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Is Disease a Threat to International Security?

Does the specter of bioterrorism or similar threats justify treating disease as a significant danger to international security? Joao Nunes has his doubts. While diseases can indeed be weaponized by non-state actors, overly militarized responses to the threats they pose may do more harm than good.

By Joao Nunes for ISN

In August 2014, the World Health Organization (WHO) declared the recent outbreak of the Ebola virus in West Africa to be a 'public health emergency of international concern'. The following month, Médecins sans Frontières made an appeal for a robust civilian and military intervention to tackle the epidemic. Spurred by the fact that Western nationals had become infected, Western governments responded to these appeals, with the United States committing up to 3000 troops and the United Kingdom deploying a contingent of 750 troops.

Ebola may have been presented in the media as an unprecedented threat, but the story around it was very familiar. The Western public was bombarded with images reminiscent of blockbusters like *Outbreak* or *Contagion*: chaotic scenes in makeshift hospitals, nameless individuals in pain or in mourning, health workers in biohazard suits, rioting crowds, military personnel enforcing quarantines, somber declarations in Washington and Geneva, the arrival of Western assistance. These fictional stories could well have been real; real stories could easily be fictionalized. Overall, it seems uncontroversial to accept the suggestion that epidemic disease is a security threat, not only to the cohesiveness of a society but also to international stability. Lurking in the background of these scenarios there are anxieties about disease leading to uncontrolled population movements, the closing of borders, disruption of international trade, depletion of militaries and competition over scarce resources. All of these problems fall within the remit of security.

But is disease really a security issue? Who or what is being threatened?

The landscape of fear

On the 20th of March 1995, members of the Japanese religious cult Aum Shinrikyo released a deadly nerve gas in the Tokyo subway, killing 13 people and leaving 6000 suffering from lasting effects . This was one of the first incidents of bioterrorism to receive worldwide attention in the post-Cold War era. Shortly after 9/11, letters containing anthrax spores were sent to several news media and US Senate offices, killing 5 people and triggering panic in an already charged political and social environment. The world had awakened to the prospect of a future in which disease agents could be easily weaponized in biological warfare or used to cause terror and havoc. 'Health security' has since included concerns over the protection of critical infrastructure against the possibility of deliberate

contamination of water supplies or food chains. In general, the rise of the vocabulary of health security in the post-9/11 period has less to do with actual diseases than with anxiety over the fragility of the complex systems and networks that sustain life in a globalized world. Nowadays, the WHO claims that there is 'an inevitable linkage between public health security and bioterrorism', while poor health can be one of the 'contributors to conflict and international terrorism'.

In this context, it may seem strange to question the status of disease as an international security threat. As Hollywood understands well enough, our imaginary when thinking about disease is ruled by fear. Uncontrolled outbreaks – so the story goes – constitute threats to the very existence of modern societies. They threaten to irrevocably disrupt our way of life. They demand rapid measures – and, sometimes, that normal rules and deliberation procedures are circumvented. Health is thus a fertile ground for securitization, that is, for the framing of diseases using a 'defense modality' normally reserved for threats of a military nature. In this securitized scenario, the deployment of militaries seems a natural response. It is not surprising that normal responses to disease outbreaks emphasize 'emergency preparedness', 'containment' and 'crisis management'. Diseases, after all, are emergencies that demand swift decisions and unfettered action. How else are we expected to deal with problems like Ebola?

Emergencies or everyday challenges?

These kinds of narratives about health security ultimately take the state as the frame of reference. Where weaponized disease agents are not the primary concern, disease is said to threaten state capacity or resources, or the stability of the state is deemed to be at risk because of the societal turmoil caused by outbreaks. Based on a particular idea of whom or what is threatened by disease, these kinds of narratives prescribe certain responses, particularly militarized ones, as natural or desirable. Insofar as state fragility can have regional and international repercussions, this national security framing of health is then reflected in relations between states, where it becomes an international security concern.

Health, however, can also be conceived as a threat outside this national security frame – particularly if one shifts the focus towards the individual. For individuals, health security pertains to assuredness, predictability or stability in relation to one's present and future health status. In this perspective, rather than being a source of social-political disturbance, 'disease' regains its fundamental meaning: that of a bodily experience. Health security then pertains to the forms of harm and vulnerability that individuals experience: not only those resulting from or multiplied by disease (like disability or destitution), but also pre-existing vulnerabilities that give rise to disease in the first place (like malnutrition or insufficient knowledge about the causes of disease). Even though an individual's health status obviously depends on the societal context and on conditions that are provided by states (like health systems or sanitation infrastructure), the ultimate referent for thinking about health security in these approaches is the individual. These approaches therefore imply that health issues should be considered security matters insofar as they decisively restrict the ability of individuals to shape the course of their lives.

This shift of focus raises an important issue: why use security language at all to discuss questions of individual survival and well-being that are normally left to discourses of development and rights? There is at least one compelling reason for doing so: perhaps more than any other term, invoking 'security' frames experiences of disease as the 'life-or-death' matters that they really are. Every year, millions of people die because of health problems that could be easily prevented and cured. In 2012, for example, 1.5 million people died as a result of diarrhoeal disease and 1.1 million of preterm birth complications . These are issues that do not figure high on the list of policy priorities, but they are nonetheless a daily insecurity for millions. They constitute an enormous source of suffering and anxiety – as well as being a tremendous economic and social burden for societies. The widespread

acceptance of individual experiences of disease as matters of security would raise the profile of these problems and facilitate political action to address them. This political action need not entail undemocratic or heavy-handed measures. Rather, using security language can help to raise consciousness about the seriousness of an issue and to transcend political deadlock.

Health and global security

Of course, diseases can have important national security implications, and, in some cases, military participation in disease response is indeed beneficial. After all, in the case of the recent Ebola outbreak, it was Médecins sans Frontières, one of the organizations that has done the most to alleviate the suffering caused by the disease, that called for an intervention involving military measures. The problem is that an excessive focus on military crisis management and emergency preparedness can obscure the reality that, for the majority of people living in less developed regions of the world, disease is anything but exceptional – it is part of daily life. In fact, excessive 'crisis thinking' can actually contribute to insecurity because it privileges containing existing crises over addressing the long-term, structural problems that give rise to crises in the first place.

It is not difficult to envision a situation in which uncontrolled disease might potentially threaten international security. But the international dimension is only one part of the story. Disease is a daily security threat to countless people around the world. These people are fundamentally insecure because disease has rendered or threatens to render them unable to exercise significant control over their lives. Recognizing the relevance of these everyday disease experiences can help to improve the security of these individuals in the complex environments in which they live.

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