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Microbes, Mad Cows and Militaries: Exploring the Links Between Health and Security

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The 'securitization' of health has generated considerable debate. In public health, the debate focuses mainly on health effects. Although securitization may refocus attention and resources toward certain health issues, it may focus undue attention on a few issues or on the military aspects of issues to the detriment of a broad range of health issues and their human rights aspects. In international relations, the concern is the effect on security analysis and policy. While some welcome a broadening of the security agenda to include items such as health, others are concerned that analytical rigour and operational effectiveness are lost. This article argues that, normative concerns notwithstanding, securitizing is occurring as a result of perceived changes, associated with globalization, that are creating changes in the nature or degree of threats. But, in international relations, security is largely a social construction, as the Copenhagen School claims. Contemporary social struggles are ongoing around competitions to define security. The article argues that human security is a concept that has considerable relevance for understanding the nature of change that is producing new or intensified threats. It also offers conceptual space for analyzing what security is provided and for whom in the changing world order.

Keywords global health • human security • securitization • constructivism

Introduction

OMINOUS THREATS OF BIOTERRORISM, pandemics of rapidly spreading infectious diseases and trade-related biocrises are features of the increasingly interconnected, globalizing world. In response, international relations scholars and practitioners have become notably more attentive to public health issues. Indeed, as one eminent scholar exclaimed,

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we are witnessing a 'political revolution . . . in the area of health' (Fidler, 2005: 179). However, as with many political processes, the increasing politicization of global health is contentious. This is especially apparent in the area of health and security, where the growing securitization of certain health issues has generated considerable debate (Elbe, 2006; Feldbaum et al., 2006; Fidler, 2005; Owen & Roberts, 2005; Youde, 2005).

Discussion has settled into two related, but distinct, streams. The first involves a normative concern with the effect of securitization on health outcomes (much of the debate has been focused on HIV/AIDS, although the securitization trend also involves several emerging infectious diseases with global pandemic potential) (McInnes & Lee, 2006: 10). With respect to HIV/AIDS, one view holds that describing it as a security threat could help raise international awareness and generate more resources to combat the disease (Singer, 2002: 158). The opposing view is that a security framework is likely to divert attention toward militaries and intelligence organizations and away from the rights and needs of ordinary citizens who are living with HIV/AIDS (Elbe, 2006: 119; O'Manique, 2006; Peterson, 2002/03). Overall, the worry is that the securitization of health will direct attention toward a few specific (infectious) diseases and susceptible populations, while other health problems and vulnerable groups will be ignored (McInnes & Lee, 2006: 11).

The second consequential analytical debate regarding the securitization of health concerns the implications for security of broadening the concept beyond the traditionally held understanding of the term. Currently, security studies is a contested terrain (see, for example, Booth, 2005a). One of the areas of contestation has been the concept of 'human security', especially as this was articulated by the United Nations Development Programme in 1994. The UNDP's concept (reasserted by the UN Commission on Human Security in 2003), places humans rather than states as the primary security referent. According to the UNDP (1994: 22) definition, human-centric, as opposed to state-centric, security involves protection from a range of threats to human safety and welfare, including 'disease, hunger, unemployment, crime, social conflict, political repression and environmental hazards'. When humans are the central focus, the distinction between insecurity due to conflict and insecurity caused by other threats to human safety becomes less meaningful.

Devising policy agendas based on human security has gained in international acceptance over the past decade, but the idea has also provoked considerable criticism and debate (Smith, 2005). The main criticism levelled at the concept as it was articulated by the UNDP is that conceiving of security broadly to include non-traditional items of basic need and social welfare renders it analytically empty and/or policy-inoperable (MacFarlane, 2004: 369). If the shift from national security to human security is taken to mean that all and everything relate to human development and welfare, argue critics, it may ultimately turn out to be 'hot air' rather than an important

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'paradigm shift' (Paris, 2001). One effort to resolve the intellectual impasse has been to retain the concept but restrict its meaning to 'freedom from fear' (personal safety), as opposed to the broader interpretation that also includes 'freedom from want' (economic well-being) (Krause, 2004; MacFarlane & Khong, 2006; Mack, 2002). However, some scholars reject efforts to narrow the meaning of the concept precisely because they view the connections between physical violence and social environment as integral as well as critical. As Caroline Thomas (2004: 353) asserts, the broader concept of human security not only exposes but also can serve as 'a bridge between the interconnected challenges confronting the world'. Moreover, the orthodox, narrow concept of security ignores structural violence. As Steve Smith (2004: 506) observes, while orthodox international relations theory privileges war as the central form of violence in international relations, 'by far the most violence on the planet is economic in origin'. Similarly, in the words of David Roberts (2008: 21):

> The emphasis on conventional security whilst millions die without good reason reflects the power relations threaded throughout international relations, between rich and poor, males and females, marginal and included, vulnerable and secure.

