

Global Pandemics: A Security Threat?

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Emerging and re-emerging infectious diseases (IDs) are a major cause of human loss of life:

The World Health Organisation (WHO) estimates that since 1945 three disease alone – AIDS, TB, and malaria – have claimed 150 million lives, many times the approximately 23 millions deaths from wars. (Peterson 2002: 47)

AIDS related deaths are “roughly double that of a decade ago, and [are] likely to double again by 2030... In sum, the lives and livelihood of the overwhelming majority of people on this planet are at a greater risk from disease than from war, terrorism or other forms of violent conflict” (McInnes 2008: 274-275).

It is understandable then, that there has been a move to conceptualise global health as a security concern, illustrated by the framing of HIV/AIDS and Ebola as existential threats to state security (Elbe 2006, UNSC 2014). From a security perspective, global pandemics and IDs can threaten the internal stability of a state, challenge economic structures, and impact on military effectiveness. From a health perspective, securitization can garner additional resources and funding to help combat the development and spread of IDs.

The first section of this essay will be argue that global pandemics threaten state security in three ways – domestically, economically and militarily. The second section will argue that the securitization of public health is, ultimately, a short sighted and ineffective approach to dealing with global pandemics and IDs. This is because the securitization process prioritises state security over human security, failing to combat the structural causes of global health inequality which produce, and reproduce, global pandemics.

Global Pandemics as a Threat to State Security?

Global pandemics challenge state security in three key ways: domestically, economically, and militarily. This section will explore these areas, concluding that global pandemics do, to some extent, threaten state security. It must be noted however, that the threats posed by global pandemics will pose a much greater threat to the security of less developed states.

Domestic

The first way in which global pandemics can threaten state security is at the domestic level, where internal societal disruption can threaten states at the most fundamental level. IDs pose an “exogenous threat to the people of a state” (McInnes 2008: 279) as the potential for loss of human life challenges the core purpose of any state – to protect it’s citizens. Moreover, globalisation has led to increased movement of people and goods which facilitates rapid travel of IDs (Curley & Herington 2011), suggesting that IDs originating in developing countries now pose a direct threat to Western populations.

A host of potential risks are associated with an ID outbreak, including: a lack of confidence in a state that cannot provide satisfactory healthcare, the exaggeration of social inequalities brought on by unequal access to healthcare, and the inability to maintain public services as workers are ill or do not turn up to work. (McInnes 2008: 279). At best, these threaten the credibility of the government, at worst they act as catalysts for internal violence as dissatisfied

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groups with little to lose take action. Using the example of HIV/AIDS, Susan Peterson identifies the social impact of IDs to be the greatest threat to state security, especially in Sub-Saharan Africa (2002). HIV/AIDS not only threatens the state in the direct ways suggesting by McInnes, but impacts on family life as “bread-winners sicken and die, health care and burial costs mount, savings are depleted, surviving children leave school to work or care for sick relatives, food consumption drops, malnutrition and poverty worsen, and medical expenses soar” (Peterson 2002: 58). Because the disease disproportionately affects the middle aged, a generation of desperate orphans are left who will increasingly be forced into crime and violence as a means of survival, especially as the disease ravages the education system (Peterson 2002), indirectly threatening internal stability.

The domestic level threats posed by global pandemics are not universally equal. IDs pose the most serious threat to developing states not only because a weaker health infrastructure exists, but because pre-existing societal norms and beliefs impact upon a state’s response to an epidemic outbreak. For example, “traditional customs like wife inheritance and genital mutilation spread AIDS directly and... the role of women and the stigma surrounding AIDS creates intolerance and silence that allow the disease to spread unchecked” (Peterson 2002: 64). Although Western populations are not immune to stigmatising IDs, the problem is likely to be much worse in less developed states.

Global pandemics can be seen to threaten internal state stability directly and indirectly, with consequences that initially impact on families and communities, but can rapidly spread to a scale that challenges state legitimacy. There is a close relationship between public health and internal state stability (McInnes & Lee 2006), and a “growing realization that national security depends in great measure on domestic stability” (Alleyne 1996: 159, in Peterson 2002: 58). It is likely that internal societal problems will have a knock on effect on the economy, which will now be assessed.

