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Enter the Fourth Horseman: Health Security and International Relations Theory

by Jeremy Youde

What relationship exists between the health of individuals within a state and that state's national security? This question has received increased attention in recent years in the wake of the AIDS pandemic, Ebola, hantavirus, SARS, anthrax, and avian flu. Jared Diamond's book, *Guns, Germs and Steel*,¹ which explicitly links infectious disease to the successes and failures of world populations, received the Pulitzer Prize for nonfiction and remains popular years after its initial publication. Numerous policymakers and academics have called for a redefinition of national security to include health threats. Using the rubric of health security or human security, advocates assert that a population's health is of utmost importance to the state's ability to survive within the international system. Redefining national security to include issues of health and infectious disease makes the concept of security more relevant to the challenges states face in the post-Cold War era. In 2000, the United Nations Security Council held a special session devoted to AIDS and its challenge to international security—the first time that a public health issue had received such attention from the world's highest body. States like Canada and Denmark have explicitly included issues of health security and human security in their national foreign policies.

Despite this popular support, many within the security studies community reject the notion of changing the concept of security to include infectious disease and health. They claim that doing so would dilute security's meaning, making it a catch-all term for anything negative. While not necessarily denying that infectious disease can pose a severe burden to a state, these scholars claim that it does not pose the same sort of existential threat to a state's livelihood. Human security and health security issues largely remain at the margins of the literature on international security.

Given this state of affairs, what is the future of the health security and human security paradigms? Do they deserve a place within the larger literature on security, or are they destined to remain fringe concerns? I argue that health security does have an important role to play in debates over international security, but that its advocates have approached the debate in the wrong manner. Instead of attempting to create a new security paradigm and hoping for acceptance within the academic debate, health security advocates would be better served by engaging existent theories of international relations and international security. By engaging security scholars on

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their own terms, advocates of the health security paradigm can have a greater influence on the debates over security while providing firm theoretical groundings for policymakers concerned about the role of infectious disease in international security. I demonstrate how infectious disease control can be integrated into the three major schools of thought in American international relations theory—neorealism, neoliberalism, and constructivism.

To explore this argument, I focus attention on sub-Saharan Africa, particularly southern Africa. A focus on these states allows me to explore the impact of AIDS on those states with the highest infection rates and with the greatest history with AIDS. Such a focus is particularly important for work such as this, because it allows me to combine empirical evidence over time with the observed realities of states coping with high infection levels. The experiences of this region can serve as a warning call to other parts of the world facing burgeoning infection rates, while also allowing analysis to move beyond the conjecture stage.

HEALTH SECURITY: ITS ORIGINS AND DEBATES

Many proponents of the health security paradigm look to the historical record to buttress their claims about the importance of infectious disease in altering the international system. Thucydides recalled how a mysterious plague felled the Athenian army, playing a decisive role in the outcome of the Peloponnesian War.² The Black Plague, which killed approximately one-third of Europe's population, played a decisive role in bringing about the end of the feudal system and encouraging the Reformation.³ Schoolchildren learn about how Cortez, with his much smaller army, was able to vanquish the Aztec civilization with the help of smallpox. Upon coming in contact with a virgin population, smallpox decimated scores of Aztecs and nearly eliminated the Aztec army. Those who managed to avoid the disease were cowed into surrender, believing their gods had abandoned them.⁴ Many people also know about American settlers intentionally giving blankets infected with smallpox to Native Americans, infecting them and easing the process of acquiring territory.⁵ These historical examples demonstrate the decisive impact infectious diseases can have on a population's survival and ability to fight off attacks from outside forces.

Calls to expand the security studies agenda have existed throughout the last forty years. Wolfers argued that not all states face the same security threats, and that one cannot therefore exogenously assume a state's security interests.⁶ Wolfers posited that the ideal security policy focused on the spreading of a state's values without the use of a state's military. More recently, Ullman warned that defining security solely in military terms was misleading.⁷ A focus on military security can distract governments from other, more dangerous threats, thus making the state less secure. Ullman further argued that it encourages a militarization mindset that makes the entire international system less secure.⁸ He redefined a security threat as something that threatened to degrade the quality of life for a state's residents over a short period of time, or narrowed the range of policy choices available to states.⁹ While innovative,

Ullman's efforts largely failed to change the terms of the security debate. Buzan refines some of the ideas put forward by Ullman. He notes that security for "human collectivities" are affected by a number of different sectors, such as the military, politics, economics, society, and the environment, and that these sectors all interact with one another.¹⁰ Therefore, one must interpret security as relational and interdependent: "individual national securities can only be fully understood when considered in relations both to each other and to larger patterns of relations in the system as a whole."¹¹

Health security advocates would be better served by engaging existent theories of international relations and international security.

Some authors picked up on this theme, though, and continued to promote it. For example, Homer-Dixon argued that environmental change should be properly considered a security threat, as it is likely to provoke conflict.¹² Kolodziej criticized security studies scholars for adhering to a strict constructionist view of security.¹³ He argued that equating security with war blinded researchers from the more immediate, pressing threats and challenges in the world.