It appears that there is no imminent consensus on a singular conception of security in international relations. As Ken Booth (2005b: 21) asserts, 'conceptualizations of security are . . . the product of different understandings of what politics is and should be about'. The different approaches to security complicate debates on the securitization of health. But, too frequently, in the health and security literature that focuses on health outcomes there is insufficient critical engagement with alternative approaches to security. Instead, there is a tendency to discuss health as national, international, global and/or human security as though, first, there were agreement on what those terms mean and, second, they were concepts that are distinct and, if not necessarily always compatible, at least separate types of security that can and should be managed in different ways and sometimes by different agents (Elbe, 2006; Feldbaum et al., 2006). This article argues for more careful attention to the possibilities for a shift in paradigm that privileges human security as an alternative, rather than as an adjunct, to the traditional normative framework of security studies. It argues that the protection of security (national and/or human) in the contemporary global order requires placing the interests and needs of people as the central objective. Furthermore, rather than rendering security inoperable, a broad conception of security, as freedom from want as well as from fear, is a necessary starting point for exposing and elucidating the complex interconnections among social/community relations, governance actors/structures and policy outcomes. Health outcomes at population levels are largely socially determined, and thus contingent upon these complex interactions. Likewise, the securitization of health can be understood as

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a set of responses by security actors to social transformations in a changing global political economy.

The article begins by looking at health as security in historical context. While the securitization of health has occurred at other times in the past, there are unprecedented developments that account for the most recent trend toward securitization. The article argues that the security dimensions of these developments require human security as an analytical framework as well as a normative objective. A human security agenda should not be regarded either as separate from national, international or global security, or as traditional security with non-traditional items added to the list of threats. Rather, human security involves a rethinking and reordering of world politics that addresses the structural causes of human fear and want as fundamental sources of insecurity. Insights from the constructivist theory of the Copenhagen School of security studies are useful here in providing an explanation of possible paradigm change, although in distinguishing among different types of security, this school underplays the integrated nature of structurally caused insecurity. Moreover, the 'speech act' that the school identifies as the critical moment in naming 'what is security' overemphasizes the role of major official players of the traditional security regime, especially states, and underestimates the role that non-state actors and ordinary citizens are playing in contemporary reconceptualizations of security.

Health and Security in Historical Context

The securitization of health is not a new phenomenon. The spread of infectious diseases during war has been recognized for centuries as a threat to security,[1] but it was in the mid-to-late 19th century that health became an important international relations/foreign policy issue. At this time, there was a significant increase in transnational transmission of infectious disease as the result of advances in trade and transportation associated with the Industrial Revolution. Quarantines were the preferred method of dealing with the transmission of infectious disease at the time. However, they became increasingly costly to industry, so business began to press governments to set common international standards for the quarantines (Brockington, 1985: 30). These pressures yielded the 1851 International Sanitary Conference in Paris, 'the first attempt at international governance on infectious disease'.[2] A

[1] Health-related security concerns predate the construction of the modern, Westphalian state form. Price-Smith (2002: 10) notes that 'Thucydides's account of the eventual fall of Athens during the Peloponesian Wars pays particular attention to the devastating effect that "the plague" had on Athenian governance, and by extension, on the Athenian war effort'. Prior to this, fears about the security of political actors in the face of health threats was evident, with examples of 'cordons sanitaires' that date as far back as 630 CE, when armed guards were placed on the road between Provence and Cahers to block the movement of diseased travellers (Brockington, 1968: 169).

[2] See 'History of WHO and International Cooperation in Public Health', available at http://www.who.or.jp/GENERAL/history_wkc.html (accessed 5 July 2006).

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number of conferences on sanitation and epidemics followed, from which emerged several international health conventions and institutions: the incipient framework of a liberal institutional structure for international health. The cornerstone of this system was created in 1920 with the formation of the League of Nations Health Organization (Brockington, 1985: 31).