Economic

The second way in which global pandemics can threaten state security is by means of economic disruption. Global pandemics will force increased government spending on health, may reduce productivity due to workers being unable/unwilling to work, and could reduce foreign investment due to a lack of confidence in market stability (McInnes 2008: 278). The 2002-2003 SARS outbreak illustrated the economic burden that ID outbreaks can have, with estimates placing “the loss in trade and investment... as \$30 billion” for Asian economies alone (McInnes 2008: 279), particularly costly for industries such as airlines, logistics, tourism and finance who thrive on the globalised economy (NIC 2003). The impact of the SARS outbreak was not solely limited to Asian economies however, Western economies implemented costly aid/recovery programmes such as the \$1.8 billion Hong Kong relief package from the USA (NIC 2003). For a disease that killed a very small number of people in comparison to HIV/AIDS, TB or malaria, the economic impact weakened many Asian states to an extent that was not initially predicted (NIC 2003).

The SARS outbreak highlighted the economic dangers of a rapidly spreading ID, but the long term cumulative impact of a disease such as HIV/AIDS can be even more costly to states (NIE 2000). HIV/AIDS kills people during their most productive years, having devastating consequences in Sub-Saharan Africa where “there soon will be more adults in their 60s and 70s than in their 40s or 50s” (Peterson 2002: 59). Furthermore, HIV/AIDS disproportionately effects professionals and skilled workers such as teachers, scientists and managers, who are at the core of economic progress in developing states (Peterson 2002, McInnes 2008). The Sub-Saharan agriculture sector will be hit especially hard (NIE 2000, Peterson 2002), worsening public health by contributing to food shortage. It is estimated that GDP will suffer as a result of these combined factors, cutting “growth rates by 0.5 to 1.0 percent a year” (Peterson 2002: 60).

Although economic decline can in itself be a threat to state security – as according to a neo-realist perspective state power is measured in terms of material capability including economic and military strength (Waltz 1979) – economic decline can also translate into internal violent conflict. Although pre-existing contextual factors such as state strength must be considered, there is the possibility that through economic decline, IDs can magnify deprivation and stimulate competition between social, ethnic, and elite groups (Peterson 2002: 62, NIE 2000). This will be especially damaging to state security if military effectiveness is compromised by health issues, which will now be explored.

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Military

The third way in which global pandemics can threaten state security is by having an adverse impact on military effectiveness. HIV/AIDS rates in the military are phenomenally high in many Sub-Saharan African states, with HIV infection in Malawi and Zimbabwe estimated “to be in the order of 75-80 per cent, and elements of the South African military believed to be perhaps 90 per cent” (McInnes 2008: 279). This is particularly problematic in the military where experienced ‘middle managers’ with specialist technical knowledge are at the highest risk of death from HIV/AIDS. Furthermore, “armed forces in severely affected states will be unable to recruit and train soldiers quickly enough to replace their sick and dying colleagues, the potential recruitment pool itself will dwindle, and officers corps will be decimated. Military budgets will be sapped, military blood supplies will be tainted, and organizational structures strained to accommodate unproductive soldiers” (Peterson 2002: 77). Not only do IDs have the potential to devastate military structures, but reduced troop morale and dwindling numbers could be even more damaging in the long term.

There is also evidence to suggest that violent conflict accelerates the spread of IDs. During conflict soldiers are willing to “engage in even more risky behaviour” (McInnes 200: 281), leading to increased rates of sex – through rape and/or prostitution – that can spread IDs. Increased levels of migration during times of conflict can facilitate the spread of IDs, and returning soldiers may also spread infection (NIE 2000). Whilst none of these factors is likely to directly shape the outcome of war, it is likely they will have longer term implications for state security. As the risk of military personnel contracting HIV “is as much as 100 times that of the civilian risk” (Peterson 2002: 77) states may become unwilling to accept peacekeeping forces with high HIV/AIDS rates for fear of further spreading the disease. This is particularly problematic in Sub-Saharan Africa where the “top 10 contributory nations to peacekeeping operations include states with high HIV prevalence rates (such as Kenya, Nigeria and Ghana)” (UNAIDS 2003, in McInnes 2008: 280). Whilst violent conflict can accelerate the spread of IDs, IDs may also decelerate conflict resolution.

