

## THE HIV/AIDS EPIDEMIC – WHAT’S SECURITY GOT TO DO WITH IT?

Zuhal YEŞILYURT GÜNDÜZ<sup>1</sup>

*“I can choose to die of starvation now, or of AIDS later”- Prostitute in Harare, Zimbabwe<sup>2</sup>*

### Abstract

*This article’s main topic is the securitization of HIV/AIDS. The first part of the article deals with the concepts of human security and securitization. Hereby the UN’s 1994 Human Development Report’s new concept of human security will be dealt with, as this concept changed the view to HIV/AIDS immensely. The article will then show the theoretical background of securitization and its implications for HIV/AIDS. Then the UN Security Council meeting on 10 January 2000, in which the Security Council for the first time ever discussed a health issue and the UN Resolution 1308 from 17 July 2000 on “HIV/AIDS and international peacekeeping operations”, will be dealt with. The article will then show the advantages and disadvantages of the securitization of HIV/AIDS. It aims to show that HIV/AIDS – due to its immense ramifications – is not “only” a health problem, but an international relations problem that the world has to face together. HIV/AIDS should be considered as a threat against human security and not a national or global security threat. It has to be dealt with globally in order to fight not the people living with HIV/AIDS, but the virus itself. As health cannot be regarded as standing alone, as poverty and health are interconnected, all circumstances and the social environment have to be taken into account – poverty, inequalities, injustices must be dealt with. Only then will the HIV/AIDS epidemic be reduced.*

### Keywords

HIV/AIDS, securitization, desecuritization, human security, poverty

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<sup>1</sup> Asst. Prof. Dr. Zuhal Yeşilyurt Gündüz, Başkent University, Department of Political Science and International Relations

<sup>2</sup> Taken from AIDS, Racism, Imperialism and Capitalism, A Challenge Desafio series by progressive Labor Party, <http://www.plp.org/pamphlets/aidsarticles.html>

## 1. Introduction

25 years ago – amidst the Cold War, amidst nuclear threats, amidst two seemingly different blocks (at least we were made to believe this) – a new disease broke out and soon affected people all over the world: Human Immune deficiency Virus (HIV), which develops to Acquired Immuno-deficiency Syndrome (AIDS), breaking down the body's immune system, and leading to death. At first deemed a gay's disease, it soon came out that heterosexuals, intravenous drug users, women, and even babies can be affected. HIV/AIDS was mainly taken for what it strictly was – a health issue, and thereby an issue “high politics” need not deal with. If at all, only health ministries were interested, whereas other ministries showed disinterest in a disease that in the time to follow would cost the lives, hopes and futures of millions.

It was not until the end of the Cold War that a new thinking began, not least due to the increasingly alarming data of HIV infections and death tolls. According to the World Bank, so far HIV has infected over 60 million people. Over 95 percent of HIV infected people live in developing countries. In 2005 around three million people died of AIDS, while five million people were infected with HIV, which means that the peak still waits to be reached. More than 20 million people have died from AIDS so far. Today, AIDS is the primary cause of death in Sub-Saharan Africa and the fourth-biggest worldwide. Devastating the workforce, aggravating poverty, making more and more children into AIDS-orphans, the pandemic could even diminish the achievements of developments of the last 50 years. For sure: “HIV/AIDS is not just a public health problem.”<sup>3</sup> The United Nations (UN) played its part in this changing mindset by introducing the concept of “human security” and by discussing HIV/AIDS in Africa at the Security Council in January 2000. On the theoretical field, the Copenhagen School brought a new thinking about “securitization”, which later should have consequences for the discussions about HIV/AIDS.

The first part of this article deals with the concepts of human security and securitization. Hereby the UN's 1994 Human Development Report's new concept of human security will be dealt with, as this concept changed the view of HIV/AIDS immensely. The article will then show the

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<sup>3</sup><http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/EXTPHAAAG/0,,contentMDK:20550808~menuPK:64229755~pagePK:64229817~piPK:64229743~theSitePK:672263,00.html>

theoretical background of securitization and its implications for HIV/AIDS. The UN Security Council meeting on 10 January 2000, in which the Security Council for the first time ever discussed a health issue, and the UN Resolution 1308 from 17 July 2000 on “HIV/AIDS and international peacekeeping operations”, with which the Security Council for the first time brought a disease and thereby a health problem, at the focus of a resolution on security, will be dealt with. The article will then show the advantages and disadvantages of the securitization of HIV/AIDS. It aims to show that HIV/AIDS – due to its immense repercussions – definitely is not solely a health problem, but an international relations problem that the world has to face together. HIV/AIDS should be considered as a threat against human security and not as a national or global security threat. It has to be dealt with globally in order to fight not the people living with HIV/AIDS, but the virus itself. As health cannot be regarded as standing alone, as poverty and health are interconnected, all circumstances and the social environment have to be taken into account – poverty, inequalities, injustices must be dealt with. Only then can and will the HIV/AIDS epidemic be reduced.

## **2. Conceptual Background**

### ***2.1 Human Security***

Throughout most of the twentieth century, International Relations defined a state-centric concept of “security” by equalling the term with the defence, safety, protection and territorial integrity of the state. Influenced by two World Wars and the following Cold War, with the dread of a potential global nuclear war, security meant “state security” and “military security” solely. It was considered legal for states to put an end to all factors that could endanger the state, even if this meant using power and violence. Therefore, security was seen as being equivalent to the non-existence of violent conflict. Taking into account the threat of a nuclear confrontation and medical developments in curing or at least improving transmittable diseases, the societal significance of dealing with infectious diseases faded away, prompting people worldwide to ignore the importance and effects of health issues.

The end of the Cold War in 1990 brought a world that was – against all odds – not more peaceful, but even more volatile and variable. Instead of the bi-polar world with its arms race and nuclear threat, gradually conflicts

of interests like territorial border disputes, civil wars and ethnic or religious conflicts materialized, costing the lives of more and more civilian victims. The line between military and non-military risks became distorted, like in the case of terrorism and organised crime. Also, the increasing global interconnectedness and interdependence created new dangers for security. The fast expansion of infectious diseases due to increased mobility, huge migration movements after the collapse of civil order, disasters and environmental pollutions' effects to other countries, prompted environmentalists to talk of "natural security" (including basic access to food, health care, a clean environment) instead of the traditional "national security". National borders were increasingly not capable of sheltering people against these dangers to human health, well-being and even survival.<sup>4</sup> This new thinking resulted in ideas about seeing security not only from the view of nations, but from a "global" perspective and the idea of "common security" instead of only national security.<sup>5</sup>

In 1990, the United Nations Development Program (UNDP), due to the pioneering understanding of Dr. Mahbub Ul Haq, launched its Human Development Reports (HDRs), which aimed at, "putting people back at the center of the development process in terms of economic debate, policy and advocacy."<sup>6</sup> This actually meant the beginning of a more people-centric way of thinking. Since then UNDP has been publishing the annual Human Development Reports with a Human Development Index (HDI) based on available data on longevity, knowledge and standards of living. The HDRs state that development has to be focused on people, and that income alone cannot predict all other constituents of well-being. They focus on the improvement of health, education, and political freedom besides economic well-being, defining development as the expansion of people's choices.

In its Human Development Report from 1994,<sup>7</sup> the United Nations introduced a new concept, bringing up a change of thinking. The Report stated that "a profound transition in thinking" was needed – "from nuclear security to human security". Whereas the "old" concept of security was linked to nation states and regarded as the "security of territory from external aggression, or as protection of national interests in foreign policy

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<sup>4</sup> Dennis Altman: AIDS and Security, *International Relations*, Vol. 17, No. 4, 2003, p. 418.

<sup>5</sup> Gary King and Christopher J. L. Murray: Rethinking Human Security, *Political Science Quarterly*, Winter 2001/2002, 116, 4, p. 588.

<sup>6</sup> <http://hdr.undp.org/aboutus/>

<sup>7</sup> [http://hdr.undp.org/reports/global/1994/en/pdf/hdr\\_1994\\_ch2.pdf](http://hdr.undp.org/reports/global/1994/en/pdf/hdr_1994_ch2.pdf)

or as global security from the threat of nuclear holocaust” (p. 22), the HDR defined human security as “safety from such chronic threats as hunger, disease and repression” as well as “protection from sudden and hurtful disruptions in the patterns of daily life – whether in homes, in jobs or in communities.” (p. 23) The groundbreaking people-centric concept of human security changed the very idea of security “[f]rom an exclusive stress on territorial security to a much greater stress on people’s security” and “[f]rom security through armaments to security through sustainable human development.” (p. 24) The two main constituents of human security were “freedom from fear” and “freedom from want.” (p. 24) These twin goals of protection and empowerment symbolize the main principles of guaranteeing survival, basic human needs and human dignity. Thereby emphasis moved from “a security dilemma of states to a survival dilemma of people.”<sup>8</sup>

The 1994 Report defined seven categories of threats to human security: economic security (poverty, unemployment, homelessness), food security (under nourishment, famine, hunger), health security (disease, infections, insufficient health care), environmental security (degradation, pollution, natural disasters), personal security (physical torture, war, crime, violence), community security (ethnic tensions, oppression, discrimination) and political security (repression, torture, ill treatment, human rights violations) (p. 25-33).

According to human security advocates, the traditional definition of security has become obsolete. They state that the realist state-centric security thinking neglects to see how much states themselves can become sources of insecurity for people and that the realists’ concentration on military capabilities of states masks the high amount of non-military threats people have to face in their daily lives. Therefore, human security changes the focus of security from state-centric security to the security of individuals and communities; and it underlines the duty of the state to defend people and their rights. The notion of human security comprises a departure from a traditional international relations security notion, where the state is the main referent object to a holistic view, where people and their multifaceted social and economic environment receive supremacy over states. By this, people become the most important referents of

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<sup>8</sup> Heidi Hudson: ‘Doing’ Security As Though Humans Matter: A Feminist Perspective on Gender and the Politics of Human Security, *Security Dialogue*, Vol. 36, No. 2, 2005, p. 162.

security.<sup>9</sup> As indicated by Canadian<sup>10</sup> Foreign Minister Lloyd Axworthy, “Human security includes security against economic privation, an acceptable quality of life, and a guarantee of fundamental human rights”.<sup>11</sup> Human security therefore contains the fulfilment of basic material needs *and* the realization of human dignity, i.e. contribution to community life.