The establishment of the United Nations in 1945 reaffirmed the liberal internationalist ideal of interstate cooperation. Within the UN system, the World Health Organization (WHO) replaced the League of Nations Health Organization as the organ for cooperation in international health. The main focus of international health, under the leadership of WHO, was the control of infectious disease. Although some scholars are dismissive of the actual gains made (Zacher, 2007: 17–18), WHO claimed success in its mission, largely due to advances in monitoring disease as well as in the development and distribution of vaccines. As Gro Brundtland (1999: viii), then secretary general of WHO, wrote in 1999: 'Under WHO's leadership the world eradicated smallpox, one of the most devastating diseases of history, and today a substantial majority of the world's population faces relatively low risk from infectious disease of any sort'.

WHO's infectious disease control strategy relied heavily on biotechnological innovation and health experts, but WHO's adoption of the Alma-Ata Declaration in 1978 was an international health initiative that focused as much on the political and social as on biology and technology, if not more so (MacLean, 2007).[3] The primary health care model promoted by the Declaration was based on the idea that better health outcomes could be achieved through measures to provide basic public health, community involvement in health care and greater social equity. This was deemed to be true especially, but not only, for developing countries, many of which had gained their independence only after World War II and lacked resources to establish robust tertiary health care systems.

The Alma-Ata initiative has been viewed largely as a failure (see, for example, Thomas & Weber, 2004), but it did highlight the relevance of the social determinacy of health, an idea that is currently gaining attention in international health, notably evidenced in the launch of the UN Commission on the Social Determinants of Health.[4] Also, interestingly, the Alma-Ata Declaration alluded to a link between health and security by calling for a reduction in expenditures on armaments, with the resulting peace dividend being used to fund health. However, few in the security sector were listening. Although certain advances in international health were occurring under a framework informed by liberal institutionalism, the realist paradigm had emerged in the post-World War II period as the dominant paradigm of international relations.

[3] For the text of the Alma-Ata Declaration, see http://www.paho.org/English/DD/PIN/alma-ata_declaration.htm (accessed 7 June 2008).

[4] See the Commission's website at http://www.who.int/social_determinants/en/ (accessed 9 June 2008).

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In realism, state interests are tied to the power that states are able to wield vis-à-vis other states.[5] Realists measure power primarily by military strength, though acknowledging that such strength reflects other capabilities, such as economic strength (Waltz, 1979: 192), geographical position or attributes (O'Sullivan, 1986; Sprout & Sprout, 1968), culture (see Bull, 1977: 33–35), etc. Health, then, may feature in this power-centric discourse, but only indirectly, to the extent that health problems that significantly debilitate the working population or are otherwise economically costly reduce national capabilities, creating a potential threat to national security. In the post-World War II world, infectious diseases were thought to be under control; at least, they posed little risk for the wealthy, leading powers that matter the most in realist theory (Waltz, 1979). Indeed, because of advances in Western medicine (Altman, 2006) and public health (Rosen, 1958), health issues in general came to be seen as less relevant as threats to national security. As a result, the realists who dominated security studies left the developments that were occurring in international health to specialists in the health field while they focussed mainly on military security (Fidler, 2005: 180). In this area, biological weaponry was the only health-related topic that provoked much security interest, and this was relatively insignificant compared to other security concerns.

The Globalization of Health and 'New' Security Threats

Bioterrorism

Over the past two decades, thinking on biological weapons has changed, and they are now regarded as an important threat to national security. Resort to bioweapons by combatants or terrorists to achieve their political objectives is considered more likely in the global era, because of rapid, widespread movements of people and materiel and because the 'new' wars of the contemporary period are characterized, among other attributes, by non-state combatants who are more likely to use unconventional tools of warfare (Kaldor, 2006; Duffield, 2001). Events supported this growing concern. For instance, the discovery of inadequate protection of biowarfare sites in Russia in the early 1990s alerted security experts to the possibility that terrorists might gain access to them in the political turmoil of the post-Soviet period (Fein, 1997). Anxiety grew also following the use of biological weapons by the Iraqi government against its own citizens in 1995 and by a Japanese cult

[5] While 'power' can be interpreted in several ways (for example, 'power to' affect some action or 'power with' others to gain strength or leverage that acting alone would not provide), in traditional international relations theory it is defined as 'power over', meaning the ability to cause others to do what they might not otherwise have done (see, for example, Waltz, 1979: 192).

