

**Review Article**

"Selgelid, Michael J., and Enemark, Christian. 2008. *"Infectious Diseases, Security and Ethics: The Case of HIV/AIDS"*. Bioethics, 22(9): 457-465. "

**Securitization of Infectious Diseases, HIV/AIDS  
Appeal to Ethical Theory**

A S M Anwarullah Bhuiyan\*

**Introduction**

Recently the global AIDS/HIV pandemic has been framed as an **international** security issue, because it threatens economic, **government** and social **structures**, and thus also the security of states. Theory of securitization of infectious disease argues that it is appropriate to respond to **HIV/AIDS** and some other infectious diseases with the various resources **normally** used only for military and state security issues. To frame an infectious disease as a security issue is to lend it a sense of urgency, and to seek some of the overriding political interest and superior **financial** resources associated with more traditional (military) concepts of **security**. It is necessary to decide the semantic issue, **and** once that is done, to empirically investigate whether **HIV/AIDS actually** endangers state security in the appropriate way. In this article, we will investigate the various appeals to ethical theory that are implicitly made throughout the approach to securitization of infectious diseases. Especially, this is a critical approach to Selgelid and **Enemark** (2008) securitization model of infectious diseases.

**Why Securitization of Infectious Diseases**

Some **exponents** such as Selgelid and **Enemarks** (2008) of this discourse introduce **HIV/AIDS** as a security issue by referring to it being treated as such in, amongst other places, Resolution 1308 of the United Nations Security Council, the U.S. President's Emergency Plan for AIDS Relief, and the research of various scholars on public policy.

\* Associate Professor, Department of Philosophy, **Jahangirnagar** University, Savar,

That such an approach is a live option also demonstrated by the fact that security agencies like the American CIA have given attention to **HIV/AIDS** in their normal course of business (Selgelid, 2008, p. 463). It is however far **from** clear whether this option will prove to be fruitful. Selgelid and **Enemark** cite various voices in the debate questioning the wisdom of securitizing **HIV/AIDS**, and it is worthwhile to quote them directly: "it is possible to ask with some force whether it is a good idea to make this issue a security issue - to transfer it to the agenda of panic politics- or whether it is better handled within normal politics" (Buzan, **Wæver** and de Wilde 1998:34); "[this] puts an ethical question at the feet of analysts, decision makers and political activists alike: why do you call this a security issue? What are the implications of doing this? Of not doing it?"(**Wæver**, 1999:334). Selgelid and Enemark's article has sought to take this challenge seriously and to outline and evaluate both the possible benefits and dangers of **framing HIV/AIDS** as a security issue.

It is worthwhile to first separate out the semantic **question of what** to call a security issue. We can distinguish between a narrow and broad conception of security:

- i. the narrow conception concerns military issues and other aspects of public affairs that directly threaten the stability of a state,
- ii. whereas the broad conception also includes indirect but still pertinent threats.

As this relates to infectious diseases, we can refer another distinction between 'outbreak events' and 'attrition processes' of infectious diseases: the former are sudden and quickly-spreading incidents of illnesses which take a heavy toll on society, like cases of plague, SARS and pandemic influenza; while the latter tend to be endemic conditions which work much slower but over time take a great cost in lives and resources, like HIV/AIDS, tuberculosis and malaria. According to Selgelid and **Enemark**, narrow conception of security would justify the securitization of outbreak events, but not attrition

processes, which a broad one might. In this regard they mention two broad reasons why infectious diseases should be securitization narrowly:

1. This approach can help to gain more political support for the implementation of stronger public health response measures.
2. This approach can be able to minimize the risks associated with framing a health issue in terms traditionally reserved for military threats. ( Selgelid and Enemark, pp. **461-463**).

So, outbreak events would be examples of 'non-traditional security challenges', which is the different from military dimension of security but has been commonly accepted as salient by political leaders.

