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The threats of infectious diseases: why not 'securitize'?
by Mely Caballero-Anthony

Given the very real possibility of a global pandemic, possibly from the possible outbreak of a virulent influenza, it's time to ask: should states treat infectious diseases as security threats? Although the concept of security, particularly in East Asia, has been expanded to include both conventional and nonconventional threats, health security has not been included in the region's security lexicon. But given the multidimensional threats posed by infectious diseases like HIV/AIDS, SARS, and more recently the H5-N1 virus (bird flu), it is time that states "securitize" infectious diseases.

Lessons from SARS

Asia was hit by the virulent corona-virus that caused Severe Acute Respiratory Syndrome (SARS) in 2003. SARS, turned out to be one of the most devastating and feared diseases in modern history. The virus infected about 8,000 people world wide and killed nearly 800. The news and narratives about SARS reveal a health crisis that was not limited to loss of life but extended to other areas ─ socio-economic, political, and security.

SARS put the region's medical capability to test. The situation was compounded by the fact that there was no known cure for SARS, and many of the victims were health-care workers. The psychological impact was significant. In the words of Dr. Cecilia Chan, director of the Centre for Behavioural Health at HKU), "when doctors and nurses cannot take care of themselves [become victims], the whole community panics."

The impact of SARS was also reflected in the sudden disruption of several Asian economies. The crisis lasted for about five months from the time the health alert was declared, and the economic loss was estimated to be $50 billion for the region and about $150 billion worldwide.

SARS also caused political ripples and had the potential to damage a government's legitimacy. Beijing's poor handling of SARS in the early stages undermined its credibility, and led to international calls for more transparency and accountability.

The other significant issue was how crisis management measures, particularly the mandatory quarantine, related to civil liberties. Incidents of people resisting and violating quarantine laws were reported in several countries and the question of how far authorities could go to impose quarantines became an issue because governments tended to revive quarantine laws that in many countries predate World War II.

Threats and burden of infectious diseases

There are other reasons why the international community should not wait for state failure before infectious diseases are considered a matter of national security.

First, with globalization, the scale, speed, and extent of movement of people and goods are without parallel. Second, there are "artificial" disease force-multipliers that greatly exacerbate not only the incidence but also the spread of infectious disease. These include modern medical practices, accelerating urbanization, climate change resulting from global warming, and new social and behavioral patterns.

Third, the threat from infectious pathogens is greater than ever. Klaus Stohr, head of the WHO's Global Influenza Programme, warned that if the "big" flu pandemic breaks out, about 2 million people in Asia and 7 million globally will die from a virulent new human-to-human influenza such as H5N1, and another 1.5 billion will seek medical attention. And while a vaccine can be developed, it may be too little, too late for many victims. Moreover, according to the WHO, new diseases are emerging at an unprecedented rate of one per year. Examples include Ebola hemorrhagic fever in Africa, the West Nile-hantavirus pulmonary syndrome in the U.S., and Nipah encephalitis in Southeast Asia. Older diseases like cholera and tuberculosis have re-emerged. New strains of food-borne diseases have appeared, like Creutzfeldt-Jacob (mad cow) disease, first detected in 1996, and highly unstable forms of flu virus such as SARS and Avian flu.

Fourth, the outbreak or resurgence of infectious diseases can undermine a state's control of its territory and threaten regional stability. Diseases like SARS have made countries aware of their vulnerability to infectious pathogens, which can easily cross borders in ways that defy traditional military defenses. And, as SARS has borne out, countries can tighten immigration controls to turn away travellers who might be carriers, but this measure failed to stem the spread of the virus. As aptly noted by a virologist at Hong Kong's Queen Mary Hospital, "virus(es) do not carry passports."

What it means to 'securitize'

How does adding a security label to infectious diseases help address this threat? Plainly, it is important to bring in the health component when addressing comprehensive security. This allows for better awareness and preparedness in addressing threats brought on by infectious diseases, and makes states conscious of the other impacts of these diseases on the well-being of states and societies.

However, attempts to "securitize" have been limited. Peter Chalk, a security analyst from RAND Corporation, has argued that, while regional states may have begun to recognize the security dimension inherent in the contemporary "microbial era," most continue to regard this unconventional security threat in traditional terms. They effectively recognize only one facet of the overall disease threat: its use as a weapon for offensive purposes. A number of countries have integrated homeland security structures complete with dedicated bio-

response components. Even official deliberations in multilateral forums (ASEAN, ARF, and APEC) now include contingencies for threats of bioterrorism and how to aggressively counteract proliferation of offensive microbial technologies. These efforts do not address the broader dimensions and concerns of health and human security, however.

There are two reasons for this limited approach to securitizing infectious diseases: the delayed impact of infectious diseases, which diminishes the sense of urgency to act and allocate human and financial resources, and concerns about internal interference in a country's domestic affairs.

Prospects for regional cooperation

Despite these limitations, there are reasons to be optimistic. There are now several regional collaborative frameworks for fighting infectious diseases within ASEAN and ASEAN + 3. They include the SARS Fund and initiatives to set up a regional center for disease surveillance control.

But more can be done. Infectious diseases can assume a more significant place on the regional security agenda, beyond the narrow confines of bio-terrorism and biological warfare. It is time to re-think our conception of comprehensive security to include health security.

Incorporating health into the region's notion of comprehensive security allows for an integrated, multilateral approach to fighting infectious diseases. This involves bringing together different actors to work with the medical community to cope with infectious diseases. This means that health is no longer just a "medical" concern but also a national security concern. This requires a change of mindset in coordinating agencies in, for example, agriculture, environment, and defense, so that they work with public health experts to create multidimensional approaches to containing infectious diseases.

An integrated, multilateral approach also requires building a mechanism for global, regional, and domestic disease surveillance and control, and developing and promoting international regimes to avert health disasters. The centrality of public health systems must also be emphasized.

Last, but certainly not least, Asia must revisit the issue of poverty and its linkages with infectious diseases. The burden of infectious diseases like HIV/AIDs, malaria, and tuberculosis falls overwhelmingly on the poorest regions. According to the WHO, in 2002, 75 percent of all deaths due to infectious diseases occurred in Southeast Asia and sub-Sahara Africa, and of that figure, 28 percent came from Southeast Asia. Moreover, women and children are most susceptible to the impact of infectious disease. Thus, adding infectious diseases to the security agenda, as well as considering innovative approaches, both integrated and multilateral, should be part of the rethinking of security in the region.

Mely Caballero-Anthony is assistant professor at the Institute of Defence and Strategic Studies (IDSS), Nanyang Technological University, Singapore. She coordinates the Institute's Programme on Non-Traditional Security (NTS) in Asia. She can be reached at ISMCAnthony@ntu.edu.sg