The concept of human security includes both a narrow and a broad approach. The narrow concept concentrates on threats to freedom, that is to say violent threats like human rights abuses, political oppression, civil war, aggression from foreign state or non-state actors. The broad concept of human security (as in the UNDP’s 1994 HDR) includes threats to human dignity, specifically non-violent threats like hunger, diseases, environmental degradation, poverty, and inequality. Both definitions recognize the state as the most important actor for securing people’s freedom and dignity and are complementary.<sup>12</sup>

Of course, security threats are not as original as might seem. For example epidemics like the Black Death (bubonic plague) in the Middle Ages or syphilis and measles devastated large numbers of people. The difference today is the instantaneous communication and diffusion of information and the understanding that the nations’ sovereignty and power are not enough to solve troubles with international implications and consequences. Therefore, newer definitions or redefinitions of security generally include topics like environmental degradation, international terrorism, drug trafficking, refugee flows and epidemics of infectious diseases.<sup>13</sup>

The UN Commission on Human Security defined human security as the protection of “the vital core of all human lives in ways that enhance human freedoms and fulfilment.” Human security, “means protecting fundamental freedoms. It means creating political, social, environmental, economic, military and cultural systems that, when combined, give people the building blocks for survival, livelihood and dignity. ... It encompasses human rights, good governance and access to economic opportunity,

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<sup>9</sup> Caroline Thomas: Global governance, development and human security: exploring the links, in: *Third World Quarterly*, Vol. 22, No. 2, 2001, p. 161.

<sup>10</sup> Canada, Japan and Norway espouse the concept of human security in their policies.

<sup>11</sup> Caroline Thomas: Global governance, development and human security: exploring the links, in: *Third World Quarterly*, Vol. 22, No. 2, 2001, p. 161.

<sup>12</sup> <http://www.humansecurityreport.info/content/view/24/59/>

<sup>13</sup> Dennis Altman: AIDS and Security, *International Relations*, Vol. 17, No. 4, 2003, p. 418.

education and health care. It is a concept that comprehensively addresses both ‘freedom from fear’ and ‘freedom from want’.”<sup>14</sup>

Due to the connection between infection, disease, society’s and people’s desolation and even collapse, HIV/AIDS is an unquestionable human security concern. The human security approach developed the principle of the “responsibility to protect”, which is an endeavour to structure state sovereignty to embrace the responsibility of states to care for the lives, comfort and welfare of their citizens. With this, “state sovereignty” and “individual sovereignty” were merged together.<sup>15</sup>

So far, the concept of human security has not replaced the orthodox notion of national security. Still, national security looms stronger in global security plans and funds. Although the human security approach facilitated entrance to the international agenda for HIV/AIDS, there still are demands to reveal that HIV/AIDS is *also* a threat to national security, in order to receive appropriate management and constant funding. Therefore, the focus is still not on the consequences of HIV/AIDS for people and their lives, but state stability and national security.

## 2.2 Securitization

In 1983, an article published in *International Security* by Richard Ullman brought a change in security analysis by broadening security’s perspectives. Ullman classified threats to national security as “an action or sequence of events that (1) threatens drastically and over a relatively brief span of time to degrade the quality of life for the inhabitants of a state, or (2) threatens significantly to narrow the range of policy choices available to the government of a state or to private, nongovernmental entities (persons, groups, corporations) within the state.”<sup>16</sup>

Years later the Copenhagen School around Barry Buzan, Ole Wæver and Jaap de Wilde widened this concept. According to them, security is not something that is real, but it is a “speech act”; meaning that

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<sup>14</sup> <http://ochaonline.un.org/webpage.asp?MenuID=10473&Page=1494>

<sup>15</sup> Fiona Adamson & Andrew D. Grossman: Framing “Security” in a Post-9/11 Context, Social Science Research Council, Reframing the Challenge of Migration and Security, [http://www.ssrc.org/programs/gsc/publications/gsc\\_activities/migration/adamsongrossman.pdf](http://www.ssrc.org/programs/gsc/publications/gsc_activities/migration/adamsongrossman.pdf), p. 4.

<sup>16</sup> Richard Ullman’s quote from <http://www.carnegieendowment.org/publications/index.cfm?fa=view&id=157> Ann M. Florini, P.J. Simmons: New Security Thinking: A Review of the North American Literature, Project on World Security, Rockefeller Brothers Fund.

all issues can be turned into a security problem. This is because security needs not to portray a frightening reality, but is only a social and intersubjective construction, with which a topic is displayed as a threat. “Security is not of interest as a sign that refers to something more real; the utterance itself is the act. By saying it, something is done (as in betting, giving a promise or naming a ship). By uttering ‘security’ a state-representative moves a particular development into a specific area, and thereby claims a special right to use whatever means are necessary to block it.”<sup>17</sup>

Wæver stated that the, “[u]se of the security label does not merely reflect whether a problem is a security problem, it is also a political choice, that is, a decision for conceptualization in a special way.”<sup>18</sup> Therefore, politicians can decide whether to represent HIV/AIDS as a health issue (as human security theorists prefer), a development issue, or an international security issue (as national security policy makers prefer) and construct it accordingly.

Securitization implies the construction of a danger that needs to be changed by quick action and extraordinary, even undemocratic measures. With the securitising act, a topic is raised from the realm of low politics to that of high politics. By securitizing an issue, public authorities show it as “an existential threat, requiring emergency measures and justifying actions outside the normal bounds of political procedure.”<sup>19</sup> Securitization thus has “enormous power as an instrument of social and political mobilization. Putting something on the security agenda persuades us of the need to furnish urgent and unprecedented responses; it signals imminent danger and is therefore given a high priority.”<sup>20</sup>

Securitization therefore is an “extreme version of politicization”<sup>21</sup> It can be an “intensification of politicization”, but it also can be opposed to it. “Politicization means to make an issue appear to be open, a matter of

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<sup>17</sup> Wæver, Ole: Securitization and Desecuritization, in: Ronnie Lipschutz (Ed.). *On Security*, New York: Columbia University Press, 1995, p. 55.

<sup>18</sup> Wæver, Ole: Securitization and Desecuritization, in: Ronnie Lipschutz (Ed.). *On Security*, New York: Columbia University Press, 1995, p. 65.

<sup>19</sup> Buzan, Barry, Ole Wæver and Jaap de Wilde: *Security. A New Framework For Analysis*, Boulder/London: Lynne Rienner, 1998, p. 24.

<sup>20</sup> Wæver, Ole: Securitization and Desecuritization, in: Ronnie Lipschutz (Ed.). *On Security*, New York: Columbia University Press, 1995, p. 63.

<sup>21</sup> Buzan, Barry, Ole Wæver and Jaap de Wilde: *Security. A New Framework For Analysis*, Boulder/London: Lynne Rienner, 1998, p. 23.

free choice, something that is decided upon and that therefore entails responsibility, in contrast to issues that either could not be different (laws of nature) or should not be put under political control ... By contrast, securitization on the international level means to present an issue as urgent and existential, as so important that it should not be exposed to the normal haggling of politics but should be dealt with decisively by top leaders prior to other issues.”<sup>22</sup> Besides this, for a speech act to be successful, the addressees have to be convinced by the securitising act and to accept it. “A successful speech act is a combination of language and society, of both intrinsic features of speech and the group that authorizes and recognizes that speech”.<sup>23</sup> Therefore it can be said that the concept of security is constructed, political and inclined to change.<sup>24</sup>

“Security” goes way beyond the normal working rules of politics. After securitizing a matter, the government can pronounce and use outstanding methods, even violent or discriminating practices, in order to “fight” it. As the government works against a near threat, it seems only logical to redraw the lines of politics’ legitimating borders and limit civil and human rights. The state brings up new laws, limitations and prohibitions, with which it limits the area of politics, widens that of security, frightens and quiets the public. As the concept of “security” and its widening and securitization can narrow the very concept of democracy, it should be handled with care. Buzan, Wæver, and de Wilde underline that, “it is possible to ask with some force whether it is a good idea to make this issue a security issue – to transfer it to the agenda of panic politics – or whether it is better handled within normal politics.”<sup>25</sup>

The Copenhagen School thus stresses the normative preferences implicated in framing topics as security issues, cautions of possible dangers securitization can bring and openly states its critique: “Security should be seen as a negative, as a failure to deal with issues of normal politics. Ideally, politics should be able to unfold according to routine procedures without this extraordinary elevation of specific ‘threats’ to prepolitical

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<sup>22</sup> Buzan, Barry, Ole Wæver and Jaap de Wilde: *Security. A New Framework For Analysis*, Boulder/London: Lynne Rienner, 1998, p. 29.

<sup>23</sup> Buzan, Barry, Ole Wæver and Jaap de Wilde: *Security. A New Framework For Analysis*, Boulder/London: Lynne Rienner, 1998, p. 32.

<sup>24</sup> Matt McDonald: Constructing Insecurity: Australian Security Discourse and Policy Post-2001, *International Relations*, Vol. 19, No. 3, 2005, p. 301-302.

<sup>25</sup> Buzan, Barry, Ole Wæver and Jaap de Wilde: *Security. A New Framework For Analysis*, Boulder/London: Lynne Rienner, 1998, p. 34.

immediacy.”<sup>26</sup> Instead of securitization, a procedure of “desecuritization” should be realized that overturns securitization and puts topics out of the threat-defence chain and into the area of the normal democratic political system.

## ***2.2 Post-9/11 Period***

Certainly, the fear and fright atmosphere of the post-9/11 time, gave rise to the securitization of countless discourses. HIV/AIDS was but one of them. On the positive side, it can be said that due to the labelling as “security issue” in this anxiety environment, HIV/AIDS received amplified importance and increased international resources.<sup>27</sup> 9/11 can even be called a breaking point as it revealed that the struggles and troubles the South faces do not stay “just” there, but in fact have an effect on people all over the world.<sup>28</sup> This even led to an increase in US foreign aid assurances, which can be ascribed to the “political necessity of showing a more compassionate face to the world alongside the war on terror following 9/11, as well as a desire to enhance global stability.”<sup>29</sup>

However, considering the assumed bond between diseases and deterioration, the USA was prompted to choose among regions in need of scant resources and those which were considered to be more “worthy”, i.e. strategically and/or geostrategically more “important” than the others. This of course brought a situation where international health policy supplied an instrument for the achievement of foreign policy targets. Consequently, this focusing on global health was in danger of changing to geostrategic ambitions. Thus, in the post-9/11 atmosphere, US policies, branded by unilateralism, neo-liberalism and securitization modified global security strategies. Besides, the US altered the relations between development and security in the sense that official development post 9/11 was regarded not so much as an instrument for emancipation and liberation, but as a tool to “protect” the rich North and West from the dim sides of globalisation.<sup>30</sup>

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<sup>26</sup> Buzan, Barry, Ole Wæver and Jaap de Wilde: *Security. A New Framework For Analysis*, Boulder/London: Lynne Rienner, 1998, p. 29.

<sup>27</sup> Colin McInnes, Simon Rushton and Owain Williams: HIV/AIDS: National Security, Human Security, *Human Security Bulletin*, <http://www.humansecuritybulletin.info/page310.htm>

<sup>28</sup> Mike Fell: Is Human Security our Main Concern in the 21st Century?, *Journal of Security Sector Management*, Vol. 4, No. 3, September 2006, p. 6.

<sup>29</sup> Alan Ingram: Global Leadership and Global Health: Contending Meta-narratives, Divergent Responses, Fatal Consequences, *International Relations*, Vol. 19, No. 4, 2005, p. 396.