The human security paradigm gained prominence in 1994, with the publication of the United Nations Development Program's (UNDP) *Human Development Report*. In that publication, the authors argued that the concept of security had been too narrowly defined, ignoring the experiences and challenges faced by the majority of the world's population.¹⁴ Instead, the authors offered a definition for a new security paradigm, which they called human security. Human security includes two aspects. The first includes freedom from "chronic threats [such] as hunger, disease and repression."¹⁵ The second aspect focuses on "protection from sudden or hurtful disruptions in the patterns of daily life."¹⁶ The suggestions laid out in the report immediately spawned a great deal of debate and discussion among both scholars and policymakers.

A growing number of scholars have embraced the human security paradigm in general.¹⁷ An important subset of these scholars has explicitly focused on health security and the challenges to national security posed by infectious disease. Health security examines the "mixture of the ordinary dynamics of international relations and the special dynamics produced by the challenges posed by pathogenic microbes."¹⁸ One of the most prolific authors within the health security paradigm is Andrew Price-Smith. He has written extensively about the need for "a fundamental reconceptualization of standard definitions of national and international security."¹⁹ His work combines case studies with cross-national quantitative analyses to demonstrate the potential impact of infectious disease on national development and security. He finds that high rates of infectious disease can have severe consequences for a state's economy, educational system, military, and political institutions. Further,

he notes that the impact of infectious disease can last up to fifteen years.²⁰ Critics, he notes, cite that humanity and microbes have coexisted for thousands of years, and neither side has wiped the other out. Though this may be true, Price-Smith argues that the scope of the threat in the current era is far greater than at any time in history.²¹ Singer evaluates AIDS' impact on international security by presenting the implications for national militaries and civil strife.²² In a similar vein, Laurie Garrett, a medical reporter for *Newsday*, has written two highly praised books about the threats posed by infectious disease and collapsing public health infrastructures on national security.²³

Some authors have approached the issue of health security from a humanitarian, ethical standpoint. Benatar asks, "What does the HIV/AIDS pandemic tell us about a world in which such a disease can emerge?"²⁴ He argues that the AIDS crisis, and health security in general, demonstrate the interconnectedness of the international system and humanity. Nelson asserts that the need for developed states to aggressively treat AIDS in the developing world goes beyond simple public health concerns.²⁵ Instead, the West has a moral imperative to eradicate AIDS in the developing world because doing so promotes and extends the fundamental rights that Western states claim to hold dear.

The work of health security scholars has attracted the attention of policymakers. The National Intelligence Council has released a National Intelligence Estimate in 2000 which explicitly linked the spread of infectious disease to the United States' national security.²⁶ Similar reports in 2002 and 2003 addressed the implications of AIDS and SARS, respectively, for United States foreign policy.²⁷ Former Vice President Al Gore spearheaded efforts to have the United Nations Security Council devote a session to address the implications of AIDS on international security in 2000.²⁸ In addition, President George W. Bush singled out the spread of AIDS in Africa and the Caribbean as a serious threat to the international community during his 2003 State of the Union Address.²⁹

Even with all of this high-level attention, many remain skeptical, if not hostile, towards attempts to broaden the security studies agenda. Using the example of environmental security, Deudney argues forcefully against broadening the definition of security. He argues that national security and environmental degradation are too dissimilar to fall under the same heading because of the type of threat each poses, the source and scope of the threat, the degree of intention about the threat, and the types of organizations designed to protect people from these threats.³⁰ He goes on to argue that employing the rhetoric of national security for environmental problems may actually be counterproductive.³¹

Along these same lines, Walt strenuously argued against broadening security studies to include issues such as "poverty, AIDS, environmental hazards, drug abuse, and the like."³² Doing so, he argues, would destroy the intellectual coherence and integrity of the discipline while distracting researchers and policymakers from crafting viable solutions to these problems. Paris cites the imprecision and malleability of the definition of 'human security' as its greatest problem.³³ Because the UNDP definition

and others are so vague and open to interpretation, it is next to impossible for human security to properly guide either policymaking or academic research. He writes, "Given the hodgepodge of principles and objectives associated with the concept, it is far from clear what academics should even be studying."³⁴ He applauds recent efforts to narrow the concept of human security, but notes that such efforts proceed in a haphazard fashion without explaining their rationales.

