

**Yale** FOX INTERNATIONAL FELLOWSHIP

THE COLLISION OF HEALTH AND SECURITY

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## **The Collision of Health And Security**

*“The war for global health is being waged and lost on many fronts”<sup>i</sup>*

The 2014 Ebola crisis in West Africa served as a prime exemplar of how strong health and political stability are intertwined. Massive in scope and rapidly spread, the deadly epidemic killed more than 11,300 people within 18 months, weakened health systems dramatically and took a dreadful toll on the countries’ economies and social systems. With economic productivity declining dramatically due to death and sickness related absenteeism, health system collapsing, schools closing for several months, the epidemic drove the most affected countries into chaos and threatened their very stability. On September 14, 2014, the United Nations Security Council declared the health crisis in West Africa “a threat to international peace and security” and the head of the WHO, Margaret Chan, stated that Ebola threatens the “very survival of societies and governments” and contributes “strongly to potential state failure.”<sup>ii</sup>

## **Health as a Security Issue**

The Ebola epidemic strongly underlines a trend, which experts have come to characterize as the “securitization of health”. By this, they describe the fact that health issues have moved from low to high politics and play a prominent role in foreign policy and security debates today. Although the history of humanity is full of devastating epidemics – the most prominent example being the black-death during the 14<sup>th</sup> century – the recognition of the link between health and security emerged only after the end of the Cold War.<sup>iii</sup> In the late 1970s, most public health experts thought infectious diseases would no longer be a threat to modern societies due to safe vaccines and antimicrobial drugs.<sup>iv</sup> This medical optimism has proven to be false in light of the fact that the world population today is not only confronted with the emergence of new infectious diseases, but also with diseases that were once thought to be vanquished. The reasons for this phenomenon can be linked to numerous global developments, including the increase in travel and commerce, environmental degradation and population growth. The return of the modern plagues, with HIV/AIDS and SARS leading the way, is the most prominent example for the underlying reasons for the securitization of health. The spread of infectious diseases and other health events have increased the awareness and recognition of policy-makers that these events can have a potentially profound impact on national and regional political stability.

This development gave rise to the increasing involvement of traditional security organizations and agents in matters of global health. This is especially true in the case of the growing military role in health emergency response.<sup>v</sup> We witness the use of national militaries in all recent responses to major health crises: Polio in Pakistan and Afghanistan, Ebola in West Africa or Zika in Brazil.

## **Opposition against the Securitization of Health**

The securitization of health has met with skepticism from various actors. The concerns about the increasing perception of health as a security issue can be broadly

divided into three different groups of arguments, each representing a different logic.

The first argument fundamentally questions the concept of health as a security issue by doubting the empirical link between health and security. Advocates of this argument claim that scholars investigated recent epidemics and could not find that they had threatened political stability. They argue: “modern epidemics do not cause security crises”<sup>vi</sup>.

The second set of arguments is typically supported by traditional security actors. They don't take health or the antitheses of it as a serious threat to stability and argue the securitization of health drains limited security resources.<sup>vii</sup>

The last set of arguments can be found within health communities and humanitarian groups. They argue that increasingly addressing health as a security issue will change the concept of international health action “into one based on narrow self-interest, which historically has not proved very effective in terms of addressing global health issues.”<sup>viii</sup> This debate becomes especially contested with regards to the role of the military in global public health. Many NGOs refuse to collaborate with militaries because they fear that the core humanitarian principle of political neutrality might be undermined. Other opponents argue that military engagements are much more costly and less efficient than their humanitarian counterparts.<sup>ix</sup>

### **Promising Benefits**

I argue that next to this skepticism against the securitization of health, it is vital to acknowledge that this development also contains many possible benefits for global health. Especially with regards to the response to health emergencies, the security approach might provide important prospects.

In light of the first and second set of arguments against the securitization of health described above, it is necessary to state that health is indeed empirically linked to security in today's world. Studies show that a high number of infected people have the ability to weaken state capacities substantially and eventually cause political instability.<sup>x</sup> Many experts agree that health crises will become the rule rather than the exception in a highly interconnected world. Against this backdrop, the link between health and security will most likely be strengthened. The Ebola epidemic with its devastating impacts on health systems, prosperity and stability in the region is only one example of a substantial threat to the fabric of modern nation states.

Concerning the effects of the securitization of health, it can be observed that the political and financial support for the fight against infectious diseases has increased. Once the link between a certain topic and security is established, the matter gains greater significance and political attention. An example is the securitization of HIV/AIDS. After the UN Security Council meeting in January 2000 declared HIV/AIDS a threat to peace in sub-Saharan Africa, the international resources and attention toward it increased.