<sup>30</sup> Alan Ingram: Global Leadership and Global Health: Contending Meta-narratives, Divergent Responses, Fatal Consequences, *International Relations*, Vol. 19, No. 4, 2005, p. 396.

Even more, the international mobilization by non-state actors, the alteration of characteristics and the rising junction of internal and external security and security strategies all came together to bring the “domesticization” of global security surroundings. Simultaneously, international and domestic politics and society got further and further securitized.<sup>31</sup> This danger can indeed be labelled as “cycles of securitization” or “securitization spirals”<sup>32</sup> as terrorism – counterterrorism (the methods to improve security) twists are likely to commence and enhance an extensive securitization of social and political life, where civilians are crushed and pressurized from all sides.

Following the 9/11 terrorist attacks, which were branded as “threats to international peace and security” by UN Resolutions 1368 and 1373, the United States had wide-reaching backing and understanding. Instead of pursuing human security, Washington chose to answer with boosting conventional and conservative physical, national, military security.<sup>33</sup>

As a consequence of 9/11 and the following reactions, awareness and significance of human security had to endure an impediment as the interest again concentrated on “national” and “military” security.<sup>34</sup> Besides, 9/11 even has effects on the character of global governance and liberal democracy, as – under the tempting envelope of “security” – it incorporates the latent threat to lead to a devastating kind of ‘anti politics’, which marginalizes the productive divergences, debates and discourses that keep public sphere in liberal politics alive.<sup>35</sup>

It can even be said that the “new ‘Machismo’ heralded by the post-9/11 global war against terror threatens to drown out the progress made during the 1990s with regard to building a global normative consensus on

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<sup>31</sup> Fiona Adamson & Andrew D. Grossman: Framing “Security” in a Post-9/11 Context, Social Science Research Council, Reframing the Challenge of Migration and Security, [http://www.ssrc.org/programs/gsc/publications/gsc\\_activities/migration/adamsongrossman.pdf](http://www.ssrc.org/programs/gsc/publications/gsc_activities/migration/adamsongrossman.pdf) , p. 5.

<sup>32</sup> Fiona Adamson & Andrew D. Grossman: Framing “Security” in a Post-9/11 Context, Social Science Research Council, Reframing the Challenge of Migration and Security, [http://www.ssrc.org/programs/gsc/publications/gsc\\_activities/migration/adamsongrossman.pdf](http://www.ssrc.org/programs/gsc/publications/gsc_activities/migration/adamsongrossman.pdf) , p. 7.

<sup>33</sup> Mike Fell: Is Human Security our Main Concern in the 21st Century?, *Journal of Security Sector Management*, Vol. 4, No. 3, September 2006, p. 6.

<sup>34</sup> David Bosold / Sascha Werthes: Human Security in Practice: Canadian and Japanese Experience, *Internationale Politik und Gesellschaft*, 1/2005, p. 93.

<sup>35</sup> Kanishka Jayasuriya: 9/11 and the New ‘Anti-politics’ of ‘Security’, Social Science Research Council, <http://www.ssrc.org/sept11/essays/jayasuriya.htm>

the importance of human security. Today, more than ever, human security coexists uneasily with national security.”<sup>36</sup>

### **3. HIV/AIDS as a Challenge for International Relations**

#### **3.1 The Global HIV/AIDS Pandemic**

AIDS has a long treatment-free incubation period of eight to ten years, during which the HIV-infection remains symptom-free, but allows for the transmission of the virus. An AIDS epidemic can remain unidentified for decades, because it takes a long time until the full extent of the epidemic becomes clearly visible on the basis of the rising number of ill people. This delay between infection and progress to AIDS facilitates it on the level of politics, society and individuals to ignore and to deny AIDS and obscures campaigns and prevention work.<sup>37</sup>

As AIDS is transmitted sexually, it strikes the most efficient part of the population contrary to many other infections: the prime age adults, who should actually guarantee the supply of the younger and the elderly. The illness thus tears a gap in the middle of the population pyramid and destroys social structures. It causes weakness and vulnerability, lessens the ability to work and thereby brings in hardship and poverty. The demise of earnings, knowledge, and productivity in households leads to a loss of capability for services and productivity, lessening economic growth. After a specific prevalence degree is reached, its effects are universal, as HIV/AIDS does not impinge on particular parts of society, but influences the society as a whole, in some way or the other.<sup>38</sup>

According to the 2006 Report on the Global AIDS Epidemic by UNAIDS,<sup>39</sup> which stated AIDS as being “among the greatest development and security issues facing the world today”, by the end of 2005, an estimated 38.6 million (33.4–46.0 million) people were living with HIV, mostly not aware of the virus. 2.8 million people died of the disease in 2005, while an estimated 4.1 million (3.4–6.2 million) people were newly infected with the virus in the same year. The fact that the amount of AIDS-

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<sup>36</sup> Heidi Hudson: ‘Doing’ Security As Though Humans Matter: A Feminist Perspective on Gender and the Politics of Human Security, *Security Dialogue*, Vol. 36, No. 2, 2005, p. 155.

<sup>37</sup> Sarah Tietze: Die Aids-Pandemie in Sub-Sahara-Afrika, *Aus Politik und Zeitgeschichte*, B 32-33/2006, p. 33.

<sup>38</sup> Marcella Villareal: HIV/AIDS: a threat to the viability of the societies it attacks, *Kybernetes*, Vol. 35, No. 1/2 2006, p. 197-198.

<sup>39</sup> 2006 Report on the global AIDS epidemic. A UNAIDS 10<sup>th</sup> anniversary special edition, Executive summary.

related deaths is less than the amount of people, who became infected with HIV, reveals that the epidemic still grows, and “its impact has yet to reach its peak.”<sup>40</sup> HIV/AIDS today is the primary cause of death among adults in Africa, and especially Sub-Saharan Africa. 25.8 million Africans are affected by HIV/AIDS, representing 70 percent of the worldwide figure. So far, 22 million Africans have died of AIDS. The disease reduces life expectancy. Its outcomes and effects on families and societies is ruining, creating human and productive capacity loss. Poverty and misery are not only the consequence of AIDS, but also its cause, as underdeveloped countries are affected much more than rich states.<sup>41</sup> AIDS, more and more becomes a, “women’s disease”. With 17.3 million infected women, they make up almost half of the total number of people living with the virus. Of these 13.2 million live in sub-Saharan Africa, making up 76 % of all women living with HIV. Indeed, Sub-Saharan Africa still remains the most affected region. Two thirds of all HIV infected people in 2005, lived there, making 24.5 million people. Globally, less than one fifth of people at risk of getting HIV have the possibility of basic prevention and health services.

The United Nations Commission on the Status of Women in its 2001 Report<sup>42</sup> underlines the gender dimensions of the HIV/AIDS epidemic. Cultural, social and religious norms often endorse a subordinate status for women, which lead to a deficiency in power over their lives, bodies and sexual relations. This is further fortified by the social and economic inequality of women, making them even more vulnerable to HIV/AIDS. “Biological vulnerability of women to HIV infection is reinforced by economic, social and cultural vulnerability due to the status of women in society.”<sup>43</sup> This is due to a “machismo”, which is a significant reason for the rise in women’s vulnerability to HIV/AIDS, as well as for the expansion of the HIV/AIDS epidemic among women. “Machismo promotes and perpetuates gender disparities in power. Men as a social group are

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<sup>40</sup> Geoff P. Garnett & Nicholas C. Grassly & Simon Gregson: AIDS: The Makings of a Development Disaster?, *Journal of International Development*, Vol. 13, 2001, p. 392.

<sup>41</sup> Dennis Altman: HIV and Security, *International Relations*, Vol. 17, No. 4, 2003, p. 422.

<sup>42</sup> United Nations Commission on the Status of Women: Report on the forty-fifth session, 06-16 March and 09-11 May 2001, Economic and Social Council Official Records, 2001, Supplement No. 7 (E/2001/27-E/CN.6/2001/14), <http://www.un.org/womenwatch/daw/csw/e2001-27.pdf>

<sup>43</sup> Mabel Bianco: Women, the girl child and human immunodeficiency virus/acquired immunodeficiency Syndrome (HIV/AIDS), Speech held at the Commission on the Status of Women, Forty-fifth session, 06-16 March 2001, <http://www.un.org/womenwatch/daw/csw/Bianco2001.htm>

allowed to hold power and to impose on others, especially women and children. That power often leads to violence and coercion.”<sup>44</sup>

Women frequently become victims of gender-based violence, containing sexual abuse and domestic violence. In many countries, the legal system helps to reinforce gender inequality. Women also suffer stigmatization after disclosure. Blamed for HIV/AIDS, they are abused, abandoned or even killed by their families.<sup>45</sup> Besides, girls and young women are more at risk of getting raped as they are considered to be HIV-negative or due to the incorrect but prevalent idea in some countries that sexual relations with virgins can rinse out the HIV-infection of men.<sup>46</sup> Moreover, women living with HIV/AIDS often have to suffer the violation of their human rights, like the right to bodily integrity, access to health services, education and medicine. There are even numerous cases of forced abortions and/or compulsory sterilization of women living with the virus.<sup>47</sup>

A further aspect is poverty, which “is not only a cause but also a consequence of HIV/AIDS.”<sup>48</sup> Due to poverty, a lot of girls and women are coerced or trafficked into prostitution and even sexual slavery. “Sex-for-survival” diminishes women’s capability to freely decide when and whether sexual relations should happen or to insist on condoms for safer sex. Prostitution and sexual slavery are further types of violence against women stimulated by poverty, international tourism and globalization.<sup>49</sup>

It is interesting to note that the gender roles and relations, which augment women’s susceptibility to HIV/AIDS, raise some of the hazards for men as well. Leading ideas of “masculinity” and “manliness” push men

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<sup>44</sup> Mabel Bianco: Women, the girl child and human immunodeficiency virus/acquired immunodeficiency Syndrome (HIV/AIDS), Speech held at the Commission on the Status of Women, Forty-fifth session, 06-16 March 2001, <http://www.un.org/womenwatch/daw/csw/Bianco2001.htm>

<sup>45</sup> United Nations, Division for the Advancement of Women, World Health Organization (WHO), Joint United Nations Programme on HIV/AIDS (UNAIDS): The HIV/AIDS pandemic and its gender implications. Report of the Expert Group Meeting, Windhoek, Namibia, 13 - 17 November 2000, <http://www.un.org/womenwatch/daw/csw/hiv aids/report.pdf> , p. 8.

<sup>46</sup> Elhadj Sy: Gender, HIV/AIDS, and Human Security, Speech held at the Commission on the Status of Women, Forty-fifth session, 06-16 March 2001, <http://www.un.org/womenwatch/daw/csw/Sy2001.htm>

<sup>47</sup> Mabel Bianco: Women, the girl child and human immunodeficiency virus/acquired immunodeficiency Syndrome (HIV/AIDS), Speech held at the Commission on the Status of Women, Forty-fifth session, 06-16 March 2001, <http://www.un.org/womenwatch/daw/csw/Bianco2001.htm>

<sup>48</sup> United Nations, Division for the Advancement of Women, World Health Organization (WHO), Joint United Nations Programme on HIV/AIDS (UNAIDS): The HIV/AIDS pandemic and its gender implications. Report of the Expert Group Meeting, Windhoek, Namibia, 13 - 17 November 2000, <http://www.un.org/womenwatch/daw/csw/hiv aids/report.pdf> , p.8.