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Peterson, focusing specifically on the integration of infectious disease into security studies, offers one of the most far-reaching critiques. She notes that advocates of human security and national security "talk past each other at nearly every turn, stymieing any serious engagement over whether and how infectious diseases threaten security."³⁵ Co-opting the rhetoric of national security for infectious disease may intuitively seem the best route for engaging policymakers and convincing the public of the seriousness of the threat. She cautions, though, that this combination may be problematic for two reasons. First, she argues that it relieves states of their moral obligations to respond to crises in developing countries. By calling infectious diseases a security threat, the implication is that significant spending on disease control measures in developing states is only justified when it threatens the United States' security. Second, the discourse may actually generate further security dilemmas because any attempts by a state to undertake disease control programs may provoke suspicion about biological weapons programs or threats to the United States.³⁶

This brief review shows that the controversy over human security and health security has spawned an impressive amount of discussion and debate. Surprisingly, though, both sides continue to talk past each other. Neither side truly engages the other. Health security's advocates largely fail to make explicit references to traditional security studies paradigms or international relations theories. Its detractors, on the other hand, extol the virtues of the traditional definitions of security without ever demonstrating why or how health security fails to fit into those paradigms. The research I present here attempts to engage both sides of this debate. Not only will I show that health security is a valid concern for security studies, but that it can find its proper place in the literature within the traditional confines of security studies. By focusing attention on AIDS' impact on national militaries, economies, and identities, I demonstrate how health security fits within each of the three main theoretical traditions of North American international relations theory—neorealism, neoliberalism, and constructivism.

THE REALITIES OF AIDS

As of the end of 2002, UNAIDS and the WHO estimated that 42 million people worldwide were currently infected with HIV. Of these 42 million, roughly 29.4 million HIV-positive people lived in sub-Saharan Africa. This number represents 70 percent of all HIV infections worldwide.³⁷ Even more stunning, these 29.4 million HIV-positive people represent 8.57 percent of the total population of sub-Saharan Africa. No other region of the world even comes close to having such a widespread epidemic.

Southern African states have the dubious distinction of having the highest infection rates in the world. Botswana tops the list with a staggering 35.8 percent of its adult population being HIV-positive. The tiny kingdom of Swaziland comes in second with a 25.25 percent adult infection rate. Zimbabwe has the third highest infection rate at 25.06 percent, followed by Lesotho at 23.57 percent, South Africa at 19.95 percent, and Namibia at 19.94 percent.

The demographic consequences of the AIDS epidemic in sub-Saharan Africa are staggering. The change in life expectancy is perhaps the most dramatic. In many southern African countries, AIDS has wiped out all progress that states had made toward increasing life expectancy. Rising steadily since independence, many countries in the region now have life expectancy rates at or lower than those in the 1960s. In Botswana, average life expectancy for a child born today is around 38 years—a full 30 years less than would be expected without AIDS. Zimbabwe has witnessed a similar decline, from a predicted non-AIDS life expectancy of 70 years to a current 36 years. The average Zambian has lost 25 years on her or his life. Even South Africa, long considered the crown jewel of the region, has seen AIDS erode its average life expectancy. In 2000, in a non-AIDS scenario, the average South African could expect to live to 65. Because of AIDS, that same average South African can only expect to live to 50.³⁸

To fully understand how the realities of AIDS in southern Africa outlined above interact with international relations theory and changes in the international system, we need to explore in detail how changes occur in the international system in regards to the military, the economy, identities, and perceptions according to the leading theories. The next three sections explore each of these in detail.

AIDS AND THE MILITARY

Neorealists argue that military power is the most crucial part of changing the international system and understanding how the current international system came to be. However, in their emphasis on military power *qua* military power, they neglect to account for the factors that can increase or decrease military power. AIDS has thus far had an incredible impact on the militaries of southern African nations, and its impact will only grow as time goes on.

Reliable and accurate statistics on the rates of HIV infection in the military are difficult to come by. It is expensive to test all recruits for the disease. Given that

many of these states lack sufficient funds for basic upkeep on their barracks and equipment, they are hard-pressed to find funds for medical testing. Furthermore, some states may be reluctant to test recruits, knowing that the state lacks the funds and facilities to provide any care for that person if they do test positive. Despite these limitations, some estimates of infection levels do exist. Malawi, which has an adult infection rate of 15.96 percent, has an estimated 75 percent of its military personnel infected with HIV. Uganda, which is considered one of the world's 'success stories' for its commitment to combating AIDS and its success in bringing its adult infection rate down to 8.3 percent, has a 66 percent infection rate in its military. This is nearly eight times the infection rate of the population as a whole. In Zimbabwe, estimates show that 80 percent of the military personnel are HIV-positive.³⁹ Even more amazingly, the Zimbabwean government itself admitted in 1993 that up to 70 percent of its officer corps was HIV-positive. Estimates for the South African Defense Forces peg the infection rate around 40 percent, double that of the adult population as a whole. However, there exists a wide degree of variation within that estimate. Some units, such as those in KwaZulu-Natal, have an estimated rate of infection of 90 percent.⁴⁰

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The figures alone are mind-boggling enough and difficult to grapple with. The problem becomes more acute, though, when we place it within the context of military actions and effectiveness. HIV-positive persons are more susceptible to a host of opportunistic infections, which further weakens their immune system and makes them incapable of performing their duties. Given the already high infection rates among the adult populations in these states, finding suitable and non-infected recruits to take the place of those who fall ill will become increasingly difficult. The loss of the officer corps could lead to a breakdown of discipline and effectiveness within the ranks, and the number of people from which to pull new officers is steadily declining.⁴¹ The general effectiveness of the military as a stable institution in southern Africa is threatened. This is all the more worrisome in light of post-colonial African history. In the post-colonial era, militaries have proven themselves to be formidable foes of the democratic process when it failed to serve their immediate needs.⁴² If we enter into a situation where undisciplined soldiers believe that the state cannot, or will not, provide for their own health needs or those of their fellow soldiers, the possibility of societal disruption is greatly increased. Bear in mind, too, that most of the states in southern Africa (indeed, throughout the continent) have only recently transitioned to some form of democratic governance and are still in the nascent stages of creating processes and norms for political competition. These states will find themselves hard-pressed if they face a threat from the military.