As a consequence of the increase in funding, securitization also stimulates the development of new policy approaches. On top of this, it inspires new actors to enter the field of global health and improves the status of existing organizations that deal with infectious diseases.

Concerning the growing military role in health crisis response, it can be stated that they contribute important capabilities that are vital in health crisis response. Militaries

provide a pool of skilled forces, a strict hierarchical command structure and vast logistic capabilities. On top of that, they are ready to be deployed within a short period of time, which is crucial in managing an emerging health crisis. Other important areas in which the armed forces can play a critical role in global public health are disease surveillance and vaccine research. For example, the U.S. Army Medical Research Institute of Infectious Diseases helped to provide potential vaccines against Ebola.<sup>xi</sup> Similarly, scientists at the Walter Reed Army Institute of Research are currently heavily involved in the search for an effective vaccine against Zika.<sup>xii</sup>

### **Upscale Research and Attention**

The securitization of health has become an important part of today's global health discourse. But the research about the consequences and possible opportunities and risks of this development is still underdeveloped and braked by skepticism and resistance.

To fully understand the impacts of perceiving health as a security issue and the growing role of security actors in health, it is crucial to further scientific research and attention to the issue at hand. An important first step would be to establish dialogues, interdisciplinary training and common research projects between the health and security communities. Although the relationship between these two traditional independently working communities has improved during the last years, it is still dysfunctional in large parts. Also the development of a common understanding and a more specific definition of the phenomenon of securitization of health would be a major progress to advance the field.

The collision of health and security contains many auspicious chances and opportunities to improve global health and stability. Especially with regards to the response to health emergencies, the security approach might provide important prospects. Many experts agree that we will experience more and potentially severe health crises. Almost everyone agrees that the world cannot afford to miss out any opportunity in trying to become better in managing future health emergencies. For these reasons, continued research on the effects and opportunities of the securitization of health seem critically important for finding answers to one of the most pressing challenges the international community faces today.

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<sup>i</sup> Andrew D. Cooper; John J. Kirton and Ted Schrecker (2007): *Governing Global Health. Challenge, Response and Innovation*, Burlington, p. 3.

<sup>ii</sup> WHO Director-General's speech to the Regional Committee for the Western Pacific, 13. October 2014, <http://www.who.int/dg/speeches/2014/regional-committee-western-pacific/en/> (10/21/2016)

<sup>iii</sup> The concept of health security means here the idea that health, political stability and prosperity are linked. For further details about the evolution of health security see Colin McInnes und Kelly Kelley (2012): *Global Health and International Relations*, Cambridge.

<sup>iv</sup> For details see Sara E. Davies, (2008): *Securitizing infectious disease*, in: *International Affairs*, 84 (2), 295-313.

<sup>v</sup> For details see Adam Kamrath-Scott and Christopher Watterson (2015): *Fighting Flu: Securitization and the Military Role in Combating Influenza*, in: *Army Forces & Society*, 42 (1), 145-168.

<sup>vi</sup> Alex De Waal (November 2014): *Militarizing Global Health*, in: *Boston Review*: <http://www.bostonreview.net/world/alex-de-waal-militarizing-global-health-ebola> (10/21/2016)

<sup>vii</sup> Adam Kamrath-Scott and Christopher Watterson (2015): *Fighting Flu: Securitization and the Military Role in Combating Influenza*, in: *Army Forces & Society*, 42 (1), 145-168.

<sup>viii</sup> Stefan Elbe (2010): *Security and Global Health. Toward the Medicalization of Insecurity*, Polity Press, p. 10.

<sup>ix</sup> For details see Alex De Waal (November 2014): *Militarizing Global Health*, in: *Boston Review*: <http://www.bostonreview.net/world/alex-de-waal-militarizing-global-health-ebola> (10/21/2016)

<sup>x</sup> For details see Andrew Price-Smith (2009): *Contagion and Chaos. Disease, Ecology, and National Security in the Era of Globalization*, the MIT Press, and Andrew Price-Smith (2001): *The Health of Nations. Infectious Disease, Environmental Change and Their Effects on National Security and Development*, the MIT Press.

<sup>xi</sup> U.S. Department of Defense, Cheryl Pellerin (October 2014): *Medical Research Institute Contributes to Vaccine Development Effort*, <http://www.defense.gov/News/Article/Article/603544> (10/21/2016).

<sup>xii</sup> U.S. Army, Gary Sheftick (July 2016): *Army researcher testing Zika vaccine*, [https://www.army.mil/article/170960/army\\_researchers\\_testing\\_zika\\_vaccine](https://www.army.mil/article/170960/army_researchers_testing_zika_vaccine) (10/21/2016).