There is also broader understanding of security, which would justify the securitization of infectious diseases like HIV/AIDS in spite of their lack of sudden and catastrophic impact but in recognition of the enormous harms and threats they involved for government stability. That could —

"accrue vital economic, social, and political benefits for:, millions of affected people by raising awareness of the pandemic's debilitating global consequences and by bolstering resources for international AIDS initiatives. These benefits cannot easily be dismissed and make a strong case in favor of presenting HIV/AIDS as a security issue." (Selgelid and Enemark, 2008: **463-462**; Elbe, 2006).

Why is it Matter?

A number of resources we can use here in deciding what we would do were we to securitise HIV/AIDS is to look at the responses of bodies who have done so. The UN, for instance, has urged the fight against HIV/AIDS as a priority and has carefully investigated the epidemic, including assessing the threat it offers and drawing up various plans for action. The United States government have put into place an enormous project to combat HIV/AIDS, drawing a great deal of funding out of its security budget to do so. The US security agency, the

CIA, has seen fit to investigate the security threat HIV/AIDS offers. On the other hand, Kazakhstan made HIV/AIDS and other illnesses a state secret and all mention of it a crime.

Of these responses, only the last appears like it is something that counts as a paradigmatic security response, whereas the others are general courses of action we can take for matters of high priority. It is consistent with typical health care issues that they be matters of high priority, carefully investigated, etc, whereas it isn't typical (or useful) to treat illnesses as state secrets. In fact, the one solidly security-type response is also one we shouldn't endorse if fighting HIV/AIDS is our goal, since it is so counter-productive to that end. This doesn't mean that every security-related response would be a bad one like that, but it and the fact that there is nothing distinctively security-related about the other responses might indicate that 'security issue' is not that **helpful** a category to view HIV/AIDS.

Nonetheless, the other responses apparently take something fruitful out of viewing HIV/AIDS as a matter of security. From the responses tabled, it seemed that the benefit the fight against the epidemic gains from securitisation is the attention and the greater resources that is given it. If we take the threat of the epidemic seriously, then these are very attractive results, and seem appropriate to the task of fighting the disease.

All of the above is predicated on it actually being appropriate to see HIV/AIDS as a security issue. If we try to work backwards from the above results to whether the epidemic should be seen in such a way, we draw the following conclusions: it isn't necessary to see HIV/AIDS as a security issue in order to gain the benefits that securitisation has garnered, it is necessary merely to give the issue enough priority (enough to draw out of the security budget to combat it, even). If that is possible, it is hard to see why it shouldn't be done. Perhaps it is only possible, due to political factors, to give the matter such priority if it is seen as a security issue. If that is the case, then it is important to qualify the security response to make the response more like the US President's Emergency Plan for AIDS Relief and less

like the Kazakhstan response. That is, the types of responses appropriate to the epidemic don't seem to be paradigmatic security responses. Thus, the concept of security under which the securitisation of HIV/AIDS would fall would have to be a broad rather than narrow one (our journey from the likely results backwards have settled that question at least). There then is the empirical question of seeing whether the threat the epidemic offers would be enough to make it count as a security threat under this broad conception, and we have good reason to suspect that it would. There is then the issue of whether the body politic could accept a broad conception. If the answer is 'no', given empirical evidence of its impact it would seem to mean that the body politic can see that HIV/AIDS is a severe threat to the livelihoods of its constituents, but that they aren't willing to give it the necessary priority to undertake responses like those of the UN and the U.S.

#### Appeal to Ethical Theory

Most of the exponents like Selgelid and Enemark claim that framing an infectious disease as a security risk is lending it a sense of urgency. It is also a way of seeking for the extra resources that are associated with traditional (military) concepts of security (Selgelid & Enemark, p. 457). In this statement it doesn't seem to matter if HIV/AIDS really is a security risk, just that the expectancy of framing it that way is more beneficial in regard to the value of the wanted resources. There is historical evidence of the increased allocation of resources when framing the AIDS-problem in terms of security according to Selgelid and Enemark (p. 458). In other words, they expect the best consequences will arise when the HIV/AIDS problem is framed as a security risk. It seems as if they use this conclusion as a way of determining the value of the outcome of the option of framing HIV/AIDS as a security risk. The assumption that values of outcomes are set and that you can weigh them is a characteristic of consequentialism (Pettit, p.232). When they reason against the securitization of HIV/AIDS, Selgelid and Enemark mention it is that it may cause the meaning of the term 'security' to deteriorate and then it will lose its usefulness in the political discourse (p. 458). We can see

the feared consequence of the loss of meaning in the way they frame it as a loss of utility. Then this argument would hint at consequentialism.