Evidence also suggests that AIDS is being increasingly used as a weapon itself, going back to the late 1980s. During the hearings of the Truth and Reconciliation Commission in South Africa, it was learned that the Civil Co-operation Bureau (CCB) sent HIV-positive former African National Congress operatives who had defected to the government's side to the brothels outside Johannesburg. The hope was that these men would infect the prostitutes, who would then infect the men working in the mines. The mineworkers would then take the infection back to their home villages and towns, further spreading the disease.⁴³ It is unknown how successful the CCB was in this mission, but it points to the potential dangers of AIDS as a weapon. In Sierra Leone, Rwanda, and the Democratic Republic of Congo, reports have surfaced of infected troops deliberately raping women with the intention of spreading the virus. Given the violent nature of rape, the chances of infection are greatly increased. These actions essentially make combat continue for an additional fifteen years, as the newly infected die a slow death in a country that is grappling with the difficulties of reconstituting itself after military conflict.⁴⁴

AIDS thus severely weakens the military forces in states which are already weakened by high levels of HIV infection. The weakened nature of the military may pose a threat to the stability of states in the region, which could shift the balance of power. The increasing use of AIDS as a weapon threatens states even after any actual fighting itself has ceased. These three examples alone demonstrate how AIDS can and does have an impact on the militaries of southern Africa.

These realities can inform neorealist understandings of international relations. For neorealists, survival is the most important interest of any state. To ensure survival, a state must privilege its physical security above all else. Thus, states raise armies to defend themselves against outsiders. A disease that kills high numbers of troops without engaging in battle, decimates the officer ranks, and prevents states from undertaking training exercises will undermine a state's ability to ensure its physical security and survival. AIDS weakens the very tool that states employ to achieve their highest goal—survival. By incorporating health security concerns like AIDS into neorealism, one can gain a better perspective on how states maintain their survival.

AIDS AND THE ECONOMY

The negative impact of AIDS on the economies of southern African states is difficult to overstate. Because of their loss of economic stature and development, these states are far less likely to end up on the 'winning' side of those who arrange the international system. Thus, the neoliberal emphasis on the role of economics in setting and changing the international system is again seen when we examine AIDS.

Most directly, AIDS depresses national macroeconomic activity and indicators. The impact grows progressively more severe as more and more people fall ill. Real GDP levels in South Africa are predicted, in a non-alarmist scenario, to be approximately 0.3 percent lower due to AIDS over the next 15 years.⁴⁵ At the same time, inflation is predicted to increase during this same period, which places upward

pressure on interest rates. AIDS will also lead to increasing budget deficits due to lowered economic productivity, a loss of tax revenue, and an increased need for foreign assistance. These impacts are even greater in other countries in the region, such as Botswana, Zambia, and Zimbabwe.

Much of the negative macroeconomic impact relates to changes in the labor pool. Most importantly, AIDS decreases the size of the labor pool. Fewer people are available to fill an increasing number of positions. Some scholars have argued that AIDS will not have a great impact on the overall labor pool, because many of these countries have large pools of unemployed or underemployed people who can fill the open jobs. These arguments ignore a number of important points. First, those who do step into jobs will have less experience, thereby decreasing overall worker productivity. Simply having people available does not mean that anyone can walk in and fill any position. South Africa's unemployment rate currently hovers between 30 and 40 percent.⁴⁶ However, many of these people lack the skills necessary to replace the workers falling ill and dying. Second, many people leave the labor pool altogether to care for family members who have fallen ill. Third, increasing levels of disease have a negative impact on investment, both domestic and foreign, meaning that a large number of jobs may simply disappear.

Given the high rates of HIV infection, a number of firms in the region have started hiring two or three people to fill every one slot available on the assumption that only one of those people will survive long enough to work for the company.⁴⁷ Such a strategy makes sense for a company attempting to operate in such an environment. However, this represents a huge outlay in training expenses, which has a negative impact on a company's bottom line. With higher absenteeism, lower productivity, and higher health care costs for employees, this large training expense is hardly sustainable over the long term.

The shortage of workers will likely lead to demands for increased wages, which in turn leads to higher production costs. To cover these higher costs, companies will be forced to make their products more expensive, and hence less attractive on the international market. Less competitive products will further weaken the position of southern African states in the global marketplace.