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in a subway attack the same year (Henderson, 1998). The terrorist attacks in the USA on 11 September 2001 confirmed the need for greater attention to 'new' war personnel and tactics, and bioterrorism was highlighted when the attacks were followed by several anthrax 'scares' (Corder, 2001). The surge of interest in bioterrorism generated responses in both security and public health sectors, and at both national and international levels (see, for example, Sandhu et al., 2003). The US government has been particularly alert to the threat and has responded in several ways – by passing the Bioterrorism Act in 2002,[6] by increasing funding to confront bioterrorism (US Department of Health & Human Services, 2006), and by establishing liaisons with various organizations to act in the case of biological weapons attack.[7]

Emerging Infectious Diseases

Infectious diseases also feature in the contemporary 'securitization of health' trend. In 1976, Ebola, a deadly and previously unknown disease, broke out in Zaire (now the Democratic Republic of the Congo). Spreading rapidly, it killed 88% of those infected (318 people in total). A second outbreak in Zaire soon thereafter and the identification of other, similar 'hemorrhagic fever' viruses[8] raised alarm far beyond the locations of infection, including in Western societies. As Harold Varmus (1983) warned in the *New York Times*:

> Even some of the most exotic viruses (Hantaan, Ebola, Lassa, Junin, Machupo) have already appeared in this country [the USA], and there is no virus in the world more than a long plane flight away.

Perceptions of risk due to other deadly diseases were reinforced in the 1980s by the rapid worldwide spread of HIV/AIDS, first diagnosed early in that decade (Mann, 1989), and anxieties continued to grow with the knowledge that the international meat trade had contributed to the spread of Bovine Spongiform Encephalopathy (BSE or 'mad cow' disease), which is thought to cause Creutzfeldt-Jakob Disease, a fatal neurological disease in humans (WHO, 2002).[9] The short-lived but deadly epidemic of Severe Acute Respiratory Syndrome (SARS) in 2002–03, which was transmitted from Asia by air travel to several countries, highlighted just how fast disease can now spread to destinations far from the site where the disease first appears. The

[6] For the text of the US Bioterrorism Act of 2002, see http://www.fda.gov/oc/bioterrorism/Bioact.html (accessed 3 September 2006).

[7] See 'Bioterrorism Overview' at the website of the US Centers for Disease Control and Prevention (CDC), available at http://emergency.cdc.gov/bioterrorism/overview.asp (accessed 9 June 2008).

[8] These diseases, which include Lassa Fever and Marburg and Congo-Crimean Hemorrhagic Fevers, are so-called because one of their common symptoms is generalized bleeding.

[9] It was not only that traded products could carry infectious agents; it also became underscored that health was impacted by the complexities of modern trading practices: trade in beef from the UK where BSE was first located was soon restricted, but it was realized that the disease could be transferred by live cattle and feed sources that are also traded but not always as easily traceable as beef itself.

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sharp reduction in business and leisure travel to SARS-affected locations also underscored just how costly epidemics are to countries in economic terms. Given the heightened awareness of risk due to infectious disease, considerable attention is being paid now to the possibility of a future pandemic of 'Avian Influenza', a disease that is expected to emerge from the transfer to humans of the A(H5N1) virus from birds infected during an epizootic epidemic.[10]

With the exception of HIV/AIDS, the mortality and morbidity rates associated with the newly emerging diseases have been low to date. However, by the early 1990s, health professionals were voicing concerns to governments about the major threat to health that these diseases pose (Lederberg, Shope & Oaks, 1992), and journalists were informing the public about actual and impending crises of infectious disease (Garrett, 1994; Preston, 1994). The complacency that had grown around international public health in the previous several decades (Garrett, 2000), along with the assumption that health specialists and technology could deal effectively, and essentially apolitically, with any new disease trends (Fidler, 2005: 180), gave way to a realization that health problems are increasingly transnational and can have major impacts on international relations and national competitiveness. This realization produced the *Revision of the International Health Regulations* (WHA, 2005) as the main international health response to emerging infectious diseases.[11] In the international security sector, the inclusion of infectious disease in the Report of the High-Level Panel on Threats, Challenges and Change (United Nations, 2004) furthered the process of securitization. Meanwhile, national policymakers were also becoming more alert to the national and international security implications of these diseases. A report on health and foreign policy in the UK (McInnes, 2005: 13) notes, for instance, that infectious disease linked with immigration now figures as a (domestic) security concern. However, among countries it is in the USA that the securitization of infectious disease is most advanced. The US Central Intelligence Agency includes infectious diseases among the growing list of security threats associated with globalization (Gannon, 2000), and the US Department of Defense states clearly that 'emerging infectious diseases are a significant threat to global and US national security'.[12]

HIV/AIDS: Among infectious diseases, HIV/AIDS has drawn the most attention regarding 'securitization' and therefore deserves special comment (Piot, 2005). Several possible links between HIV/AIDS and national security have been identified. Feldbaum, Lee & Patel (2006) list the three most

[10] See 'Avian Influenza: Current H5N1 Situation' at the website of the US Centers for Disease Control and Prevention (CDC), available at http://www.cdc.gov/flu/avian/outbreaks/current.htm (accessed 28 August 2006).