<sup>49</sup> Elhadj Sy: Gender, HIV/AIDS, and Human Security, Speech held at the Commission on the Status of Women, Forty-fifth session, 06-16 March 2001, <http://www.un.org/womenwatch/daw/csw/Sy2001.htm>

to have numerous sexual partners and risky sexual activities. Certainly, HIV/AIDS has to be discussed with a gendered understanding in order to ensure that state and non-state actors “promote the agency and autonomy of individuals, their dignity and safety, and equality of opportunity internationally, regionally, nationally and at the local level.”<sup>50</sup>

### **3.2 HIV/AIDS and International Relations**

“Disease is a transnational phenomenon which pays no heed to territorial state boundaries; yet it rarely features in the discussion of International Relations.”<sup>51</sup> Indeed, with its overemphasis on states, power, conflict, economics and national security, the discipline of International Relations has neglected to include what for most people in the world is of main importance: their simple survival and their human security. The concept of human security brought together different disciplines and drove International Relations from its disciplinary remoteness and limited and narrow fixation with military security to more openness.

With the adoption of the Ottawa Charter in 1986, 38 countries acknowledged good health as laying upon, “the empowerment of communities, their ownership and control of their own endeavours and destinies”.<sup>52</sup> For the first time ever endeavours to build a structure for the global control of HIV/AIDS and a shift from an excessively medicalised vision of health were realized.<sup>53</sup> This was necessary as HIV/AIDS is “a multifaceted phenomenon that intertwines biomedical, socio-cultural, political, economic, religious, and ethical disciplines.”<sup>54</sup>

Especially after the end of the Cold War, health gradually became a significant international issue. The United States played a major role in this, as it was due to the USA that health was moved away “from being defined as “just” a humanitarian issue into one with important economic and

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<sup>50</sup> Sharifah H. Shahabudin: Gender and HIV/AIDS – the Human Rights and Security Perspectives, Speech held at the Commission on the Status of Women, Forty-fifth session, 06-16 March 2001, <http://www.un.org/womenwatch/daw/csw/Shahabudin2001.htm>

<sup>51</sup> Caroline Thomas: On the Health of International Relations and the International Relations of Health, Review *International Studies*, Vol. 15, 1989, p. 273.

<sup>52</sup> Dennis Altman: HIV and Security, *International Relations*, Vol. 17, No. 4, 2003, p. 419.

<sup>53</sup> Dennis Altman: HIV and Security, *International Relations*, Vol. 17, No. 4, 2003, p. 419.

<sup>54</sup> Tong Jing Jing: Framing AIDS: A Comparative Analysis of AIDS Coverage in U.S. and Chinese Newspaper, 2002-2004, *Perspectives: Working Papers in English and Communication*, 17(1), Spring 2006, p. 2.

security consequences.”<sup>55</sup> At their meeting in Okinawa in July 2000, the G8 Leaders, with strong backing from the USA, integrated health into their program by stating: “Health is the key to prosperity. Good health contributes directly to economic growth whilst poor health drives poverty. Infectious and parasitic diseases, most notably HIV/AIDS, TB and malaria, as well as childhood diseases and common infections, threaten to reverse decades of development and to rob an entire generation of hope for a better future.”<sup>56</sup>

In this context, “global health” is of main importance, as it “stands for a new context, a new awareness and a new strategic approach in matters of international health. Its focus is the impact of global interdependence on the determinants of health, the transfer of health risks and the policy response of countries, international organizations and the many other actors in the global health arena. Its goal is the equitable access to health in all regions of the globe.”<sup>57</sup>

The Centre for Health and International Relations (CHAIR), established at the Department of International Politics of the University of Wales in 2003, placed the politics of global health directly on the program of International Relations for the first time, indicating to a rising acknowledgment that health issues influence various traditional parts of the discipline. For example: health has very significant consequences for foreign and security policies, for economic and human security, for global trade, investment, and human rights.<sup>58</sup>

### ***3.3 HIV/AIDS and Poverty***

Poverty and inequality are of central importance for people. Caroline Thomas reminds us that during the First and Second World War around 30 million people had been killed. In today's world every year 15 million (!) people die of hunger-related reasons.<sup>59</sup> However, as long as the

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<sup>55</sup> Ilona Kickbusch: Influence and opportunity: reflections on the U.S. role in global public health, *Health Affairs*, Vol. 21, No. 6, p. 136.

<sup>56</sup> Detlef Schwefel: International health in a globalized development perspective, *Journal of Public Health*, Vol. 12, No. 3, June 2004, p. 178. See also Ilona Kickbusch: Influence and opportunity: reflections on the U.S. role in global public health, *Health Affairs*, Vol. 21, No. 6, p. 133.

<sup>57</sup> Kickbusch, Ilona working definition of global health for the Fulbright New Century Scholars Program <http://www.ilonakickbusch.com/en2006/global-health/index.shtml>

<sup>58</sup> <http://www.bisa.ac.uk/bisanews/0401/pp8-9.pdf>

<sup>59</sup> Caroline Thomas: Global governance, development and human security: exploring the links, in: *Third World Quarterly*, Vol. 22, No 2, 2001, p. 163.

main reasons for the cause of hunger, poverty and inequality are not addressed; human security will not and cannot be reached. After half a century of development policies and improvement in science and technology, national and international inequalities keep on growing, and nearly a third of humanity tries to survive in miserable poverty.<sup>60</sup>

So far, the policies, prescriptions and enforcements of the IMF or the World Bank, including nearly 30 years of Structural Adjustment programmes and pressures, like the structuring of export-driven markets, proved counter-productive. Secondary effects of neo-liberal policies like increasing unemployment, cuts of investment in health and education, migration and massive urbanization, resulted in rising poverty, the breakdown of health care systems and the increase of the HIV/AIDS pandemic. Not only have the pledged benefits of the economic reorganization not become real, the growing debt burden, and the fading industries resulted in an increase in poverty.<sup>61</sup> Poverty and health – or better to say the absence of it – are deeply linked together. And women and girls were mostly affected by the absence and suffered most.

The worldwide economic inequalities were, and are, guided and compelled by international macro-economic neo-liberal policies that give priority to the interests of developed countries and have intensified poverty in developing countries and brought the collapse of social services like health-care, education and social welfare. “This global economic order has increased the vulnerability of developing countries to HIV/AIDS both in terms of infection and impact.”<sup>62</sup>

Globalization itself, by promoting, “unregulated privatization, open season for pharmaceutical companies, health sector cutbacks, and a weakening of concern for health equity, poses enormous barriers to the fledgling reproductive and sexual rights agenda”.<sup>63</sup> It certainly is ironic, that the World Bank gives ever rising amounts of money to AIDS efforts in countries like Brazil and India, where its very own policies had deteriorated

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<sup>60</sup> Caroline Thomas: Global governance, development and human security: exploring the links, in: *Third World Quarterly*, Vol. 22, No 2, 2001, p. 164.

<sup>61</sup> Nana K. Poku: AIDS in Africa: An Overview, *International Relations*, 2001 Vol. 15, No. 6, p. 10.

<sup>62</sup> Sharifah H. Shahabudin: Gender and HIV/AIDS – the Human Rights and Security Perspectives, Speech held at the Commission on the Status of Women, Forty-fifth session, 06-16 March 2001, <http://www.un.org/womenwatch/daw/csw/Shahabudin2001.htm>

<sup>63</sup> Quote from Gita Sen, taken from: Dennis Altman: Globalization, political economy, and HIV/AIDS, *Theory and Society*, Vol. 28, 1999, p. 565.

the health systems. Kenya, where the World Bank insisted on payment for visits in clinics, causing a sharp decline in attendance at those clinics, is another example of the negative effects of structural adjustment.<sup>64</sup>

Whereas the prosperous countries managed to control, or even exterminate, most lethal infectious diseases of the history, old and new viruses still impinge on poor countries, leading to preventable diseases and avoidable deaths. While HIV/AIDS in the developed world is an illness that can be lived with for long years, in the developing world it is a life-threatening and killing disease. Therefore, the medical progress, "leading to a lengthening life span for those who are positive *and who have full access to the latest medical technologies* is increasing the gaps between two epidemics, one for the rich and one for the poor."<sup>65</sup>

The HIV/AIDS epidemic in Africa has an enormous impact on the continent: poverty, famine, scarce sanitation and health care, the oppression of women and adjustment policies.<sup>66</sup> On the social, economic and political level, extensive interventions must fight the fundamental causes for the spreading of AIDS. The pandemic grows because of poverty, gender inequality, migration, war and state decay. Only by an improvement of the basic conditions people can fight the social, economic and political determinants of AIDS.<sup>67</sup>

Ronald Labonte, a Canadian authority in health endorsement, affirms, "Most of what creates 'health' ... lies beyond organized health care sectors. Poverty, income inequalities, social inequalities, environmental pollutants/degradations, violence and other complex social, cultural and religious phenomena are far more important health determinants than access to health care services."<sup>68</sup> Transmitting this to HIV/AIDS, it can be said that the disease is spread with the virus from person to person, but the global epidemic is triggered by the social environment. Therefore, poverty, inequalities, inequities and injustices must definitively be dealt with; the sooner, the better.

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<sup>64</sup> Dennis Altman: HIV and Security, *International Relations*, Vol. 17, No. 4, 2003, p. 420.

<sup>65</sup> Dennis Altman: Globalization, political economy, and HIV/AIDS, *Theory and Society*, Vol. 28, 1999, p. 575.

<sup>66</sup> Nana K. Poku: AIDS in Africa: An Overview, *International Relations*, 2001 Vol. 15, No. 6, p. 8.

<sup>67</sup> Sarah Tietze: Die Aids-Pandemie in Sub-Sahara-Afrika, *Aus Politik und Zeitgeschichte*, B 32-33/2006, p.38.

<sup>68</sup> Dennis Altman: Globalization, political economy, and HIV/AIDS, *Theory and Society*, Vol. 28, 1999, p. 570.

### ***3.4 HIV/AIDS and Security***

A trip Richard Holbrooke, former US Ambassador to the UN made to Lusaka, Zambia in December 1999 and his personal feelings of sadness and anger about the fate of AIDS orphans in particular, and the HIV/AIDS epidemic in general, urged him to “do something”. With the backing of Vice President Al Gore, Holbrooke brought this topic up during his month as President of the Security Council at the UN’s Security Council.<sup>69</sup> On 10 January 2000, the United Nations Security Council, the main global organization devoted to *security*, held a historical meeting on “The situation in Africa: the impact of AIDS on peace and security in Africa”. For the first time ever, a disease was transformed into a global security affair. By this, the UN hoped states would enhance the political primacy of the disease. Thereby the global security agenda was broadened to include innovative security topics like health, environment and poverty.