If economic power is crucial for having a seat at the table in setting the rules for the international system, then AIDS appears to have a detrimental impact on the ability of southern African states to play such a role. These states face lower incomes, higher costs, smaller labor pools, and less competitive placement within the marketplace. Such a unique confluence of events does not bode well for these states to impact the international system.⁴⁸

Some may argue that this situation is not unique. After all, they assert, southern African states have *never* been major players in the international economic order. While AIDS may make things even worse for these states economically, it does not fundamentally alter current realities. Such an argument fails to appreciate the economic consequences of AIDS on a number of fronts. First, as Boone and Batsell point out, AIDS begins to call the neoliberal economic order into question.⁴⁹ It becomes

increasingly difficult to justify an economic system that provides potentially lifesaving drugs to an ever decreasing pool of people in industrialized countries, while denying these drugs to those in southern Africa and other developing areas of the world. Recent disputes over pharmaceutical patents highlight these disagreements. Second, the southern African states will require ever increasing levels of foreign assistance to meet their minimal obligations to their people.⁵⁰ Without assistance or the restructuring of foreign debts, these countries face the prospect of defaulting on their loans to industrialized nations and multilateral financial institutions. A widespread rash of loan defaults would have a major impact on the world economic order. Third, southern Africa contains a large number of natural resources, such as gold, diamonds, and copper, that are incredibly important in the international economy. As it becomes increasingly expensive to obtain these materials, the impact will ripple throughout the rest of the economy. It may be true that AIDS will not allow southern Africa to *set* the agenda for the international economic order. However, it would be a mistake to then assume that this means that AIDS lacks the ability to *alter* the international economic order. The neoliberal emphasis on the role of economics to change the international system thus finds resonance in the case of AIDS in southern Africa.

It becomes increasingly difficult to justify an economic system that provides potentially lifesaving drugs to an ever decreasing pool of people in industrialized countries, while denying these drugs to those in southern Africa and other developing areas of the world.

AIDS contributes to a neoliberal understanding of the world because it directly impacts the complex interdependence that characterizes the international community. If states are assumed to rationally come together to achieve their common interests and use their economic ties to make for more peaceful relations amongst them, then those ties must be stable. States that are economically unproductive or cannot honor their business commitments to others will find themselves ostracized from the international community. What state will want to form strong interdependent relationships with a state whose population is too ill to be economically productive? The interdependent ties amongst states are weakened by a disease, undermining international cooperation. A neoliberal analysis of international relations that incorporates AIDS can better explain how and why economic relations in the international community emerge and maintain themselves. Health security concerns like AIDS can thus inform neoliberal analyses.

AIDS, PERCEPTIONS, AND IDENTITIES

Constructivists focus on how changing perceptions and identities alter the international system. However, constructivist scholars have avoided applying such analysis to issues like AIDS because they feared doing so might lead to their marginalization within the academy.⁵¹ However, AIDS provides an excellent arena for demonstrating the impact of changing perceptions and identities on the structure of the international system. As Fidler notes, “infectious disease measures historically have served as demarcations by which ‘we’ protect ourselves from the diseases of ‘others.’”⁵²

The lack of attention to altered perceptions and identities in the international arena is all the more strange when one considers the perceptions of AIDS in the United States. When it was first discovered, it was considered a disease of gay men (hence the disease’s first name of GRID, or gay related immune deficiency) and, later, of intravenous drug users. Because these groups were marginalized within society and “got what they deserved” in the eyes of many people, the United States government allocated few resources toward studying the origins and treatment of AIDS in the early years. Not until AIDS started to spread to wider segments of the population did the disease warrant higher resource levels.⁵³ As people saw AIDS in a different light—from being a disease on the margins of society to one that could affect anyone—their perceptions of the importance and severity of the disease changed.

The same sort of process is at work in the international system, with AIDS altering the perceptions of the international community of southern Africa. During the colonial era, Africa was considered the ‘Dark Continent.’ Thanks in part to AIDS, this perception is again gaining prominence in the international consciousness.⁵⁴ Africa is increasingly seen as a continent that cannot take care of itself and relies upon the largesse of the industrialized nations. It is seen as requiring billions of dollars to combat a disease that came about because of the Africans’ inability to control their libidos.⁵⁵ Witness how international media coverage of Africa, in the span of only a year or so, went from trumpeting the ‘African Renaissance’ to focusing on the AIDS scourge and the inability of African states to prevent their AIDS epidemics from spiraling out of control.

This perception is reinforced by positions of many southern African leaders. Thabo Mbeki has openly scoffed at the notion that HIV causes AIDS and has included scientists like Peter Duesberg on his advisory panel. Duesberg’s work is widely discredited among AIDS researchers for his contention that the medicines used to treat HIV actually cause AIDS.⁵⁶ Duesberg’s arguments are frequently cited by the South African Department of Health in its policy to deny antiretroviral drugs to pregnant women and to only offer “traditional” remedies.⁵⁷ By including someone like Duesberg on such a prominent panel and putting his ideas into practice, Mbeki invites ridicule and advances the perception that Africans cannot even grasp basic science.