[11] See Fidler (2003) for a discussion of innovations in the international governance of infectious disease.

[12] See 'What Are Emerging Infectious Diseases?', at the website of the US Department of Defense Global Emerging Infections Surveillance and Response System (DoD-GEIS), available at http://www.geis.fhp.osd.mil/aboutGEIS.asp (accessed 8 June 2008).

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frequently cited as: (i) the disease's ability to deplete military forces; (ii) its propensity to destabilize nations and contribute to state failure, especially in sub-Saharan Africa; and (iii) the impact a worsening pandemic will have on 'strategically important states of Russia, India, and China'. Also, in relation to military security, others have suggested that HIV/AIDS is spread effectively, and sometimes consciously as a weapon of war, by military personnel (Garrett, 2005; UNAIDS, 1998; Obaid, 2007: 5). According to some recent analyses, the various links between HIV/AIDS and national security are not firmly established (de Waal, 2005; Whiteside, de Waal & Gebre-Tensae, 2006) and are based more on assumptions than on clear evidence. Studies by Whiteside, de Waal & Gebre-Tensae (2006) show that the HIV rates in sub-Saharan militaries are not as high as have been widely reported, and in fact are actually lower than in the general populations of some countries with high rates of infection. Differing views notwithstanding, a security discourse around the disease is by now well established in both national and international security sectors.

Convincing policymakers of the threat had taken some time, however, as well as considerable diplomatic effort on the part of several individuals (Behrman, 2004; Gellman, 2000; White House, 2002). Most notable in the public health field were the late Jonathan Mann (Director of WHO's Global Programme on AIDS from 1986 to 1990) and Peter Piot (currently UNAIDS Executive Director and Under Secretary-General of the United Nations), who voiced warnings about the dangers of HIV/AIDS throughout the 1980s and 1990s. Meanwhile, in political circles, US ambassador Richard Holbrooke and economist Jeffrey Sachs were major players in promoting a sense of urgency about the disease (Behrman, 2004). The efforts of these and other like-minded individuals were rewarded in January 2000 when a Special Session of the UN Security Council on HIV/AIDS was held. This session was unprecedented in identifying a health issue as a security problem, and in Ambassador Holbrooke's (2000) words:

> This event symbolized something that many of us have believed for a long time – that AIDS is as destabilizing as any war; that in the post-Cold War world, international security is about more than guns and bombs and the balance of power between sovereign states.

Even with this international encouragement, however, national policymakers were reticent to respond to the epidemic as a major security problem. Some attention was paid to the disease in the last days of the Clinton administration, and in the early days of the Bush administration US Secretary of State Colin Powell expressed concern about the disease as a 'national security problem (Behrman, 2004: 264), but it was not until 2003 that President Bush announced his Emergency Plan for AIDS relief (Behrman, 2004: 307).

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Health as Security, But What Security and For Whom?

Given the unevenness, both temporally and geographically, with which the securitization process has progressed and the continuing debates about its merit, David Fidler's (2007: 42) characterization of the present period as a post-securitization phase (that is, the securitization of public health is complete) is probably overstated (see, for example, Callabero-Anthony, 2006: 114). However, there is no doubt that certain health issues are now viewed as significant threats to security within mainstream security governance.[13] 'At one level', suggests Fidler (2007: 48), the increasing securitization of health issues may indicate 'that public health governance is returning to normality in international relations'. States are doing what they have traditionally done: health has habitually been regarded as a 'high politics' national security issue when an issue such as the international spread of disease has threatened a country's economic or military strength. Also, the focus of international organizations on the broader, human dimensions of international health has precedents in history: consideration for human rights and the social determinants of health has informed the governance agenda in international health at times in the past. The present period is exceptional, however, in that health as national security is increasingly juxtaposed with health as global and/or human security.

