

Enter the Fourth Horseman: Health Security and International Relations Theory

Jeremy Youde
Department of Political Science
University of Iowa

Contact Information:
jeremy-youde@uiowa.edu

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Abstract:

The concepts of "human security" and "health security" have played an increasingly prominent role in the policymaking literature. However, debates still rage within the academic literature about the wisdom of broadening the concept of "security" to include problems like infectious disease. Focusing on the consequences of AIDS on the militaries, economies, and state identities of southern African states, I demonstrate that infectious disease does in fact have important consequences that adversely affect a state's national security. Further, I demonstrate that these negative consequences for national security can actually be integrated into existing theories of national security. In effect, I argue that the proponents of health security have a valid point, but have largely gone about integrating it into international relations theory in the wrong manner. Employing existing theories, rather than attempting to create a new security studies paradigm, will allow health security's proponents to better engage the debates about national security. As an added benefit, integrating health security into existing theories of national security will provide a firm theoretical grounding for the plans of action suggested by the policy literature for addressing the challenges posed by infectious disease.

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 1999 book, *Guns, germs and steel*, which explicitly links infectious disease to the successes and failures of world populations, received the Pulitzer Prize for Nonfiction and remains popular five 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 make 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 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.

I divide the paper into six sections. The first section provides a brief discussion of the health security paradigm and the debates over its relevance to the larger literature in international relations. The second section lays out the current realities of AIDS throughout the world and in Africa, providing brief evidence of the changes AIDS has brought to the world. The following three sections explore in depth the connections between AIDS and the military, economy and identity, respectively, and how these connections have substantial

implications for the international system. In the final section, I conclude by highlighting why integrating health security into traditional schools of thought proves a more fruitful manner of engaging the literature in international relations and international security.

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 recalls how a mysterious plague felled the Athenian army, playing a decisive role in the outcome of the Peloponnesian War (1982). 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 (Moore 1966: 6). 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 (McNeill 1976). 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 (Crosby 1986). 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 40 years. Wolfers (1964) argued not all states face the same security threats, and that these threats rarely challenge a state's existence. Security, then, is actually an intermediate goal to some other larger goal. Wolfers posited that the ideal security policy focused on the spreading of a state's

values. If a state can spread its values, rather than its military might, well enough, it can minimize the chances that other states will attack. More recently, Ullman (1983) warned that defining security solely in military terms was misleading. A focus on military security can distract governments from other, more dangerous threats, thus making the state less secure. Further, Ullman argued, it encouraged a militarization mindset that makes the entire international system less secure (1983: 129). He redefined a security threat as something that threatened to degrade quality of life for a state's residents over a short period of time or narrowed the range of policy choices available to states (1983: 133). 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 (1991: 19-20). 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" (Buzan 1991: 22).

Some authors picked up on this theme, though, and continued to promote it. For example, Homer-Dixon (1991) argued that environmental change should be properly considered a security threat, as it is likely to provoke conflict. Kolodziej (1992) criticized security studies scholars for adhering to a strict constructionist view of security. 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 *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 (UNDP 1994: 22). 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" (UNDP 1994: 23). The second aspect focuses on "protection from sudden or hurtful disruptions in the patterns of daily life" (UNDP 1994: 23). 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 (see, among others, Liotta 2002; Swatuk and Vale 1999; Thomas and Tow 2002). 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" (Fidler 1999: 19). 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" (Price-Smith 1999: 432). 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 15 years (Price-Smith 2002: 74). 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 (2002: 4-5). Singer (2002) evaluates AIDS' impact on international security by

presenting the implications for national militaries and civil strife. 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 (1994, 2000).

Some authors have approached the issue of health security from a humanitarian, ethical standpoint. Benetar asks, “What does the HIV/AIDS pandemic tell us about a world in which such a disease can emerge?” (2001: 348; see also Benetar 2002). He argues that the AIDS crisis, and health security in general, demonstrate the interconnectedness of the international system and humanity. Nelson (2002) asserts that the need for developed states to aggressively treat AIDS in the developing world goes beyond simple public health concerns. 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. Similar reports in 2002 and 2003 addressed the implications of AIDS and SARS, respectively, for United States foreign policy. Vice President Gore spearheaded the efforts to have the United Nations Security Council devote a session to the implications of AIDS on international security in 2000 (Price-Smith 2002: 124), and President 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 (Bush 2003).

Even with all of this high-level attention, many remain skeptical, if not hostile, to 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 (1990: 462-465). He goes on to argue that employing the rhetoric of national security for environmental problems may actually be counterproductive (1990: 469).

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” (Walt 1991: 213). 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 (2001) cites the imprecision and malleability of the definition of ‘human security’ as its greatest problem. Because the UNDP definition, and others, is 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” (2001: 93). 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.

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” (2002/3: 49). 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 (2002/3: 80).

