The Strengths and Weaknesses of 'Securitizing' Disease

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Since the end of the Cold War many academics and politicians have argued for a broadening of the 'Security Studies' agenda. The Realist emphasis on military threat seems to be less relevant for much of the world, with the number of inter-state and civil conflicts falling dramatically since 1989 (Human Security Centre, 2005: 1).

This is in sharp contrast to diseases such as HIV/AIDS, which killed 3,000,000 people in the year 2000; (ten times the number killed by war), and which continue to spread at an alarming rate (WHO, 2002). Buzan, Waever and De Wilde assert that, 'security is about survival' (1998: 21). Disease is increasingly being seen not merely as a threat to the survival of individuals, but as a threat to the survival of states and the maintenance of international stability.

In this essay I will focus on the biggest contemporary global health threat, HIV/AIDS, in order to assess the practical arguments 'for' and 'against' securitizing disease. Firstly, I will summarise the evidence behind the argument that HIV/AIDS should be securitized. I will consider the impact which HIV/AIDS has on national and international security. Secondly, I will look at the benefits associated with securitizing a disease such as HIV/AIDS. Finally, I will argue that not only is there a lack of reliable evidence that HIV/AIDS poses a national or international security threat, but that there may also be ethical problems associated with securitizing a humanitarian issue. I will conclude that whilst diseases such as HIV/AIDS may pose a serious security threat for states (especially as the pandemic worsens) there is little solid evidence at the moment to support this claim. Furthermore, actors should be wary about securitizing humanitarian issues because of the potential for negative humanitarian consequences.

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The Case for the Securitization of Disease:

The Black Death, which swept through Europe in the 1500s, killed a third of the total population: almost 30,000,000 people. The social upheaval which resulted caused political transformation in the West as the authority of the Church

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was challenged; feudalist control was eroded; lineages of power were disrupted and tensions between rich and poor increased (Herlihy, 1997; Economist, 1999). McNeill reports that the plague developed into a classic 'national security' issue in the Mediterranean when it triggered the fall of the Roman-Byzantine Empire (1989: 101-106).

In the post Cold War environment the security dimension of disease is once again being seriously considered. Garrett observes that with HIV/AIDS 'likely eclipsing the Black Death in both absolute numbers and in percentage of populations slain over time, why should we imagine its historical and political impact will be any less significant?' (2005: 19). In 2000 the UN Security Council responded to the HIV/AIDS crisis and, following Washington's example, declared that the pandemic 'may pose a risk to stability and security' (UNSC, 2000).

HIV/AIDS, it is argued, undermines state security in a number of ways. Perhaps the most obvious of which, is the devastating economic, political and social impact which it has. The majority of states in sub-Saharan Africa already face huge economic difficulties. HIV/AIDS is aggravating these by undermining the productiveness of the labour force, and by consuming domestic budgets. President Museveni of Uganda recently declared that his country loses 'an estimated $702m [a year] to the Aids epidemic' (BBC, 2002), and in Rwanda sixty six percent of the health budget was dedicated to AIDS treatment alone in the mid 1990s (Elbe, 2004: 119). The World Bank predicts that 'combating HIV/AIDS in a poor country will cost 1-2 per cent of GDP' as the pandemic worsens (2000: 236). Elbe concludes that, 'HIV/AIDS contributes to… state collapse in that it exacerbates the resource burden faced by countries and can thus play a role in the intensification of resource competition between different social groups' leading to instability (2004: 119).

The impact which HIV/AIDS will have on 'social institutions' including 'the family, the education system, and the health care sector' are also predicted to cause massive problems (Elbe, 2004: 120-121). AIDS orphans in particular are being singled out as a future source of civil unrest (Singer, 2002: 16). Botswana's President, Festus Mogae, articulated the economic, social and political dangers of AIDS when he declared: 'The impact… on the population, the economy, and the very fabric of our society undermines not only development, but poses a serious threat to our security' (in Garrett, 2005: 13).

