more important than the actual treatment/relief of these illnesses.

This international securitization process shows even more clearly that one of the more dangerous repercussions of the "threat – defence" terminology is the triggering of a 'prioritising logic' both at a national and at international level, where those more in need – paradoxically – are the least helped by the securitizing process.

As it has just been shown, the securitizing practices of the WHO tend to put " the *Westerns* first" and everybody else behind. The WHO might claim – and in fact does – that it is "shaping the health research agenda"[20], but the Western countries are dictating its content. As Davies' ironically points out, "developing states have been noticeable in this [securitizing] process only by their absence as key actors".[21]

On a national level, the consequences of this prioritising logic are perhaps even more dramatic. The securitizing practices tend to distort and alienate the human and physiological dimension of the disease. By orchestrating the practices about infectious diseases on a security level, these illnesses lose their 'normal' medical nature; instead, they are embedded within what Foucault – and Elbe – call a *"biopolitical"*[22] matrix. This peculiar set of discourses and practices does not focus on the medical condition or on the patient itself, but only on the danger that the medical condition *and* the patient constitute for the (healthy) society. Within the security dialogue, the patients become 'medical cases', which must be statistically classified and closely surveilled and then – eventually – treated. It is possible to argue that rather than fighting these diseases by finding a cure or a vaccine, these securitizing practices try to control them, by isolating the people affected by the viruses. Consequently, patients tend to lose the solidarity and positive attention of the society around them. Instead, they are marginalised and feared as dangerous carriers of a deadly virus, as an enemy inside the "healthy community". Securitizing discourses and practices tend to blur the distinction between the ill and the illness, up to a point where the two become one: therefore by securitizing the disease, one is in fact securitizing the patient. This in turn leads to a series of exclusionary practices, such as forms of *biopolitical racism,* ***[23]*** whereby "by pitting the interests of those living without HIV/AIDS against those affected by the illness through implying … that the healthy ones would be better off without the latter".[24] Even more extreme securitizing practices might include form of strict quarantining of the " infected ones", to preserve the health and well-being of the population: people affected by HIV/AIDS – for instance – might be forced into isolation and removed from the rest of the population, in order to prevent contamination.[25]

This distorted prioritising logic might also affect access to medication: in fact, " the securitization of HIV/AIDS also risks fanning a new biopolitical racism by potentially according the guardians of the populations – i.e. the elités and armed forces – with privileged access to treatment".[26]

In the context of developing countries – where medical resources tend to more scarce – these are diverted from civilian programmes to military programmes: " in Zambia members of the military have begun to argue that the armed forces should have priority access to more government funding for anti-retroviral medications (ARVs) because the military and their family are more at risk due to the nature of their job".[27] As Elbe points out, "this is part of a wider development in Africa whereby the soldiers of many countries now have greater or better access to healthcare and AIDS medicine than the civilian population".[28]

From the arguments and cases so far presented, it is almost logical to conclude that current securitizing discourses and practices are both ineffective and harmful, as well as corrupted by national/egoistic rationale. Securitization by western countries and international agencies such as WHO produce a climate of unjustified and sterile terror around diseases and – even more absurdly – around patients that represent only *a potential* threat to the population. Instead of promoting a proactive and humanitarian approach toward the ill ones, the current securitizing practices induce fear and repulsion, by assimilating the infection with the infected, triggering a whole set of racist and 'elitarian' practices.

Nevertheless, when infectious diseases are disentangled from this compromised and partial securitizing framework depicted by Western Countries and when instead they are seen in those regional contexts where their impact and spread represent *de facto* an existential threats for millions of people – like in the Sub-Saharian region for example – it is difficult to disregard the (in)security implications of these illnesses, as well as some of the benefits that might arise from a securitizing approach.

One of the main sector affected by the spread of HIV is the economic one. According to McInnes, the economic impact of HIV/AIDS includes a number of 'negative externalities' such as lost productivity due to worker illness, absenteeism and low morale. Business and external investment drop, as revenue and productivity decrease, while health costs rise. Statistics elaborated by the US Agency for International Development show a considerable negative impact on the GDP (-2.6% per year) in those countries where HIV prevalence rates are 20% or higher.[29]

These severe economic consequences trigger – in turn – a whole set of social and political problems, generating or fuelling political instability and social unrest. Destabilising effects might also be provoked by the fact that – unlike other infectious diseases – HIV/AIDS affects in particular those skilled professionals – including civil servants, teachers, police and health workers – that represent the backbone of the bureaucratic and institutional machinery of the state-system.[30] If these 'strategic' elements of the societies are affected by the disease, their number and effectiveness may decline, meaning less education, less productivity and less public services in general. In addition to this, the stigma of HIV can bring civil society to the brink of collapse, " creating alienation, fatalism and anger among those who are HIV-positive, who may then become prone to criminal violence or to following violent leaders".[31]

The military – HIV nexus it is certainly a very controversial and embarrassing one, as " it has become increasingly well-known that deployed peacekeepers can contribute to the spread of HIV".[32] The recognition that peacekeepers can be sources of HIV transmission has begun to create political problems, as countries appeal to this issue as a motive for refusing to host this kind of missions. Ultimately, the fear of contamination and spread of infectious disease might become a very comfortable cover for the sovereignty of failing states.