Speaking at this UN Security Council session, James Wolfensohn, then President of the World Bank, stated, “Many of us used to think of AIDS as a health issue. We were wrong. AIDS can no longer be confined to the health or social sector portfolios. ... Nothing will put Africa back more quickly, reverse the gains, and throw countries into turmoil than the current AIDS epidemic. ... Nothing we have seen is a greater challenge to the peace and stability of African societies than the epidemic of AIDS. ... We face a major development crisis, and more than that, a security crisis.”<sup>70</sup>

In his speech at that UN Security Council meeting former US Vice President Al Gore affirmed, “We must understand that the old conception of global security – with its focus almost solely on armies, ideologies, and geopolitics – has to be enlarged. We need to show that we not only can contain aggression, prevent war, and mediate conflicts, but that we can work together to anticipate and respond to a new century with its new global imperatives.”<sup>71</sup>

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<sup>69</sup> Tony Barnett and Gwyn Prins: HIV/AIDS and Security. Fact, Fiction and Evidence, A Report to UNAIDS, p. 12. This decision was “not partisan in American politics, and the Bush administration’s response was the President’s Emergency Plan for AIDS Relief (PEPFAR).”

<sup>70</sup> <http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:20022933~menuPK:34472~pagePK:34370~piPK:34424~theSitePK:4607,00.html>

<sup>71</sup> Al Gore, Opening Statement in the Security Council Meeting on “AIDS in Africa”, 10 January 2000, [http://www.un.int/usa/00\\_003.htm](http://www.un.int/usa/00_003.htm)

At its 4172<sup>nd</sup> meeting on 17 July 2000, the Security Council passed Resolution 1308 (2000)<sup>72</sup> “On the responsibility of the Security Council in the maintenance of international peace and security: HIV/AIDS and international peacekeeping operations”, with which for the first time ever a *Security Council* resolution dealt with a topic that until then was considered to be a health problem. After underlining that it was, “[d]eeply concerned by the extent of the HIV/AIDS pandemic worldwide, and by the severity of the crisis in Africa in particular, ... [s]tressing the need for coordinated efforts of all United Nations organizations”, Resolution 1308 soon took the topic from the new field of human security to the well-known “old” fields of national and even global security by “[r]ecognizing that the spread of HIV/AIDS can have a uniquely devastating impact on all sectors and levels of society ... given its possible growing impact on social instability and emergency situations ... recognizing ... risk of exposure to the disease through large movements of people, widespread uncertainty over conditions, and reduced access to medical care, ... [s]tressing that the HIV/AIDS pandemic, if unchecked, may pose a risk to stability and security.”

“New and re-emerging infectious diseases will pose a rising global health threat and will complicate US and global security over the next 20 years. These diseases will endanger US citizens at home and abroad, threaten U.S. armed forces deployed overseas, and exacerbate social and political instability in key countries and regions in which the United States has significant interests.”<sup>73</sup> This was the frightening message of the National Intelligence Estimate from January 2000. Taking this and a CIA report on the effects of AIDS on the increasing of prospects of “revolutionary wars, ethnic wars, genocide, and disruptive regime transitions” into account, the Clinton administration in 2000 declared HIV/AIDS as a “national security threat”. *The Washington Post* dealt with this on 30 April 2000, by stating: “Convinced that the global spread of AIDS is reaching catastrophic dimensions, the Clinton administration has formally designated the disease for the first time as a threat to U.S. national security that could topple foreign governments, touch off ethnic wars and undo decades of work in building free-market democracies abroad.”<sup>74</sup>

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<sup>72</sup> <http://daccessdds.un.org/doc/UNDOC/GEN/N00/536/02/PDF/N0053602.pdf?OpenElement>

<sup>73</sup> The Global Infectious Disease: Threat and Its Implications for the United States, National Intelligence Estimate, January 2000 <http://www.state.gov/g/oes/id/>

<sup>74</sup> Washington Post, April 30, 2000 Barton Gellman: AIDS is Declared Threat to US National Security, <http://www.commondreams.org/headlines/043000-02.htm>

Never before had the National Security Council been involved in combating a disease.

Ever since then, US governments do not see AIDS as “only” a disease and threat to the health of people, but as a *threat* to the US *national security*. President Clinton, fretful about the likelihood that AIDS could contribute to the demolition of foreign governments, said the USA would distribute a budget of 254 million dollars to fight AIDS. He also issued an executive order that reduced trade restrictions for African countries’ access to AIDS drugs. *The Washington Post* article influenced politics, raised awareness, and enabled political aims like improved foreign aid to Africa and changes in trade policy. Later on, Colin Powell, Secretary of State in the first Bush administration would even call HIV/AIDS “the greatest threat to mankind today, the greatest weapons of mass destruction on the earth.”<sup>75</sup>

Preeti Patel criticizes that, “it was typical that AIDS proposals were brought under the American national security rubric – as if increasing death rates in Africa and Asia were not fundamental attacks on the security of several other countries as well. ... as national elections loomed and there were lobbies to conciliate. In an election year, political pressure was also building on the US government and pharmaceutical companies to ensure greater African access to treatments for AIDS victims.”<sup>76</sup> Also an editorial of *The Denver Rocky Mountain News* was critical: “terming the disease a national security threat seems alarmist, even selfish. The United States should be a part of the global battle against AIDS, even lead it if necessary, but it should do so out of a sense of humanity, not fear.”<sup>77</sup> David Sanger calls the national security frame a “crying wolf”, as it was a product “from political manoeuvring in preparation for a change of administration”. He says the National Security Council should not be directly involved: “Clearly there is a strong moral argument for helping the destitute ravaged by AIDS, in Africa or elsewhere. And no doubt the disease could lead to political instability. But so can poverty.”<sup>78</sup>

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<sup>75</sup> Collin Powell, *The Economist*, April 17-23, 2004, p. 9, taken from Brooke Stearns: A New Crime Against Humanity: HIV/AIDS and Security After the Rwandan Genocide, *Revue de Sécurité Humaine / Human Security Journal*, Issue 1 - April 2006, p. 36.

<sup>76</sup> Preeti Patel: The Politics of AIDS in Africa, *International Relations*, Vol. 15, No. 4, p. 79.

<sup>77</sup> Taken from Karin E. Johnson: AIDS as a US National Security Threat: Media Effects and Geographical Imaginations, *Feminist Media Studies*, Vol. 2, No. 1, 2002, p. 89.

<sup>78</sup> Taken from Karin E. Johnson: AIDS as a US National Security Threat: Media Effects and Geographical Imaginations, *Feminist Media Studies*, Vol. 2, No. 1, 2002, p.

The UN High-Level's Report of December 2004 "A More Secure World – Our Shared Responsibility" Panel on "Threats, Challenges and Change"<sup>79</sup> stated in undistorted openness that, "[t]he international response to HIV/AIDS was shockingly slow and remains shamefully ill-resourced."<sup>80</sup> The report further links security, development and human rights, recognizes the state as significant to guarantee collective security and admits its fear that HIV/AIDS could weaken state capabilities: "[A]ny event or process that leads to large-scale death or lessening of life chances and undermines States as the basic unit of the international system is a threat to international security". The UN High-Level's Report even pointed out a critique on the blindness of the world when it comes to a topic that is of life-threatening importance for Africa: "That Africa has borne the brunt of the HIV/AIDS pandemic raises the troubling question of whether international response would have been so slow if the disease had reduced life expectancy by 30 years in non-African countries."<sup>81</sup>

#### **4. The Securitization of HIV/AIDS**

The securitization of HIV/AIDS incorporates advantages for the stopping of the pandemic, but it also includes dangers. Whether these dangers are seen to be tiny in regard to possible successes in the fight against the pandemic, or whether the risks are considered to be too high, remains to be seen. But for sure it is important to realize that the securitization of HIV/AIDS has its good *and* its bad sides.

##### ***4.1 Advantages of the Securitization of HIV/AIDS***

The securitization of HIV/AIDS can potentially bring in social, economic and political advantages for people living with HIV/AIDS by increasing consciousness, political commitment and funding. Dennis Altman argues that, "Only if governments see fighting the epidemic as a matter of national survival are they likely to provide the degree of

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<sup>79</sup> <http://www.un.org/secureworld/report2.pdf> Executive Summary: <http://www.un.org/secureworld/brochure.pdf>

<sup>80</sup> It goes on giving information on the global – sadly late – activities: "Global Programme on AIDS, came only in 1987, six years after the first cases of HIV were identified and after it had infected millions of people worldwide. Nine years and 25 million infections later, the Joint United Nations Programme on HIV/AIDS (UNAIDS) was created to coordinate United Nations agencies working on HIV/AIDS. By 2000, when the Security Council first discussed HIV/AIDS as a threat to international peace and security, the number of deaths per year from HIV/AIDS in Africa had outstripped the number of battle deaths in all the civil wars fought in the 1990s. By 2003, when the Global Fund to Fight AIDS, Tuberculosis and Malaria was created, there were more than 11 million children orphaned by HIV/AIDS in Africa." (p. 25)

<sup>81</sup> <http://www.un.org/secureworld/report2.pdf>

resources, both political and financial, which are required and which cannot be met by international effort alone.”<sup>82</sup> Because as long as HIV/AIDS is seen as “only” a health issue, health ministries worldwide will be the sole state institutions concerned with. Only by lifting the topic to the level of security is it possible to bring it to the level of “top priority”.

Angela Ndinga-Nuvumba hopes that, “if governments feel pressured to focus more on threats such as disease and poverty, they may take more seriously the values of human freedom and dignity and relinquish their long-held preoccupation with “hard threats” relating to regime survival.”<sup>83</sup> Peter W. Singer contends that, “AIDS is a daunting threat, but not an unbeatable foe”, and that it is, “a disease that is still preventable.” According to him, the securitization of AIDS “helps clarify how this scourge reaches beyond individual lives and deaths into the realm of violence and war – and thus strengthens the case for serious action. Fighting AIDS is not just a matter of altruism, but enlightened self interest.”<sup>84</sup> Of course one can ask: Why should people not fight against HIV/AIDS as “a matter of altruism”? Why should “enlightened self interest” be the guiding light? Nevertheless, the securitization of HIV/AIDS, with its appeal to the self-interest of countries could – more than humanitarian, altruistic and philanthropic arguments succeeded in – generate political will and funding necessary for prevention and treatment projects and programmes. For example, in the United States the widening of the securitization of HIV/AIDS influenced President Bush’s decision on a five-year Emergency Plan for AIDS Relief, worth 15 billion US dollars.