HIV/AIDS is also considered a security concern because soldiers are thought more vulnerable to infection. This will not only affect the ability of armies to defend their countries, but may impede peace keeping operations in volatile areas. Elbe identifies a 'variety of factors that can expose military populations to higher levels of HIV prevalence.' Soldiers are 'of a sexually active age', they 'valorise… risky behaviour', are 'stationed away from home for long periods of time' and 'have opportunities for casual sex' (2004: 117-118). UNAIDS' figures show that 'STD infection rates among armed forces are generally 2 to 5 times higher than comparable civilian populations' whilst studies from Cameroon and Zimbabwe 'show military HIV infection rates 3 to 4 times higher than in the civilian population' (UNAIDS, 1998: 2). High rates of HIV/AIDS in the military causes serious staffing issues, creates a further burden on resources, lowers morale and may create tensions in civil-military relations (Singer, 2002: 8-11; Ostergaard Jr, 2002). Furthermore, peacekeeping missions in unstable regions may be jeopardized as countries realise 'the ugliest of secret truths… about AIDS: it is spread by UN peacekeepers' (Holbrooke in Elbe, 2004: 122). Eritrea has shown reluctance to allow unscreened UN troops from Nigeria into the country, similarly, such missions may become 'increasingly unpopular among those countries that contribute peacekeepers to them' (Elbe, 2004: 123-124). The relationship between (in)security and HIV/AIDS has been affirmed in recent reports from the National Intelligence Council (2000) and the International Crisis Group (2004) which argue 'that war can lead to increased risk of HIV/AIDS' and 'that HIV/AIDS can make conflicts worse' (ICG, 2004: i). In the globalised, post-9/11 world where failed states (wherever they are located) have been highlighted by politicians and academics alike (Straw, 2002; Mallaby, 2002) as a specific cause for international concern, the reasoning behind the securitization of destabilising diseases such as HIV/AIDS appears solid.

The Benefits of 'Securitizing' Disease:

As the UN special envoy to Africa for AIDS, Stephen Lewis, recently noted, 'if the world had been energized around the pandemic as it has been energized around Afghanistan, Iraq, terrorism (…) then millions of people would still be alive today' (in Ramiah, 2004: 4). The US has spent over $357 billion fighting 'the war on terror'; it is predicted that

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this could increase to $2 trillion (Bilmes and Stiglitz, 2006: 1). In light of this huge spending to combat what the Bush administrations perceives as a threat to US national security, the possible benefits of securitizing global health issues such as HIV/AIDS become immediately apparent.

NGOs and states which have a direct interest in channelling resources to fight diseases such as HIV/AIDS can attract media attention and extra funding to their cause by declaring it a security issue. Copenhagen School theorists argue that security is a 'speech act'. Waever writes that 'the utterance itself is the act. By saying it, something is done' (1995: 55). Garrett concludes that 'clearly some advocates hope that naming HIV/AIDS a security threat to wealthy states will result in a greater willingness on the part of those governments to donate generously to pandemic control and treatment efforts in poor countries' (2005: 14). Garret's assertion that actors are securitizing diseases such as HIV/AIDS in an effort to stimulate international action is supported by the rhetoric emanating from some NGOs. A recent UNAIDS document proclaimed that 'by drawing the world's attention to the security dimensions of the AIDS epidemic, the Security Council has helped transform the way that the world views the disease' (2005: 6). Meanwhile, the head of UNAIDS affirmed that if AIDS were perceived as an international emergency it 'would definitely help lift the global response to another level' (Financial Times, 20/07/2005: 11).

The securitization of the HIV/AIDS does appear to have attracted increased funding to tackle the disease; as Hough notes, 'essentially self-motivated policy can contribute to the global common good' (2004: 171). In his 2003 State of the Union Address George Bush declared that, as 'a work of mercy', he was committing $15 billion to the fight against HIV/AIDS. This announcement came hot on the heels of two reports from the National Intelligence Council and the Centre for Strategic and International Studies which reaffirmed the national security threat that the disease posed to the US (NIC, 2002; CSIS, 2002). This left Hough to conclude that 'political stability in Africa may have been the chief aim of [Bush's] initiative but human security was additionally enhanced as a result' (2004: 171). However, as I will address in the next section, there are also serious problems associated with the securitization of diseases such as HIV/AIDS.