Despite the validity of McInnes' argument about the difficulties that arise in establishing a causal link between HIV and state failure,[33] it is nonetheless appropriate to affirm that the spread of infectious diseases in developing countries play a substantial part in creating instability and insecurity. Directly, by killing approximately 3 million people every year just in the Sub-Saharan Region; indirectly, by jeopardising what the International Crisis Group has defined " the very fibre of what constitutes a nation",[34] that is individuals, families and communities upon which political, social and economic institutions are built.

The leadership of Thabo Mbeki in the Republic South Africa is paradigmatic to explain the benefits of the securitization process in a country where the spread of the HIV virus represent a true, vivid and daily existential threat to the entire population. In fact, South Africa is one of the countries more heavily affected by the HIV virus, where roughly 5.5 million people are infected over a population of nearly 49 million.

At the beginning of his mandate, in 2000, Mbeki refused to consider HIV/AIDS as an urging matter, claiming that since the main cause of the spread of the virus was extreme poverty[35], efforts should be taken primarily to tackle the latter rather than the former. Certainly, there is a correlation between extreme poverty / inequality and the spread of HIV but – as we already mentioned – this is a disease that affects all kind of social classes, regardless of wealth or social position. Therefore, poverty cannot be considered *the* underlying cause of HIV. As Elbe points out, Mbeki's refusal to instruct the South African government to prioritise efforts to address the AIDS pandemic…is, unfortunately, one case among many. Because of the stigmatised nature of the illness, and the long illness cycle, the strategy of denial has been particularly convenient for many governments to pursue in the past, albeit with catastrophic social consequences."[36] Securitizing infectious diseases at an international level might represent the kind of pressure this negatory governments need *to begin* tackling this issue. In the case of South Africa securitizing HIV would not imply removing it from the political sphere and to shift it into the security sphere, "but instead to shift it out of its non-politicised status…and to begin a proper politicisation of the issue".[37]

Securitization on a national level can in addition overcome the problem of scarce medications available for the population. By framing HIV as a security threat to the population, it is in fact possible for developing countries to overcome the restrictive and expensive patents which protect most of the ARVs medications. These patents – currently protected under the legislation of the World Trade Organisation – impede poorer countries to produce generic ARVs therapies and other medicines in general at lower prices.[38] However, by appealing to the 'security exceptions' included in these patents, developing countries can invoke the *raison d'état* to overrule these legal agreements, increasing the domestic production of medications or importing it from other countries at competitive prices.[39] Appealing to these exceptions, in 2001 Mbeki's managed to force one of the main producer of ARVs medications to lower the prices by 20%, clearly stressing a more securitizing (and successful) approach to HIV[40] compared to the approach he embraced at the beginning of his mandate in 1999.

In the light of the arguments raised by this essay, it is extremely difficult to make a clear, definitive statement about the pros and cons of securitization. Some general patterns – however – do arise and it is important to outline them. The contemporary approaches to infectious disease have shown an increasing tendency to frame these issues within the framework of both discourses and practices of security. At an international level, the picture that emerges is one of increasing security imbalance. Paradoxically, Western and more developed countries, where the threat of infectious diseases is more potential rather than existential, are "crying for security" much more loudly than those countries – such as South Africa, for instance – where illnesses such as HIV represent a constant threat for a vast part of the population and where technically extreme measures should be encouraged rather than limited by the government. When framed within a narrower national framework, these securitizing practices show their ' darker side', fuelling unjustified panic about the constant threat of a terrible pandemic. On the other hand, sometimes securitization is the only way to break the wall of taboo, ignorance and neglect that tend to surround infectious diseases, such as HIV.

Based on these controversial conclusions, it is possible to sketch a more rational approach to securitization of infectious diseases,which might represent a optimal *via media* between the fear of the developed and the silence of the developing.

One of the main 'human'-related cause for the spread of the HIV virus is a combination of ignorance and misconceptions about the disease, generated by social, religious and political taboo. This – consequently – should be one of the primary target of a rational and effective securitization process. This should consist – primarily – of a combination of awareness and education. *Awareness* implies to inform and to be informed – by the media, the community, the government – about true, accurate facts and figures regarding the HIV – i.e. what is the difference between HIV and AIDS; why is HIV/AIDS endemic only in certain parts of the World. *Education* means giving and receiving secularised instruction about those behaviours and attitudes which are more likely to expose someone to the infection – i.e. unprotected sex. In terms of practices, awareness and education should be enforced – both by international and national actors; by governmental and non governmental agencies alike – *imposing* health education classes from primary schools or by *encouraging* sexual education at every level. Compared to the 'normalising practices' of sexual behaviour stigmatised and feared by Foucault,[41] these responsible securitizing policies have the double benefit of *reducing* the social stigma attached to the condition of HIV patients and of *increasing* global

awareness about the magnitude of this issue.

This is – obviously – just an initial model, which certainly underestimates and neglect he actual power of the actual securitizing actors. Nevertheless, it is rather difficult to ignore the central argument of this rational approach to securitization: that is, the fact that infectious diseases like HIV can be defeated not by a single securitizing speech act, but – on the contrary – by a multitude of daily speech acts, whose target is neither the patient nor the virus, but rather those sets of negligent discourses and hazardous practices that contribute to the spread of the disease.

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