The securitization theory’s concern about disproportionate state mobilization is understandable within the framework of a liberal democratic system, in which the state ought to not too vigorously impede with democratic reflection processes. But, in many of the states most acutely affected by HIV/AIDS, it is *not* extreme state mobilization that causes major troubles, but quite the opposite: the absolute deficiency of a significant state involvement and reaction/action. Therefore, in many African countries people living with HIV/AIDS demand *more* concern and contributions from their states, as can be seen in the “Treatment Action Campaign” in South Africa. The United Nations Security Council, too, by

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<sup>82</sup> Dennis Altman: AIDS and Security, *International Relations*, Vol. 17, No. 4, 2003, p. 425.

<sup>83</sup> Angela Ndinga-Nuvumba: Aligning HIV/AIDS and Security: The United Nations and Africa, in: Adekeye Adabo & Helen Scalon (eds.): *Essays on Africa and the United Nations*, Johannesburg: Jacana, 2006, p. 7.

<sup>84</sup> P. W. Singer: AIDS and International Security, *Survival*, Vol. 44, No. 1, Spring 2002, p. 155.

discussing HIV/AIDS and by adopting a resolution, tried to increase political pressure on governments to encourage them to take action against the disease. With this step, the UN Security Council gave a voice to all the silenced and ignored people living with HIV/AIDS. Dr. Peter Piot, the Executive Director of UNAIDS, in his speech at that very meeting of the UN Security Council stated that, “[t]he simple fact that the Security Council regards AIDS as a significant problem sends a powerful message: AIDS is a serious matter for the global community”. By this he underlined that the Council did not intend to take HIV/AIDS from the political arena to the security arena, but to bring it out of its non-politicized status in many countries, to end the silence about HIV/AIDS and to contribute to its politicization.<sup>85</sup> He later called Resolution 1308 a, “milestone in the response to the AIDS epidemic”, as it, “helped to transform the way the world’s leaders’ view AIDS and it has stimulated a much needed debate around the wider AIDS and security agenda.”<sup>86</sup>

Surely, the normalization concerning the perception of people living with HIV/AIDS decreases stigmatization and discrimination the infected and ill people in many parts of the world still have to suffer. But the culmination of the “desecuritization” of HIV/AIDS could bring an increased “threat” to life itself, if people start to take too lightly the fatal character of HIV and stop taking precautions. In many Western states today, exactly this occurs, as after the normalization of the disease, people (men) increasingly refuse to use condoms, and transmission rates are rising again.<sup>87</sup>

#### ***4.2 Disadvantages of the Securitization of HIV/AIDS***

Although there are very old organizations of international cooperation for health development and the control of the spread of diseases, nowadays’ difference is the importance of health crises and the attempt to bring health from the social policy agenda to the area of foreign and security policy. However, the inclusion of health as a “hard” security

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<sup>85</sup> Stefan Elbe: Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/ AIDS and Security, *International Studies Quarterly* (2006) 50, p. 131-132.

<sup>86</sup> Peter Piot, Foreword, in: Tony Barnett and Gwyn Prins: HIV/AIDS and Security. Fact, Fiction and Evidence, A Report to UNAIDS, 2006, p. 5.

<sup>87</sup> Stefan Elbe: Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/ AIDS and Security, *International Studies Quarterly* (2006) 50, p. 137.

topic sets up strains with policy methods, which emphasize human security and developmental aspects of infections and diseases.<sup>88</sup>

The securitization of HIV/AIDS – the understanding of HIV/AIDS as a threat against the state – reveals a realist orientation. The including of viruses as security threats widens the realist frame by portraying security beyond military terms. However; the accent still is on the anarchic composition of the system, not on the providers of human insecurity – the unjust international distribution of power and property. Besides, deaths caused by AIDS are considered as destabilizing peace and order and focus on HIV in isolation as responsible for weakening security – “giving the appearance that the virus is not enmeshed in wider relations of oppression.”<sup>89</sup> Indeed, the discourse ignores the discussion of parts of globalization that keep the poverty, vulnerability, and instability in the midst of the crisis. Besides, by giving “urgency” to the AIDS epidemic, it also can lead to a, “fatalism that undermines interventions that are still possible.”<sup>90</sup>

With securitization, diseases, poverty and conditions are likely to be paid attention and priority only if they happen to be in countries that are considered to possibly affect or threaten powerful states. There is a danger of giving emphasis to “‘risk containment’ rather than health protection, promotion and treatment for vulnerable and affected populations.”<sup>91</sup> Therefore the centre of attention will be on protection *from*, instead of protection *for*, people living with HIV.

The above mentioned *Washington Post* article, revealing the securitization of HIV/AIDS, frames Africa as totally out of control. This of course calls for a reaction leaning on the entangled US “ideals” of *control* (meaning military intervention) and *charity* (meaning budget rising). Samuel Berger, then National Security Adviser stated: “If we don’t address this as an urgent problem, we’re going to have increasing instability, increasing conflict and an implosion of many of the countries in the

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<sup>88</sup> Colin McInnes, Simon Rushton and Owain Williams: HIV/AIDS: National Security, Human Security, <http://www.humansecuritybulletin.info/page310.htm>

<sup>89</sup> Colleen O’Manique: The ‘Securitization’ of Africa’s AIDS Pandemic: Whose Security? Paper for the annual meeting of the International Studies Association, Montreal, March 2004.

<sup>90</sup> Karin E. Johnson: AIDS as a US National Security Threat: Media Effects and Geographical, Imaginations, *Feminist Media Studies*, Vol. 2, No. 1, 2002, p. 91.

<sup>91</sup> Tracey O’Reilly Sherri A. Brown: HIV/AIDS, Conflict and Women: A Look at the Destabilizing Effects of Pandemic Disease and how it Uniquely Affects Women, Paper for the 78 Annual Meeting of the Canadian Political Science Association, York University, Toronto, Ontario, June 1-3, 2006, p. 14.

developing world. (...) A few ounces of prevention at this point will be I think well spent compared with what we could face in the future if we don't deal with it."<sup>92</sup> By underlining that "[f]ortunately, Clinton is proving himself both an American and world leader on this deadly front",<sup>93</sup> the United States is presented as brave, laudable and patriotic. This for sure, "overshadows the fact that the efforts of the United States so far to help with the pandemic remain miniscule compared to global need, and that the poverty that fuels the epidemic is influenced by US macroeconomic policy."<sup>94</sup>

Framing AIDS as a national security threat conceals gender, as it neither takes into account the higher infection rates of women, nor the higher vulnerability of girls due to HIV/AIDS, either as carers for family members living with HIV or by entering into prostitution to gain some income for their families. The national security framing is mostly worried about the effects of HIV/AIDS on men, especially military personnel, or foreign troops.<sup>95</sup> Also, the higher vulnerability of women to sexual dependence (or even enslavement), violence and exploitation is not taken into account.<sup>96</sup>

Statistics presented by the WHO and UNAIDS are merely estimates and indicators, sometimes subject to political demands, "used to draw attention to the problem and to highlight resource requirements."<sup>97</sup> Or to highlight danger! Data from the International Crisis Group (ICG), dated 19 June 2001, predicted: "Over 22 million people worldwide have already been killed and it is projected that, at current rates, another 100 million more will be infected with HIV by 2005."<sup>98</sup> In reality, the number in 2005 was 40 million. Giving frightening numbers of infection rates helps securitization, but not the people who are infected. The World Bank,

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<sup>92</sup> Taken from Karin E. Johnson: AIDS as a US National Security Threat: Media Effects and Geographical, Imaginations, *Feminist Media Studies*, Vol. 2, No. 1, 2002, p. 90.

<sup>93</sup> Karin E. Johnson: AIDS as a US National Security Threat: Media Effects and Geographical, Imaginations, *Feminist Media Studies*, Vol. 2, No. 1, 2002, p. 90.

<sup>94</sup> Karin E. Johnson: AIDS as a US National Security Threat: Media Effects and Geographical, Imaginations, *Feminist Media Studies*, Vol. 2, No. 1, 2002, p. 90.

<sup>95</sup> Karin E. Johnson: AIDS as a US National Security Threat: Media Effects and Geographical, Imaginations, *Feminist Media Studies*, Vol. 2, No. 1, 2002, p. 90.

<sup>96</sup> Colin McInnes, Simon Rushton and Owain Williams: HIV/AIDS: National Security, Human Security, <http://www.humansecuritybulletin.info/page310.htm>

<sup>97</sup> Geoff P. Garnett & Nicholas C. Grassly & Simon Gregson: AIDS: The Makings of a Development Disaster?, *Journal of International Development*, Vol. 13, 2001, p. 393-394.

<sup>98</sup> Data from: International Crisis Group (ICG), HIV/AIDS as a Security Threat, 19 June 2001, [www.intl-crisis-group.org](http://www.intl-crisis-group.org), taken from P. W. Singer: AIDS and International Security, *Survival*, Vol. 44, No. 1, Spring 2002, p. 146.

“considers AIDS to be the single biggest threat to economic development in Africa: it is expected to reduce GDP in many states by as much as 20 %, in just the next decade.”<sup>99</sup> It is interesting to note that it was due to many Structural Adjustment Programmes of the World Bank itself that the economic development in most African countries worsened drastically.

HIV/AIDS is a “*long-wave event*”,<sup>100</sup> affecting the fundamental component of social structure, disturbing and broad consequences materialize slowly over decades, as the “three-generation bond linking grandparents, parents and children in a continuously reproduced pattern, is rent asunder.”<sup>101</sup> Thereby, “demographic and cultural orphans”,<sup>102</sup> are created, impeding the diffusion of the societies’ main values and culture. However, Tony Barnett concludes that it is not possible to, “draw any clear link between the HIV/AIDS epidemic and ‘security’.”<sup>103</sup> He deems this strand even as dangerous; as if the effects of the HIV/AIDS epidemic were significant *only* when they are considered as a threat to a specific state or group of states and thereby as a concern for their national interest, while the disease’s effects are perceived as insignificant otherwise. Indeed there is a menace that aid funds will go inexplicably to states with utmost strategic weight, which means that regions with higher prevalence rates, but less strategic importance fall behind. Thus, the securitization of HIV/AIDS jeopardizes its human consequences and impacts.<sup>104</sup> High mortality rates and state crisis do not have anything in common. States with extreme mortality increases still can keep their legitimacy without seeing their country falling apart. Besides, it seems as unlikely that one state will invade its neighbour after recognising that the neighbour’s military is hit by AIDS as it is improbable that a group that does not get enough drugs for treatment will start a coup against its state in order to get more drugs.<sup>105</sup>

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<sup>99</sup> P. W. Singer: AIDS and International Security, *Survival*, Vol. 44, No. 1, Spring 2002, p. 149-150.

<sup>100</sup> Tony Barnett: A long-wave event. HIV/AIDS, politics, governance and ‘security: sundering the intergenerational bond?, *International Affairs*, Vol. 82, No. 2, 2006, p. 302.

<sup>101</sup> Tony Barnett: A long-wave event. HIV/AIDS, politics, governance and ‘security: sundering the intergenerational bond?, *International Affairs*, Vol. 82, No. 2, 2006, p. 298-299.

<sup>102</sup> Tony Barnett and Gwyn Prins: HIV/AIDS and Security. Fact, Fiction and Evidence, A Report to UNAIDS, 2006, p. 11.