The Problems Associated with the Securitization of Disease:

There are numerous problems with the securitization of disease. From a theoretical perspective, Realists worry that the 'intellectual coherence' of the discipline will be undermined (Walt, 1991), and that humanitarian 'motivations fog the security issue' (Garrett, 2005: 14). These objections aside, I will argue that there are practical and ethical problems with the securitization of disease. First, despite being the most acute global health issue that the world faces, there is little solid evidence to show that HIV/AIDS is a security threat. Secondly, the securitization of disease, whilst attracting extra funding, leads to the politicisation of aid with negative humanitarian consequences.

The assertion that HIV/AIDS poses a serious threat to national and international security is not supported by reliable evidence. Alex De Waal points out that there is 'not a single analysis' showing that HIV/AIDS causes political instability (2005: 10). Similarly, the Netherlands Ministry of Foreign Affairs recently acknowledged that 'there is very little evidence to support any' assertion that high rates of HIV/AIDS leads to economic or political instability (2005, 8). A recent meeting of experts concluded that 'it is unclear' how HIV/AIDS orphans might 'constitute a national security threat'; they are 'largely concerned with making a living rather than affecting the politics of security within which they live' (Wilton Park, 2004: 10).

With regards to the military being especially vulnerable to HIV/AIDS; 'there is... little evidence to support claims that armed forces have significantly higher rates of HIV infection' (Garrett, 2005: 9). Such information is not normally collated, even in 'first world' states, and in 'third world' countries where there is conflict it is practically impossible to collect data on HIV/AIDS infection rates (ICG, 2004: 1-2).

Similarly, there appears to be little evidence that peacekeepers spread HIV/AIDS. In a report on returning Bangladeshi peacekeepers, Rahman noted that 'of some 90,000 soldiers screened so far after deployment, only three are reported to have tested positive'. This is 'low by Asian standards' (Rahman, 2001). I will now show that a result of the securitization of HIV/AIDS (despite a lack of evidence) has been the politicisation of aid; this has the potential for negative consequences.

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The link between HIV/AIDS and the 'war on terror' has been explicitly made by John Kerry during the 2004 US election campaign when he stated that countries devastated by HIV/AIDS, 'could well become the home base for terrorists… [and] those trading in weapons of mass destruction'' (in Garrett, 2005: 23). Of the $15 billion promised by George Bush to fight HIV/AIDS in 2003, $14 billion will be distributed by USAID, and $1 billion will be given to the UN's 'Global Fund to Fight Aids'. The $14 billion will be distributed in accordance with the USAID policy document: 'Foreign Aid in the National Interest'. The anti-AIDS charity, AVERT, is among many to have criticised the Bush administration for distributing aid according to 'the political views of the United States Government', arguing that 'countries are selected for funding in accordance with their position on the US-led 'war against terrorism' (2005). Not only does this mean that aid may not be distributed to the people who need it most, but the safety of humanitarian workers may become increasingly compromised as they are perceived as tool of Western foreign policy. Some human rights advocates also worry that its securitization will lead to 'further stigmatization and repression of those who are infected with the virus' (in Garrett, 2005: 14).

Conclusion:

In this essay I focussed on HIV/AIDS (due to its status as the world's biggest contemporary health threat) in order to assess the 'strengths' and 'weaknesses' of securitizing disease. I demonstrated that HIV/AIDS is now commonly accepted as a security threat because of its impact on armed forces, peacekeeping missions, conflict and social, economic and political stability. I assessed the benefits, of this move, before going on to argue that there is a lack of evidence to justify the securitization of HIV/AIDS despite its status as a global pandemic. I conclude that HIV/AIDS may well pose a serious threat to national and international security as the crisis deepens. However, more research is needed before the disease is securitized because of the potential negative consequences of such a move.

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