There is also the issue of disease weaponisation for use by military or non-military sub-state groups. Following the Anthrax attack against the USA in 2001, bio-terrorism has been addressed by Western states as a “major security concern” (NIC 2004: 36) as there is the potential for relatively cheap and accessible bio-materials to be weaponised (McInnes 2008). There has been a willingness to use bio-weapons in the past, “Iraq against its Kurdish population in 1998, the attempt by followers of Rajneesh Bhagwan to spread salmonella in the US,... the attack on the Tokyo subway using sarin by the Aum Shinrikyo cult in 1995” (McInnes 2008: 282), and the use of chemical weapons by the Syrian government against its civilian population in 2013 (UN Secretary General 2013). Furthermore, it has been suggested that HIV/AIDS has been used as a psychological or even biological weapon by African armies (Elbe 2002, in Peterson 2002: 72). Global pandemics must be considered not only a threat to state security in that a weakened military could increase the chance of internal violent conflict or weaken state capability on an international level, but that IDs have the potential to be weaponised and used against both the military and the civilian population.

Global pandemics can be a threat to state security on a domestic, economic and military level. However it can be seen that less developed states are at much greater risk of being harmed by them than developed – especially Western – states are. It “may therefore be understandable from a foreign and security perspective” that issues of global health have been increasingly securitized “as they pose risks to domestic populations, regional stability and economic growth” (McInnes & Lee 2006: 12). But there are limitations to dealing with global health issues from this perspective, which will now be explored in greater detail.

The Limitations of Securitizing Global Health Issues

“There is no imminent consensus on a singular conception of security in international relations” (MacLean 2008: 477). A traditional view of security may place states as the referent object of analysis, thereby asserting that security is defined as the protection and preservation of states. Alternative approaches exist, some placing humans as the referent object, and therefore asserting that security is defined as the safeguarding and preservation of human life. Human security aims to take the more holistic approach of ‘freedom from want’ as well as ‘freedom from fear’, considering socio-economic wellbeing as important as safety from violence (MacLean 2008). To some extent, states

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have shifted their attention towards human security in the post-Cold War era, broadening their security agendas to incorporate issues such as health and the environment. However, the security agenda still tends to prioritise issues of national security over issues of human security. For example, “tobacco-related diseases account for more deaths each year than any other non-natural cause” (McInnes 2008: 275), and yet tobacco related diseases do not threaten state security in the way that IDs have been shown to, and are therefore not considered issues that need securitizing.

For Copenhagen School scholars, securitization can be seen as an intersubjective social concept born out of ‘speech acts’ by relevant security actors who deem a particular issue to be an existential threat. For the securitization process to be completed, the audience must be convinced by the argument (Buzan *et al.* 1998, in MacLean 2008: 485). Securitization does not emerge from the issue itself, but from “the specific way in which an issue or phenomenon is presented in public debate” (Elbe 2006: 125). It can therefore be said that securitizing an issue aims to elevate it in an attempt to bypass the restraints of regular politics, and must therefore be interpreted as the failure of routine political procedure (Buzan *et al.* 1998, in Elbe 2006: 127). Not only should securitization be deemed as the failure of routine politics, but its effectiveness should also be questioned. In an analysis of the securitization of Avian influenza in Vietnam and Indonesia, it is found that securitization failed to bypass the restraints of domestic politics, as they still played an important role in shaping the trajectory of government response to the epidemic (Curley & Herington 2011).