The actions of other leaders have reinforced this altered perception of Africa as unable to care for itself or understand the modern world. Zimbabwe's Robert Mugabe has denied that AIDS is a problem in his country, despite its 25 percent adult infection rate. Mugabe has called AIDS "the white man's disease" and claims it is an attempt by the West to recolonize Africa.⁵⁸ President Thabo Mbeki of South Africa provoked international outrage and condemnation over his assertion that HIV does not cause AIDS, and his government's refusal to provide various anti-AIDS drugs.⁵⁹ These actions allow the international system to perceive southern African states as lacking the political will or basic knowledge necessary to combat AIDS. Instead, it is up to the West to come and 'save' Africa from itself.

Most policy recommendations regarding health security largely lack any theoretical foundation, making their suggestions incoherent and difficult to integrate into foreign policy strategies.

Again, some scholars may argue that these perceptions are nothing new, and merely reflect the same realities that have plagued Africa for years. These scholars, though, deny the fundamental shift in international perceptions of Africa. In recent years, a growing number of commentators have explicitly argued that Africa cannot handle its own problems.⁶⁰ With the reluctance of African leaders to seriously address the serious nature of their AIDS epidemics, these arguments have gained more prominence and adherents. This represents a dramatic shift. In the mid-1990s, when the 'African Renaissance' was a prominent theme, Western governments started to extend favorable trade terms to African states and discuss seriously the beneficial relationships between Africa and the industrialized states.⁶¹ With the rise of AIDS, though, such talks have almost completely disappeared. American foreign policy towards Africa has shifted from the African Growth and Opportunity Act and promoting the development of markets to funding abstinence-based AIDS prevention programs.

AIDS has shifted perceptions of southern Africa held by the industrialized states, and the international system as a whole, from a region coming into its own to a perception of a weak, inefficient region that can do nothing without the support of the West. Such a changed perception weakens southern Africa's role in the international system and denies the region the ability to weigh in on important matters facing the international community.

AIDS can inform constructivist analyses of the international system because it provides valuable insights about how and why state identities and perceptions change. The disease can alter not only how states envision and understand their own identities, but also how others perceive and react to those states. This can then impact international cooperation, the development of shared intersubjective meanings, and the development of international institutions. AIDS thus impacts many of the

concepts that lie at the heart of constructivist theories of international relations, making it valuable to incorporate this disease (and health security in general) into international relations.

OLD THEORY OR A NEW PARADIGM?

The three main schools of thought in North American international relations scholarship—neorealism, neoliberalism, and constructivism—start from different premises about how the international system is formed and how that system can change. However, all three share a reluctance to explore the role of disease in shaping and changing the international system. Fidler points out, though, “given the nature of the microbial world, a strong national interest in infectious disease control requires that the state sees such control as a matter of importance in the international system.”⁶² Thus, addressing the concerns and challenges raised by infectious disease necessarily requires that we analyze them as a matter of international relations. When we explore the impact of AIDS on the military, economic, and perceptual systems in southern Africa, though, we can see that AIDS does in fact lead to the same sort of changes that the various schools of international relations believe will alter the international system.

Many mainstream security studies scholars have rejected calls to broaden the definition of national security to include human security and health security. As a reaction, health security’s advocates have attempted to craft a new paradigm for studying international relations. In light of the evidence presented above, I argue that the problem with health security is not the concept itself, but the approach its advocates have taken in promoting it. Instead of attempting to create a new paradigm and then fighting for acceptance, health security researchers would be better served by integrating their research into existent schools of thought within international relations for three reasons. First, integrating allows health security researchers to engage mainstream scholars on their own terms. By showing how infectious disease can work within these existent paradigms, health security scholars can gain entry into the debate. Second, health security threatens self-marginalization and eventual academic irrelevance if its proponents cannot demonstrate the applicability of their analyses to the wider world of international relations. Finally, incorporating health security into existent international relations theories will give the paradigm greater weight in the policymaking realm. Most policy recommendations regarding health security largely lack any theoretical foundation, making their suggestions incoherent and difficult to integrate into foreign policy strategies. With a proper theoretical grounding, the suggestions offered by health security can take their proper place within the policymaking realm.

Infectious disease directly interacts with these traditional aspects of national security, and can be integrated into existent international relations theories. It is not the inadequacy of the theories themselves that has encouraged the view that they are of little use; rather, it is the reluctance of scholars to utilize these theories to approach

novel situations. The “human security” paradigm admirably encourages the field of international relations to understand that threats to the international system can come from any number of sources. However, by emphasizing its distinctiveness and the need to develop new heuristic tools in order to analyze these new threats, the paradigm threatens to marginalize itself and discourage mainstream scholars from analyzing these new threats. This is not to say that traditional international relations theory can fully explain everything about how AIDS will impact the international system. Unfortunately, the human security paradigm fails to appreciate the understanding these traditional theories can bring to our analysis.