David Fidler (2007: 61) sees this as a convergence of 'narrow and broad conceptions of security and of interest-based and value-based approaches to health and security'. However, he allows that this convergence is not always harmonious; rather, health as security is often combined in 'antagonistic frameworks' (Fidler, 2007: 43). This is partly because, as Feldbaum et al. (2006: 196) observe, 'the global and humanitarian objectives of the [global] health field do not fit readily into the state-centred perspective of national security'. It is questionable whether the distinctions between pragmatic interests and humanitarian motivations are as stark as Feldbaum and his colleagues imply, given that global health is becoming a high-stakes business enterprise. Indeed, as recent debates on the world food crisis illustrate, human security concerns often clash with the interests of international business, which are supported by the nation-based international political system (Stokes, 2008). The clash was highlighted, for instance, by reporter Sam Urquhart (2008), who describes the reaction of Eric Holt-Gimenez, head of the NGO Food First, following an emergency meeting in early June of the Food and Agriculture Organization (FAO):

> Holt-Gimenez expects the Bank to 'prepare the field with its loans and conditions for the spread of industrial (GMO) seeds and inputs' – allowing corporations and the Bank

[13] See, for example, the 'Oslo Ministerial Declaration', available at http://www.emb-norway.ca/policy/humanitarian/priority/Health.htm (accessed 29 June 2008); Brower & Chalk (2003).

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> itself to pose as 'saviours' through the spread of high-tech methods. Echoing [Naomi] Klein, he calls this 'Another fine case of "disaster capitalism" at work' as human misery prepares the ground for renewed capital accumulation, against the wishes it purports to serve.

Although food security has not (yet) been incorporated in the 'securitization of health' discourse, it is clearly a health issue that fundamentally challenges human security. And, the food crisis highlights that health is situated uncomfortably in 'antagonistic frameworks' not only because national security concerns tend to take precedence, but because security is at the centre of a political struggle currently being waged to decide the future of world order.

For the most part, the securitization of health literature has not directly engaged the fundamental issue of world system change in which health has become a meaningful security concern. From a public health perspective, scholars have focused mainly on normative questions about the effect of securitization on health outcomes. In international relations, questions have been more about the range of health issues that should be included in a security framework, or whether health (outside of bioterrorism) should be included at all. Those scholars who have attempted to bring these together tend to accept that the securitization of health is a *fait accompli*, albeit differing on whether it is an ongoing or completed process (McInnes & Lee, 2006; Fidler, 2007). The objective of these scholars now is to provide advice on fine-tuning current approaches to health security governance rather than questioning the underlying structures that are culpable in producing and/or exacerbating the insecurities (Fidler, 2007: 50–57).

Overall, in most of the health and security analyses, security is treated as an entity that can be evaluated empirically, even though, as scholars of the Copenhagen School of security studies have argued, security as an international relations concept is socially constructed.

In 2004, Ole Wæver (2004: 56) of the Copenhagen School suggested that, 'in the [post-World War II] period, security has a particular international-affairs meaning distinct from its everyday sense'. This meaning, although widely accepted in modern international relations, was not inevitable, he argued. Instead, security is a subjective concept. The act of securitization begins when a 'securitizing actor' (an authoritative figure in government, bureaucracy or civil society) identifies an existentialist threat to a referent object 'with an inherent right to survive'. A 'speech act' designates the threat to be deserving of extraordinary measures beyond those of 'normal politics'. If the targeted audience is convinced of the authenticity of the threat, the securitization act is successful (see also Wæver, 1995; Buzan, Wæver & de Wilde, 1998).

The Copenhagen School's securitization theory has advanced analysis appreciably by explaining *how* issues become securitized. It is less helpful, however, in exploring *why* the securitization process takes place and why

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particular (in this case, health) issues are selected for security consideration (Callabero-Anthony & Emmers, 2006: 5).[14] It is also questionable whose security is ultimately at stake in the Copenhagen School's approach. While the school has broadened the concept of security, moved away from the state as the sole referent object and allowed for non-state actors to be the 'securitizing actors', it is required that 'the actor has the position of authority to make the securitizing claim, that the alleged threats facilitate securitization, and that the securitizing speech act follows the grammar of security' (Smith, 2005: 34). According to critics, these criteria allow for the exclusion of certain, grave security issues, including women's security issues, that either do not have authoritative figures to proclaim their relevance in a speech act or else will be exacerbated by speaking out (Hansen, 2000). Also, in distinguishing among different types of security, the Copenhagen School relegates women's security concerns to the social security category, where they tend to be marginalized, since social security is not deemed to be as important as international and/or military security (Hudson, 2005).