The issue with securitization – beyond its effectiveness at bypassing routine politics – is that it frames issues of global health as technical biomedical problems which can be prevented or cured, failing to address the underlying structures that produce and reproduce global health inequalities (Anderson & Beresford 2015, Nunes 2015). In Sierra Leone for example, it can be argued that securitizing the 2014 Ebola outbreak simply acted as leverage for government elites to secure additional resources for downwards distribution, through patron-client relationships, in exchange for loyalty (Anderson & Beresford 2015). Seen in this way, securitization did little to address the existing health inequalities in the country, and potentially benefited elites at the top of the neo-patrimonial structure. A focus on the technicalities of disease rather than on the political environment is evident in a report by Chatham House, which provides recommendations for disease prevention that focus solely on the challenges posed by potentially threatening bio-technology and human-animal contact (Yassif *et al.* 2013). The risk is that securitization will shift greater focus towards biomedical technicalities rather than towards underlying political structures, hindering long term developmental work that could improve both human and state security.

A further limitation of securitization is the unidirectional relationship that exists between security and health, in that the focus is on “how selected health issues may create risk for (inter)national security or economic growth, and how therefore they might be issues of concern to foreign and security policy. The agenda is not one of how foreign and security policy can promote global health” (McInnes & Lee 2006: 22). This is problematic because it prioritises state security over human health, and therefore addresses health issues that threaten the state instead of health issues that pose the greatest threat to human life. This serves to ‘invisibilise’ non-communicable disease from the agenda (Nunes 2015), such as diarrhoeal related illnesses that kill 1.8 million people per year, 90% of whom are children (WHO 2004, in McInnes & Lee 2006: 11). This ‘threat-defence’ logic can be harmful in other ways too. Health funding priorities may be shifted towards core state institutions giving medical priority to the military; and grassroots level developmental work to normalise the lives of people living with HIV/AIDS could be undone by creating a destructive image around the disease (Elbe 2006). All of these factors can serve to create a ‘garrison mentality’ (McInnes & Lee 2006: 9) which undermines attempts at more effective multilateral approaches to global health.

Concerns regarding the political bias of the WHO also play a part in limiting the usefulness of securitizing global health. The WHO largely depends upon voluntary donations from states and non-state actors which limits organisational flexibility as the funds are earmarked for particular purposes (Huss 2015, Nunes 2015). As states are likely to donate funds which will advance research beneficial to them – and their security – this can have a negative impact on human health in less developed states where governments cannot afford substantial donations to the WHO. Such bias may create tensions between the WHO and less developed states, as the case of Indonesia during the Avian influenza outbreak illustrated. Indonesia’s withdrawal from the WHO’s ‘virus sharing mechanism’ was due to anger that Indonesian samples of the H5N1 virus were being used in American laboratories to develop a commercially profitable vaccination without consent from the Indonesian government (Stephenson 2011).

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Furthermore, the 2002 US National Security Strategy implied that health aid should be linked to 'good governance', raising concerns that access to better healthcare is linked to neo-liberal Western ideas of democracy, rather than to necessity (McInnes & Lee 2006: 17). Disputes such as these not only damage the credibility of the WHO as an impartial non-state actor, but can foster an unproductive, unhelpful 'garrison mentality' (McInnes & Lee 2006: 9). There is a danger that securitization could lead to the WHO's idea of 'global health security' meaning the "national security of Western states from health risks" (McInnes 2008: 286).

Conclusion

This essay has argued that global pandemics are a threat to state security, the extent to which they are a threat however, is determined by how developed the state is. A state can be threatened in three key ways: Firstly, at the domestic level where IDs can foster social inequalities, challenge family life and lead to internal violent conflict. Secondly, at the economic level where IDs can stunt GDP growth, increase health expenditure and stimulate violent competition. Lastly, within the military where IDs can be weaponised, can decimate armies, and soldiers can act as vectors to spread disease. These threats will not challenge all states in equal ways, by far impacting the most on less developed states with weak government or poor health infrastructure.

The challenges that global pandemics pose to state security are real, but this essay has argued that securitizing global health is a short sighted and ultimately ineffective approach to dealing with global health issues. This is because the securitization process shifts emphasis away from human health to state security, and in doing so fails to address the underlying political structures that cause global health inequalities. In short, a more holistic approach must be taken that places humans as the referent object of security. The current unidirectional relationship between health and security must be overturned so that security and development policy can benefit global health, which will in the long term reduce the threat that global pandemics pose to state security.

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