AIDS in southern Africa represents a clear and distinct challenge to the international system as it is currently constructed. Only by utilizing the tools of international relations theory can we truly assess the nature of that challenge and devise strategies to combat the spread of AIDS.

Notes

¹ Jared Diamond, *Guns, Germs and Steel* (New York: W.W. Norton, 1999).

² Thucydides, *The Peloponnesian War*, trans. T.E. Wick (New York: Random House, 1982).

³ Barrington Moore, *The Social Origins of Dictatorship and Democracy* (Boston: Beacon Press, 1996), 6.

⁴ William H. McNeil, *Plagues and Peoples* (New York: Doubleday: 1976).

⁵ Alfred W. Crosby, *Ecological Imperialism: The Biological Expansion of Europe, 900–1900* (Cambridge: Cambridge University Press, 1986).

⁶ Arnold Wolfers, “National Security as an Ambiguous Symbol,” in *Discord and Collaboration*, ed. Arnold Wolfers, 147–165 (Baltimore: Johns Hopkins Press, 1964).

⁷ Richard Ullman, “Redefining Security,” *International Security*, Summer 1983, 129–153.

⁸ *Ibid.*, 129.

⁹ *Ibid.*, 133.

¹⁰ Barry Buzan, *People, States, and Fear: An Agenda for International Security Studies in Post-Cold War Era* (Boulder: Lynne Rienner, 1991), 19–20.

¹¹ *Ibid.*, 22.

¹² Thomas F. Horner-Dixon, “On the Threshold: Environmental Changes as Acute Conflict Causes,” *International Security*, Autumn 1991, 76–116.

¹³ Edward Kolodziej, “Renaissance in Security Studies? Caveat Lector!,” *International Studies Quarterly*, December 1992, 421–483.

¹⁴ United Nations Development Program (UNDP), *Human Development Report* (New York: United Nations, 1994), 22.

¹⁵ *Ibid.*, 23.

¹⁶ *Ibid.*, 23.

¹⁷ Larry A. Swatuk and Peter Vale, “Why Democracy Is Not Enough: Southern Africa and Human Security in the Twenty-First Century,” *Alternatives* 24 (1999): 361–389; P.H. Liotta, “Boomerang Effect: The Convergence of National and Human Security,” *Security Dialogue* 33, December 2002: 473–488; Nicholas Thomas and William T. Tow, “The Utility of Human Security: Sovereignty and Humanitarian Intervention,” *Security Dialogue*, June 2002, 177–192.

¹⁸ David P. Fidler, *International Law and Infectious Disease* (Oxford: Clarendon Press, 1999), 19.

¹⁹ Andrew T. Price-Smith, “Ghosts of Kigali: Infectious Disease and Global Stability at the Turn of the Century,” *International Law Journal*, Summer 1999, 432.

²⁰ Andrew T. Price-Smith, *The Health of Nations: Infectious Disease, Environmental Change and Their Effects on National Security and Development* (Cambridge, MA: MIT Press, 2001), 74.

²¹ *Ibid.*, 4–5.