<sup>103</sup> Tony Barnett: A long-wave event. HIV/AIDS, politics, governance and ‘security: sundering the intergenerational bond?, *International Affairs*, Vol. 82, No. 2, 2006, p. 297.

<sup>104</sup> Colin McInnes, Simon Rushton and Owain Williams: HIV/AIDS: National Security, Human Security, <http://www.humansecuritybulletin.info/page310.htm>

<sup>105</sup> Alan Whiteside AIDS, security and the military in Africa: A sober appraisal, African Affairs Advance Access originally published online on January 18, 2006, *African Affairs*, 2006 105(419), p. 216.

Although there are also no, “empirical links between AIDS and terrorism whatsoever - the idea of people living with AIDS flocking to volunteer as suicide bombers collapses at the first scrutiny”,<sup>106</sup> national strategists still bring nearly, “apocalyptic predictions”.<sup>107</sup> Especially after 9/11 some strategists even declared AIDS-orphans as potential future dangers. “Besides being malnourished, stigmatized and vulnerable to physical and sexual abuse, this mass of disconnected and disaffected children is particularly at risk of being exploited as child soldiers.”<sup>108</sup> Others saw them as a source for social and political upheaval, even as a pool for future terrorists. Especially the US administrations predictions were very extreme: “AIDS, other diseases, and health problems will hurt prospects for transition to democratic regimes as they undermine civil society, hamper the evolution of sound political and economic institutions, and intensify the struggle for power and resources.”<sup>109</sup> CIA Director George Tenet claimed: “The national security dimensions of the virus are plain: It can undermine economic growth, exacerbate social tensions, diminish military preparedness, create huge social welfare costs, and further weaken already beleaguered states. And the virus respects no border.”<sup>110</sup> Statements like these are, “based on no evidence and little theory, and necessarily arrive at its conclusions through the prism of post-9/11 expectations of potential threats to the security of the US.”<sup>111</sup>

In the words of Susan Peterson the world should, as an alternative, “face AIDS for what it is and will be for the foreseeable future – a health tragedy of unprecedented and staggering proportions that cries out for international and transnational humanitarian assistance, not for the garrisoning of states behind national boundaries and national security rhetoric.”<sup>112</sup>

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<sup>106</sup> Alan Whiteside AIDS, security and the military in Africa: A sober appraisal, African Affairs Advance Access originally published online on January 18, 2006, *African Affairs*, 2006 105(419), p. 216.

<sup>107</sup> Tony Barnett: A long-wave event. HIV/AIDS, politics, governance and ‘security: sundering the intergenerational bond?, *International Affairs*, Vol. 82, No. 2, 2006, p. 308.

<sup>108</sup> P. W. Singer: AIDS and International Security, *Survival*, Vol. 44, No. 1, Spring 2002, p. 151.

<sup>109</sup> National Intelligence Council, Global trends 2015: a dialogue about the future with non-government experts, taken from Tony Barnett: A long-wave event. HIV/AIDS, politics, governance and ‘security: sundering the intergenerational bond?, *International Affairs*, Vol. 82, No. 2, 2006, p. 308.

<sup>110</sup> Curt Anderson: “CIA Director says AIDS threatens stability, economic health worldwide”, Associated Press, 11 February 2003 cited in Tony Barnett: A long-wave event. HIV/AIDS, politics, governance and ‘security: sundering the intergenerational bond?, *International Affairs*, Vol. 82, No. 2, 2006, p. 308.

<sup>111</sup> Tony Barnett: A long-wave event. HIV/AIDS, politics, governance and ‘security: sundering the intergenerational bond?, *International Affairs*, Vol. 82, No. 2, 2006, p. 308.

<sup>112</sup> Susan Peterson quotation taken from Stefan Elbe: Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/ AIDS and Security, *International Studies Quarterly*, (2006) 50, p. 123.

Undeniably, in today's globalized world, "security" means more than the defence or guard of the "homeland". The utmost problem of the new century is this: "living together on one small, diverse and increasingly crowded planetary homeland. Grasping the real nature of the HIV/AIDS long-wave event and finding meaningful data on it are necessary steps towards assessing what all of this means."<sup>113</sup>

The securitization of HIV/AIDS could drive national and international responses from civil society towards state institutions like military and intelligence, which are less transparent and which have the power to take precedence over human rights and civil liberties, including those of people living with HIV/AIDS. Charles Geshekter, an expert on African history remarked: "It's a bit frightening and a bit scary to see that they [AIDS orthodoxy] will now bring in 'national security.' Because that means you're going to begin to call in the FBI, you can call in the CIA. If people [critics of the AIDS Establishment] are talking about things which are decided to be a national security issue, they in fact can be spied upon and civil rights protections can be suspended."<sup>114</sup> Indeed, in the United States, the armed forces and the Central Intelligence Agency increasingly are concerned with HIV/AIDS.

So far, responses to HIV/AIDS have often been undemocratic and insensitive to people living with the virus. Requests for quarantining infected people, using diverse forms of violence against them, trying to exclude them from serving in state institutions, especially military service, and rejecting visas to HIV-positive foreigners are illustrations for the dislike, exclusion, dehumanization and persecution of persons living with HIV/AIDS by some states. The US Institute of Medicine's proposal of mandatory screening for tuberculosis (a normal state for people living with HIV) for immigrants from countries with high infection rates or the British government's proposal from February 2003 to apply obligatory HIV screening for possible immigrants are just two examples. The securitization theorists worry about the participation of the state in handling social issues. The consequences of this are dangerous: the state could take decisions

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<sup>113</sup> Tony Barnett: A long-wave event. HIV/AIDS, politics, governance and 'security: sundering the intergenerational bond?', *International Affairs*, Vol. 82, No. 2, 2006, p. 313.

<sup>114</sup> <http://www.naturalhealthvillage.com/newsletter/01may00/aids.htm> Naturalhealthline, AIDS deemed a 'national security' threat by U.S. as South African president challenges medical orthodoxy, Peter Chowka.

without transparency or reduce civil liberties and rights whenever it considers this necessary.<sup>115</sup>

Securitization itself brings threat-defence logic to bear on an escalating variety of social issues, which may eventually be counterproductive to international work to end the pandemic. This may give the impression as if “more security” was all the times “better” than “less security”; leading again to more and more topics being securitized, even in cases where this is not suitable or helpful for their resolution. The securitization of HIV/AIDS within this threat defence logic brings harmful outcomes. It takes the topic out from the more sophisticated, altruistic and philanthropic structure of health and development, and puts it within a state-centric frame, in which states, run by their security interests, are more interested in increasing their power and security, instead of dealing with humanitarian concerns. Therefore global health topics are only considered worth dealing with, if and when they touch the core security interests of states, otherwise they simply will be ignored.<sup>116</sup>

The threat-defence logic in the case of HIV/AIDS may unfavourably alter national and international funds priorities, as worry about HIV/AIDS will not centre on its influence on civilian populations, but on those of the main state institutions, namely the armed forces and the state elites. Especially in poor countries, the scarce resources of drugs may be given preferentially to the armed forces and state elites rather than to civilian populations. This is a trend going on in some African countries with more soldiers having better access to health care. Thus, the portrayal of HIV/AIDS as a security threat does not succeed in enabling universal, effective access to health care, treatment and drugs.<sup>117</sup>

The threat-defence logic work is counter-productive to the grassroots efforts of many non-governmental organizations (NGOs) to normalize social approaches towards people living with HIV/AIDS. Whereas these NGOs aim at ending the perception of the infected as “outsiders” or even “threats” to society, needing more tolerance and understanding, inclusion and support, the securitization of HIV/AIDS does

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<sup>115</sup> Stefan Elbe: Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/ AIDS and Security, *International Studies Quarterly*, (2006) 50, p. 128.

<sup>116</sup> Stefan Elbe: Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/ AIDS and Security, *International Studies Quarterly*, (2006) 50, p. 129.

<sup>117</sup> Stefan Elbe: Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/ AIDS and Security, *International Studies Quarterly*, (2006) 50, p. 129-130.

exactly the opposite. The “war on AIDS” brings in the militarization of the issue: “We need to look closely at what substituting a ‘global war on AIDS’ for the old ‘global wars on fascism and communism’ might portend for the world”, states Patricia Nell Warren and adds: “Supposing a small country is declared a ‘global health hazard’ because it refuses to toe the line on AIDS policy? Will it be embargoed? Nuked? (...) Will the Security Council send in UN troops? Are we going to have Vietnams and Bosnians over AIDS?”<sup>118</sup> Susan Sontag, too, is critical about the militarization of AIDS, as the military metaphor “overmobilizes” and, “powerfully contributes to the excommunicating and stigmatizing of the ill.”<sup>119</sup> Walter Lippmann revealed in 1922 that public opinion is never more standardized than in the middle stage of a war. The same is true for “The War on AIDS”. Indeed militaristic language is out of control in health sciences. David Campbell contends that this discourse is indeed an element of national identity, as “the constant articulation of danger through foreign policy is thus not a threat to a state’s identity or existence; it is its condition of possibility”.<sup>120</sup>

Leaning on Foucault’s historical study on biopolitics and its dangers, Stefan Elbe reveals three biopolitical dangers of the securitization of HIV/AIDS. One danger is the biopolitical obligation of health perfection that sets up disease and by extension the infected people, as a social and political problem to be solved without indicating how.

There may be three ways that could theoretically increase new biopolitical racism between those considered “healthy” – namely HIV-negative – and those considered “unhealthy – namely HIV-positive. The first danger could be the frightening thought that states could decide that the best way of ending the HIV/AIDS epidemic would be by simply letting those who are infected die, thinking – however deeply incorrectly – that this would have beneficial social consequences for the rest of the uninfected population. So far, this is only hypothetical. But unfortunately there are some proofs that show into this direction. For example, in 1999 a former UN Population Fund (UNFPA) official openly said that AIDS would be one

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<sup>118</sup> Patricia Nell Warren: AIDS and the World Bank: Global Blackmail?, *A &U Magazine*, Posted on June 27, 2000, <http://www.alternet.org/story/9360/> <http://www.alternet.org/module/printversion/9360>

<sup>119</sup> Taken from Stefan Elbe: Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/ AIDS and Security, *International Studies Quarterly*, (2006) 50, p. 130.