Towards Securitizing Health as *Human* Security

One could argue that the UNDP's delivery of the concept of human security in 1994 was a 'speech act' that advanced the idea of securitizing issues beyond traditionally held notions of what security entails. By the Copenhagen School's reasoning, this act requires an audience. In this case, the targeted audience was policymakers and academics in the established security realm and in international development. Several among this audience have accepted the idea, so the securitization process may be advancing; however, as many or more have rejected it, the securitization act remains incomplete. To the extent that human security is deemed to have been successfully advanced, it is often viewed as an adjunct to traditional security, or in reduced form as 'freedom from fear' rather than 'freedom from want' as well as fear. In the public health and security literature, human security often tends to be seen in the first way, as a category of security that has been added on to the traditional security framework (Fidler, 2007: 61; Feldbaum et al., 2006). In international relations, the advances usually cited with regard to human security, such as the 'Responsibility to Protect' norm, the Ottawa Process to ban landmines, etc., are remarkable in their challenge to orthodox security thinking, but the narrow version of human security that is applied does not move the discourse outside the military-security areas circumscribed by tradition.

[14] See McInnes & Lee (2006) and Chalk (2006) for interesting discussions of the range of issues included within the securitization framework.

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Yet, it is the broader version of human security that radically challenges us to think about what and for whom is security, as well as how our security objectives, whether defined narrowly or broadly, are most effectively met. The concept of human security illustrates the linkages that exist among currently 'securitized' issues and exposes the need for interdisciplinary approaches to deal with these problems (Thomas, 2001). Compelling evidence from the discipline of public health shows that health outcomes at population levels are determined as much (and more after a certain basic level of welfare) by social conditions as by technological interventions (Wilkinson & Marmot, 1998). In other words, it is clear that health is determined by level of development. Meanwhile, it is now widely accepted that the good health of a population is a necessary condition for economic growth and development (Sachs, 2001). More controversial and speculative, but nevertheless sufficiently persuasive to warrant further research, are claims that lack of development contributes to conflict (Daudelin, 1999; Gannon, 2000). These complex associations are at the heart of the concept of human security, and although there is nothing inherent in traditional security theory that prohibits exploration of dependent variables that impact upon the particular security issue being assessed, human security underscores that these variables are not so easily analysed in separation, either from each other or from the underlying political economy that configures these associations.

Currently, treatments of heath and security rarely address these associations as an ontological unit (that is, as suprastructural phenomena of a particular global political economy); rather, they address them as interacting or mutually influential, but as distinct categories. The Copenhagen School supports this practice, insisting that security is separable as five distinct areas. Barry Buzan (2004: 370), for instance, argues that human security 'risks mixing up the quite different agendas of international security on the one hand, and social security and civil liberties on the other'. It is questionable, however, how different these agendas actually are. Political order has been the primary objective of the international security agenda, whereas social security and civil liberties are issues primarily of justice. Traditionally, international relations scholarship has recognized a tension between aspirations for justice and for order (Bull, 1977). In the post-World War II years, under the dominance of realism, it came to be taken for granted that order is a condition that is prior to justice and that a system based on the power struggles of self-interested, sovereign states is the most effective model for maximizing order. Yet, globalization has challenged the state's exclusionary position at the centre of world politics (Scholte, 2000), and various new conflicts suggest that neither order nor justice is a primary condition: while justice is unlikely to exist without order, disorder is likely to erupt in situations of prevailing injustice. Social security and civil liberties are integral to international security: the broad conception of human security allows us conceptual space to

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examine how these attributes are linked and to explore how international structures and practices impinge upon the lived experiences of ordinary people.

The concept of human security helps to bridge the traditionally assumed incommensurability of the concepts of order and justice in international relations. But, if human security is to serve as this bridge, it requires that the concept be defined as 'freedom from want' as well as 'freedom from fear'. In other words, security is to be understood as epiphenomenal to underlying structures of political economy. For security to be understood in this sense requires a shift in the unit of analysis of security away from the state to 'either humanity as a whole or the individual' (Smith, 2004: 504). It also requires awareness that policy and statecraft are not viewed as being predetermined or preordained by immutable principles of state behaviour or by an international system that is an unchanging structural edifice. Instead, 'speech acts' can lead to the emergence of new norms and change in the direction of governance and behaviour. Finally, the mechanisms by which new normative frameworks emerge cannot be divorced from struggles of political economy (Smith, 2004). Traditional international relations theory assumes that national security takes precedence over security defined in any other terms; and, according to the rationale of defending national security, order trumps justice in an anarchical world order. Yet, not only is 'anarchy . . . what states make of it' (Wendt, 1992), but, with the emergence of networks that constitute 'governance without government' (Rosenau & Czempiel, 1992), the official international order is no longer (if it ever was) the only order that informs and guides the behaviours of important political and economic actors in the world (Ba & Hoffman, 2005).