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 (UNAIDS and WHO 2002). 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 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. In fact, nearly all the states in southern Africa have an adult infection rate of at least 13 percent. In terms of sheer numbers, South Africa has the highest number of HIV-positive persons in the entire world, with 4.2 million (Ostergard 2002: 340).

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 to a current 36. 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 (UNAIDS and WHO 2002).

Along with shortened life spans, AIDS leads to an ever-increasing pool of orphans. Sub-Saharan Africa alone has 12.1 million AIDS orphans. In southern Africa, the number

ranges from 12,000 in Swaziland (out of a population of just over 1 million) to 900,000 in Zimbabwe (out of 11.4 million) (Ostergard 2002: 340). The growing number of AIDS orphans is significant not just because of its size. These children are often sent to live with family members (assuming that their extended family is not already overly burdened with caring for its own sick and dying) or end up on the streets. Their schooling is often interrupted, if not stopped altogether, for a lack of funds to pay school fees. Many turn to begging on the streets, petty crime or sex work. Some studies have linked high number of adolescent youth in a society with increased levels of societal instability and crime (Mesquida and Wiener 1997). Having this large reservoir of children unable to interact with the educational and economic systems would be debilitating to any state. The challenges are all the more acute in a state still attempting to create and consolidate a democratic form of governance.

AIDS also distorts the population pyramids of the southern African states. In most developing countries, the population pyramid looks like an inverted funnel with large numbers of people at the bottom and progressively fewer as we move up in age. Countries like the United States and those in Western Europe have a reverse-hourglass shape to their population pyramids. The largest chunk of the population is in the middle age ranges, providing most of the economic activity in the society and providing for the welfare of those at the top (the oldest) and bottom (the youngest) of the pyramid (Gottlieb 2000: 67). AIDS reverses this, because it primarily infects and kills those between 20 and 40, and leaving a larger proportion of people at the top and the bottom. This is of concern for two main reasons. First, adults in their 20s, 30s and 40s are generally at their most economically productive. They shoulder a large portion of economic activity for the country as a whole, and they fill positions as educators, administrators, engineers, soldiers and other activities necessary in any society. By taking a large chunk of these people out of the equation, states lose their economic engine. Second, by

removing those people in the middle, you have fewer and fewer people in the middle whose activities must support ever-increasing proportions of the very old and the very young. Many industrialized societies are grappling with these issues as the Baby Boomers approach retirement age with fewer younger people to support them. The industrialized societies, though, have an advantage in being able to plan for their loss of economically active members of society. AIDS takes people without warning, and does not allow society to make contingency plans.

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 according to the leading theories—namely, the military, the economy and identities and perceptions. 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. Further, 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-nearly 8 times the infection rate of the population as a whole. In Zimbabwe, estimates are that 80 percent of the military personnel are HIV-positive (Ostergard 2002: 343). 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 (Heinecken 2001: 4).

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 (Elbe 2002). 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 (Bratton and van de Walle 1998). If we enter into a situation with undisciplined soldiers seeing that the state cannot (or will not) provide for the health needs of themselves and 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 sent HIV-positive former ANC 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 (Barnett and Whiteside 2002: 154-155). 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 15 years, as the newly-infected die a slow death in a country that is grappling with the difficulties of reconstituting itself after military conflict (see Elbe 2002).

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 alone demonstrate how AIDS can and does have an impact on the militaries of southern Africa.

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 arranging 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 impacts grow 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 (Quattek 2001: 30). 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 and a loss of tax receipts, 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, decreasing overall worker productivity. Simply having people available does not mean that anyone can walk into fill any position. South Africa's unemployment rate currently hovers between 30 and 40 percent (*World Factbook* 2003). However, many of these people lack the skills necessary to replace many of 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 (see Bollinger and Stover 1999a and 1999b; Bollinger et al. 1999). 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 (Price-Smith 2002).

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 (2001: 17-18). It becomes increasingly difficult to justify an economic system that provides potentially life-saving 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 (Quattek 2001: 45). Without assistance or the restructuring of foreign debts, these countries face 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, like gold, diamonds and copper, among others, 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 and

southern Africa.

AIDS and 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 (Katzenstein 1999: 7-11). 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’” (1998: 9).

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, 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 (see Shilts 1987). As people saw AIDS in a different light—from being a disease of 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 (Dunn 2001). 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 (Stillwaggon 2003). 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 (see Duesberg 1997 for a fuller explanation of his theories). 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 (McGreal 2002). 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-and has called AIDS "the white man's disease" and an attempt by the West to recolonize Africa (Phillips 1997). 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 (Copson 2003: 4). These actions allow the international system to perceive that southern African states lack the political will or basic knowledge necessary to combat AIDS. Instead, it is up to the West to come and 'save' Africa from itself.

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 (Bevis 1999). 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 (Van der Westhuizen 2001). With the rise of AIDS, though, such talks have almost completely disappeared. American foreign policy toward 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 and working to develop autonomously 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.

Conclusions: 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” (1999: 281). 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.

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