<sup>120</sup> Taken from Karin E. Johnson: AIDS as a US National Security Threat: Media Effects and Geographical, Imaginations, *Feminist Media Studies*, Vol. 2, No. 1, 2002, p. 93.

means of controlling the population growth!<sup>121</sup> An official of at the National Intelligence Council, when asked about a project studying the security effects of HIV/AIDS likewise said in the 1990s “Oh, it will be good, because Africa is overpopulated anyway.”<sup>122</sup>

A second form of biopolitical racism could manifest itself by validating actions to eliminate people living with HIV/AIDS from the population, and by inhibiting new HIV-positive foreigners to come. Stigmatization, demands for quarantine, violence against people with HIV/AIDS, or excluding them from service in state institutions, among others have been justified as necessary for the sake of improving the health of populations. More and more, people living with HIV/AIDS are being barred from military service due to the wrong view that they deteriorate the effectiveness of the military. Moreover, persons living with HIV/AIDS might also be prohibited from coming to other countries on ‘health’ justification. A typical headline from the British *Daily Telegraph* states “African AIDS: Deadly Threat to Britain”. With this headline, AIDS is mistakenly illustrated as a disease, which comes from foreigners, outsiders, and mainly from “black” Africans. Instead of making available treatment for the ailing, some governments might merely be lured to stigmatize, quarantine, or ban persons living with HIV/AIDS from their communities.<sup>123</sup>

A third kind of biopolitical racism coming out of the securitization of HIV/AIDS could occur in low-income countries, where complete treatment cannot be made accessible due to lack of resources and infrastructure, if those considered to be the guardians of the populations, namely the elites and the military forces, received advantaged access to medical treatment. The scarce resources could even be diverted from civilian programmes to military programmes. In this case too, humans would only be seen on the ground of their relation to the goal of maximizing the health of the population.<sup>124</sup>

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<sup>121</sup> Catholic Family and Human Rights Institute, “UNFPA Briefing Makes Light of High Mortality in Africa”, Friday Fax, 2 (49), 15 October 1999, taken from Stefan Elbe: Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/ AIDS and Security, *International Studies Quarterly*, (2006) 50, p. 410.

<sup>122</sup> Taken from Stefan Elbe: Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/ AIDS and Security, *International Studies Quarterly*, (2006) 50, p. 410.

<sup>123</sup> Stefan Elbe: Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/ AIDS and Security, *International Studies Quarterly*, (2006) 50, p. 411-412.

<sup>124</sup> Stefan Elbe: Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/ AIDS and Security, *International Studies Quarterly*, (2006) 50, p. 412-413.

Leaning on Foucault, Stefan Elbe reveals that normalizing techniques set up by biopower about sexual behaviour were of main significance. The normalizing procedure around the securitization of HIV/AIDS happens by distinguishing a “normal” (“healthy”) and an “abnormal” kind of sexuality and thereby “abnormal” groups, whose deviating sexual behaviour has to be observed strictly. In the USA, at the beginning of the 1980’s people were being warned about the four “deviating”, “abnormal” “H’s”, namely homosexuals, haemophiliacs, heroin addicts, and Haitians. Later on, Africans and sex workers were included. With the securitization of HIV/AIDS, the armed forces, with their alleged promiscuous sexual behaviour, joined these groups. To become efficient, biopolitical strategies then have to create policies for changing the sexual behaviour of these groups in order to increase the health of the population. To be sure, this hope of normalizing the sexual behaviour of people was one of the major reasons leading more and more conservative and religious political groups to participate in worldwide fight against AIDS.<sup>125</sup> Although the Bush administration’s AIDS budget with 15 billion dollar over five years is the biggest ever so far, it incorporates, “two obstacles in the practical business of cornering AIDS” both “a bow to the religious right”.<sup>126</sup> One is the insistence on abstinence-until-marriage programs and the other one is the requirement to oppose and condemn commercial sex work in exchange for US aid. With both, the Bush administration utilized HIV/AIDS to disseminate their “healthy” norms of sexual behaviour – abstinence before marriage and monogamy – even by tackling efforts to spread out condoms internationally. By this, the US government successfully globalized its biopolitical norms and strengthened efforts for instilling them into the non-Western world by backing only those HIV/AIDS prevention programmes that were “acceptable” for it.<sup>127</sup>

Altering Matt McDonald’s perception into HIV/AIDS we should ask: “is there anything inevitable about conceiving of security in such terms...? Might not security be defined in such a way as to prioritise the needs”<sup>128</sup> of people living with HIV/AIDS? If this was the case, if the needs

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<sup>125</sup> Stefan Elbe: Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/ AIDS and Security, *International Studies Quarterly*, (2006) 50, p. 413-414.

<sup>126</sup> San Francisco Chronical, Editorial, A new target in the AIDS war, August 20, 2006. See also [http://www.kaisernetnetwork.org/Daily\\_reports/rep\\_index.cfm?DR\\_ID=39361](http://www.kaisernetnetwork.org/Daily_reports/rep_index.cfm?DR_ID=39361)

<sup>127</sup> Stefan Elbe: Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/ AIDS and Security, *International Studies Quarterly*, (2006) 50, p. 413-414.

<sup>128</sup> Matt McDonald: Constructing Insecurity: Australian Security Discourse and Policy Post-2001, *International Relations*, 2005, Vol. 19, No. 3, p. 299.

of those people could be securitized, there would nothing be wrong about securitizing HIV/AIDS. But as long as securitization prioritizes the needs and interests of states before those of human beings, securitization per se seems to be too dangerous to realise.

## 5. Conclusion

HIV/AIDS by now has become a huge pandemic, risking human, national and maybe even international security and stability. If the UN High-Level Report from December 2004 is right in saying, "That Africa has borne the brunt of the HIV/AIDS pandemic raises the troubling question of whether international response would have been so slow if the disease had reduced life expectancy by 30 years in non-African countries"<sup>129</sup> – and it indeed is right – then the world should be ashamed! Speaking of democracy, human rights, development, improvement, and at the same time watching millions of people die of preventable diseases and due to poverty, is not acceptable. Certainly, one thing that is sure is that in today's globalized world, not a single thing or issue is "far away" and nothing at all can be seen as being of "no interest".

We should note that the securitization of HIV/AIDS has its opportunities as well as its risks. Being aware of these and trying to do anything possible to make the opportunities real and the risks fade away, lies in the hands of the United Nations, nation states, governments, ministries, politicians, non-governmental organizations, health institutes, research institutes, the pharmacy companies, doctors, teachers, professors, journalists, artists, parents, families, partners and individuals; shortly said – of all people around the globe.

HIV/AIDS should be seen as a state/international security issue *and* a humanitarian and human security issue at the same time. Indeed, it does not seem to be possible to separate state from human security or human from state security. Whereas a rigorously securitization approach to HIV/AIDS neglects to identify the power and social affairs that compose the state's actions, a purely human security focus on the micro and meso

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<sup>129</sup> <http://www.un.org/secureworld/report2.pdf>

level dynamics of HIV/AIDS, falls short of sufficiently integrating the macro level dynamics that affect the micro and meso levels.<sup>130</sup>

HIV/AIDS is a social problem needing political and social intervention. The focus should be on “the problem of health, not disease. Before medical science and charity, what is required is universal social and economic justice.”<sup>131</sup> Therefore, essential are, “different developmental strategies from those currently favoured by global governance institutions, strategies that have redistribution at their core. It also requires a different type of global governance, one that better reflects the concerns of the majority of the world’s states and citizens.”<sup>132</sup>

Today sexual intercourse is the main reason for the spread of the virus. Therefore most infections could be stopped with the use of condoms (and clean needles for intravenous drug users). But so far, for political, cultural, social, traditional and religious reasons, the needed change of behaviour on the individual and societal level has not realised.

On the individual level, the dimension of gender and the vulnerability of women and girls has to be taken into account. Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa, said openly that the, “reality, which must be faced, is that it’s going to take generations to change male sexual behaviour, if ever. ... only a vaccine will write an end to the pandemic.”<sup>133</sup> Unfortunately the changing of male sexual behaviour, their insistence in not using condoms, is not an easy task. At the UN AIDS Conference in August 2005, most speakers pointed in exactly this direction by insisting on women’s empowerment, claiming that the solution to the HIV/AIDS epidemic was in the hands of women. Shelly Fralic asks just how this goal can be reached when, “men have always held the sexual power over women,” and many women have no, “physical, social, legal or financial means to negotiate destiny, let alone own sexual health.” How should women be “empowered to exercise more control in the bedroom, and thus more control over their sexual health, especially those women

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<sup>130</sup> Tracey O’Reilly Sherri A. Brown: HIV/AIDS, Conflict and Women: A Look at the Destabilizing Effects of Pandemic Disease and how it Uniquely Affects Women, Paper for the 78 Annual Meeting of the Canadian Political Science Association, York University, Toronto, Ontario, June 1-3, 2006, p. 15-16.

<sup>131</sup> Brian K. Murphy: Africa in Perspective: The Political Economy of AIDS, RedFlagsDaily.com, January 2004, [http://www.aliveandwell.org/html/africa/related\\_political\\_econ.html](http://www.aliveandwell.org/html/africa/related_political_econ.html)

<sup>132</sup> Caroline Thomas: Global governance, development and human security: exploring the links, in: *Third World Quarterly*, Vol. 22, No 2, 2001, p. 174.

<sup>133</sup> Stephen Lewis, Speech to Rotary Club, Canada, <http://ww2.aegis.org/news/UNAIDS/2004/UN040101.html>

whose partners are neither faithful nor prone to the use of protection like condoms.” Instead she states that the message should be, “Men of the world, you started this mess, you spread this mess, now you need to take responsibility for it and fix it!”<sup>134</sup>

On the national level, HIV measures could bring alterations to existing power structures, even changes in status quo, which brought benefits for governments. Peer education programs or communal health measures could bring people's interest in politics. In states, where governments depend upon or fear organised religion's power, the need for prevention information around open discussion of sexuality is quite difficult.<sup>135</sup> At the same time HIV/AIDS policies should *not* be concerned with sexual practices or how people got infected, but with more, better, wider and cheaper (or free) medical treatment possibilities for all infected people, whether they live in the northern hemisphere or the southern.

On the international level, poverty, inequality and discrimination have to be ended. 20 percent of the world population tries to survive with an income of less than 1 dollar per day; half of all people have less than 2 dollars a day. In many states, the health systems worsened with diminishing access and declining quality. All these facts cause structural violence: hidden, static and ever-lasting. The continuing of these unjust, pressuring power relations decreases the living standards and life expectancies of the majority of the people. Only by bringing in social justice can structural violence be ended and positive peace begin. Not charity, but justice is needed!

So far 15 million people have died of AIDS; there are millions of AIDS orphans; there are 40 million HIV infected people; each year 3 million of these die, whereas 5 million people get newly infected, which shows that the peak has yet to be reached – all these facts should be enough for everybody to take the necessary steps. If we are humans, we have to do something. If we keep on living as if the HIV/AIDS epidemic was not a threat to the lives, futures, hopes and the human security of people, we will have to face the out comings, which will be more than catastrophic. The author keeps on hoping that we all are humans, still, nothing more and nothing less.

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<sup>134</sup> Shelly Fralic: AIDS is up to you guys, Vancouver Sun, August 18, 2006. See also [http://www.kaisernetwork.org/Daily\\_reports/rep\\_index.cfm?DR\\_ID=39361](http://www.kaisernetwork.org/Daily_reports/rep_index.cfm?DR_ID=39361)

<sup>135</sup> Dennis Altman: HIV and Security, *International Relations*, Vol. 17, No. 4, 2003, p. 423.