In an era of political contestation and changes in governance structures, the broad conception of human security encompasses the range of threats and perceptions of threat that have emerged with the changing world order. The existing international system is currently being challenged to deal with these threats and is responding, in part, by expanding the number of issues that states and international organizations address within their security apparatuses. However, not surprisingly, there is considerable resistance to fundamental or radical changes in official security policy (and thinking). Existing norms often persist for some time despite challenges; institutional structures change only gradually; and scarce resources often mitigate possibilities for change. But, current threats to human life and livelihood, outside of traditional security purview, are creating momentum for realignment in security analysis and policy. Although the securitization literature has focused mainly on the degree to which issues have been securitized by national governments or international organizations, both academics and nongovernmental organizations are often at the forefront of the struggle to promote norms change in security (MacFarlane & Khong, 2006: 3; Michael, 2002; Caballero-Anthony, 2006). Also, ordinary people, those upon whom the con-

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cept of human security is focused, are contributing to this change, sometimes assisted by NGOs or academics. An interesting observation of the last point is provided by Ian Smillie. In interviews conducted in post-conflict Sierra Leone, he found that many people viewed security in broad-based and integrated terms. The prevailing concern of people he interviewed was crime, and then the 'deeper underlying causes of crime – and ultimately of the war itself: the economy, poverty, youth unemployment, corruption and mismanagement' (Smillie, 2006: 27).

The point is not that anyone gets to decide what constitutes national or international security agendas: obviously, states and international organizations will continue to securitize certain issues, based on precedent, changing awareness or knowledge of threats, and the dominance of particular theories and security actors. However, how people perceive their security realities, as well as how those perceptions are received and by whom, can contribute to the development of a 'speech act' that will eventually lead to changes in how security is perceived by authoritative security actors. For many ordinary people in the world, issues addressed under the broad umbrella of human security are in critical need of the extraordinary attention currently afforded to conventional security concerns. These include several health-related, multifactorial, international issues not currently securitized, ranging from chronic diseases exacerbated by the international trade in tobacco to cross-border trafficking in drugs, structural violence that disproportionately affects women and children, and the food/energy crisis (MacLean & MacLean, 2006; McInnes & Lee, 2006; Hansen, 2000; Brown, 2004).

Conclusions

Much of the debate on the securitization of health has been normative: Will securitization improve health outcomes or not? Few examine the fundamental structural alterations in world order from which the global health threats emerge and that are fostering changes in social relations and theory revision in international relations/security. Many scholars in the security field have also neglected these critical issues, contributing to the debate on the securitization of health by questioning the wisdom of broadening the concept of security, citing loss of analytical rigour and inoperability as problems that will stem from broadening the concept, especially to incorporate the 'freedom from want' and well as the 'freedom from fear' component of the human security agenda.

Yet, the concept of human security has been particularly instructive not only in illuminating unexamined issues of structural violence, but also in highlighting that structurally based inequalities and inequities are at the core

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of many of the relevant issues of the conventional security agenda. Conceived broadly, human security is consistent with the post-Westphalian ontological shift away from the state as the central unit of analysis (Scholte, 2000). In placing people as the main security referent, it acknowledges the need to understand what this shift entails for protecting the rights and needs of people (which supposedly was the rationale for traditional national security: citizens give up their freedom to the state in exchange for protection). Regarding operational effectiveness, the broader concept challenges us to address the multiple, interacting aspects of security simultaneously: rather than privileging military security at the expense of the social conditions of insecurity, it suggests that bread is as relevant to international order as guns, if not more so.

Revising security agendas to address the needs of justice and order in a changing global era will be achieved through political struggle, as much as or more than through appeals to empirical information on relative risks. As the Copenhagen School has advised, securitization is a social process, requiring an authoritative actor performing a 'speech act' and an audience that is receptive to the change suggested. With regard to human security, the process of securitization is incomplete, but the idea has persisted and is being promoted in various forums by policymakers, academics, NGOs and ordinary people. The audience is expanding largely because the problems of human insecurity are in danger of becoming insurmountable unless dominant security actors begin to think and act in terms of the security of people.

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