- ²² P.W. Singer, "AIDS and International Security," *Survival*, March 2002, 145–158.
- ²³ Laurie Garrett, *The Coming Plague: Newly Emerging Diseases in a World Out of Balance* (New York: Farrar, Straus and Giroux, 1994) and *Betrayal of Trust: The Collapse of Global Public Health* (New York: Hyperion, 2000).
- ²⁴ Solomon R. Benatar, "South Africa's Transition in a Globalizing World: HIV/AIDS as a Window and a Mirror," *International Affairs*, 77, no. 2 (2001), 348 and "The HIV/AIDS Pandemic: A Sign of Instability in a Complex Global System," *Journal of Medicine and Philosophy*, 27, no. 2 (2002): 163–177.
- ²⁵ Samuel H. Nelson, "The West's Moral Obligation to Assist Developing Nations in the Fight Against HIV/AIDS," *Health Care Analysis*, March 2002, 87–108.
- ²⁶ National Intelligence Council, *The Global Infectious Disease Threat and Its Implications for the United States* (Washington: National Intelligence Council, 2000).
- ²⁷ National Intelligence Council, *The New Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India and China* (Washington: National Intelligence Council, 2002) and *SARS: Down, But Still a Threat* (Washington: National Intelligence Council, 2003).
- ²⁸ Price-Smith, *The Health of Nations*, 124.
- ²⁹ George W. Bush, "State of the Union Address," (speech, The Capitol, Washington, DC, January 28, 2003).
- ³⁰ Daniel Deudney, "The Case Against Linking Environmental Degradation and National Security," *Millennium*, 19, no. 3 (1986): 462–465.
- ³¹ *Ibid.*, 469.
- ³² Stephen Walt, "The Renaissance of Security Studies," *International Studies Quarterly*, June 1991, 213.
- ³³ Roland Paris, "Human Security: Paradigm Shift or Hot Air?" *International Security*, Fall 2001, 87–102.
- ³⁴ *Ibid.*, 93.
- ³⁵ Susan Peterson, "Epidemic Disease and National Security," *Security Studies*, 12, no. 3 (2002): 49.
- ³⁶ *Ibid.*, 80.
- ³⁷ UNAIDS and World Health Organization, *AIDS Epidemic Update, December 2002* (Geneva: UNAIDS, 2002).
- ³⁸ *Ibid.*
- ³⁹ Robert L. Ostergard, Jr., "Politics in the Hot Zone: AIDS and National Security in Africa," *Third World Quarterly*, April 2002, 343.
- ⁴⁰ Lindy Heineken, "Living in Terror: The Looming Security Threat to Southern Africa," *African Security Review*, 10, no. 4 (2001): 4.
- ⁴¹ Stefan Elbe, *Strategic Implications of HIV/AIDS* (Oxford: Oxford University Press, 2003).
- ⁴² Michael Bratton and Nicholas van de Walle, *Democratic Experiments in Africa: Regime Transitions in Comparative Perspective* (Cambridge: Cambridge University Press, 1997).
- ⁴³ Tony Barnett and Alan Whiteside, *AIDS in the Twenty-First Century: Disease and Globalization* (Houndsmill, Basingstoke, Hampshire: Palgrave Macmillan, 2002), 154–155.
- ⁴⁴ Stefan Elbe, "HIV/AIDS and the Changing Landscape of War in Africa," *International Security*, Fall 2002, 159–177.
- ⁴⁵ Kristina Quattek, "The Economic Impact of AIDS in South Africa: A Dark Cloud on the Horizon," *Konrad Adenauer Stiftung Occasional Papers*, 2001, 30, <http://www.kas.org.za/Publications/OccasionalPapers/Aids/quattek.pdf>.
- ⁴⁶ The Central Intelligence Agency, "South Africa," *World Factbook 2003*, <http://www.odci.gov/cial/publications/factbook/>, accessed January 20, 2004.
- ⁴⁷ Lori Bollinger and John Stover, *The Economic Impact of AIDS in Botswana* (Washington, DC: The POLICY Project, 1999a) and *The Economic Impact of AIDS in Zambia* (Washington, DC: The POLICY Project, 1999b); and Lori Bollinger, John Stover, Russell Kerkhoven, Gladys Mutangadura and Duduzile Mukurazita, *The Economic Impact of AIDS in Zimbabwe* (Washington, DC: The POLICY Project, 1999).
- ⁴⁸ Price-Smith, *The Health of Nations*.
- ⁴⁹ Catherine Boone and Jake Batsell, "Politics and AIDS in Africa: Research Agendas in Political Science and International Relations," *Africa Today*, Spring 2001, 17–18.
- ⁵⁰ Quattek, "The Economic Impact of AIDS in South Africa," 45.

⁵¹ Peter J. Katzenstein, "Introduction: Alternative Perspectives on National Security," in *The Culture of National Security*, ed. Peter J. Katzenstein, 7–11 (New York: Columbia University Press, 1999).

⁵² Fidler, *Microbialpolitik*, 9.

⁵³ Randy Shilts, *And the Band Played On: Politics, People and the AIDS Pandemic* (New York: Penguin Books, 1987).

⁵⁴ Kevin C. Dunn, "Imagining Mobutu's Zaire: The Production and Consumption of Identity in International Relations," *Millennium: Journal of International Studies*, June 2001, 235–258.

⁵⁵ Eileen Stillwaggon, "Racial Metaphors: Interpreting Sex and AIDS in Africa," *Development and Change*, 34, no. 5 (2003): 809–823.

⁵⁶ see Duesberg for a more detailed explanation of his theories: Peter Duesberg, *Inventing the AIDS Virus* (New York: Regnery Publishing, 1997).

⁵⁷ Chris McGreal, "Nomsa is One of the 35,000 Children Born Every Year with HIV because Thabo Mbeki Will Not Allow Them to Get a Single Injection Costing a Few Cents," *The Guardian (London Weekly)*, 14–20 November, 2002.

⁵⁸ Oliver Phillips, "Zimbabwean Law and the Production of a White Man's Disease," *Social and Legal Studies*, December 1997, 471–491.

⁵⁹ Raymond W. Copson, *IB10050: AIDS in Africa* (Washington: Congressional Research Service, April 24, 2003), 4.

⁶⁰ M. Bevis, "Africa's NAFTA," *Pacifica Network News*, 16 July, 1999, <http://archive.webactive.com/pacifica/pnn/pac990716.html>, accessed April 11, 2004.

⁶¹ Janis Van der Westhuizen, "Marketing the 'Rainbow Nation': the Power of the South African Music, Film, and Sport Industry," in *Africa's Challenge to International Relations Theory*, eds. Kevin C. Dunn and Timothy M. Shaw (Houndsmill, Basingstoke, Hampshire: Palgrave, 2001).

⁶² David P. Fidler, *International Law and Infectious Disease*, 281.