Most of the authors show that their concern is more principled when they state that the ethical dilemma is raised by the fact that the same persons are both victim and vector of the disease. As victims they have individual needs and rights, but the broader community has to be protected from them as vectors. Here the rights are taken for granted and presented as something nonnegotiable, a stance that appears deontological. Furthermore, the authors talk of "[...] the social contract under which citizens rely on governments to protect them [...]". (Selgelid and Enemark, p. 460). This statement refers to a contractualist point of view, where there is a system of duties between the state and its constituents. The general tendency of the discussion of the measures that the authors give in the article is that they can be rejected either if they are unjust, and therefore prohibited on **deontological grounds, or that they are self-defeating, and therefore prohibited on consequentialist grounds.**

The authors believe the consequences of failing to implement measures that infringe on civil and political rights would have to be severe in order for them to be justified (p. 461). Here, they seem to advocate a consequence analysis, but they do this within a rights oriented, deontological **framework**. The same structure of argument can be observed when they state that the economic consequences of **HIV/AIDS** are severe, and that this is a strong motivation to frame it as a security threat (p. 463). Selgelid and Enemark say that the best reason for hesitating to portray **HIV/AIDS** as a security threat is that it might be seen that an extreme threat calls for an extreme response (p. 464). Here they assume that we don't want extreme responses. This makes sense against the background of rights and liberties. The authors mention that some scholars are not in favor of securitization of the disease, because the rights of individuals living with HIV might be compromised (p. 458). These scholars presumably rely on a framework of social justice.

Selgelid and Enemark quote Smith *et. al.*, saying that the fear that is usually associated with infectious diseases "often leads to rapid, emotionally driven decision-making about the care of individual patients and about public health policies, even when these decisions challenge generally accepted medical ethics principles such as patient autonomy, non-maleficence, beneficence and justice." The authors think securitization will guard against this (Selgelid & Enemark, 2008, p. 458-459). This appears to be an appeal to the four principles approach of Beauchamp and Childress. Apparently it is a good thing to overcome the danger of not acting according to the principles. So Selgelid and Enemark seem to be in favour of holding on to the principles of Beauchamp and Childress.

When Selgelid and Enemark say that "from an ethical perspective [...] it is widely believed that the least restrictive means should be employed in the pursuit of public health goals", they seem to appeal to some sort of convention (*ibid*, p. 465). The assumption is that there is widespread agreement about restrictions being undesirable. Possibly they are referring to the **harm** principle (restrictions are unjust except if they stop people from harming each other), but it can also be linked **to the four principles approach here as well, and more specifically to the principle of respect for patient autonomy.**

At no point do Selgelid and Enemark tie their approach to any particular ethical theory, so there is no explicit role for theory in the piece. Nonetheless, there are ethical approaches at work in the background that the authors refer to a few times. That this is the case is not surprising: the place the article has as a comment on government affairs means that it is supposed to fit into the wider scheme surrounding public policy, one with a history and a current state of play. A number of ethical theories have had a role to play in bringing about the type of policy that Selgelid and Enemark discuss, and they structure their contribution accordingly.

We suggest that what is happening here is an example of wide reflective equilibrium. 'Reflective equilibrium' is a methodology proposed by John Rawls (1999) which attempts to give due consideration both to the general principles which theorists propose

and to the particular considered judgments against which these theories are judged. There is a to-and-fro between the considered judgments and general principles, where each influences the other. The principles are general rules for producing judgments and for making sense of them. Once they are articulated and given the appropriate support, particular judgments can be measured against them, and sometimes be revised on the strength of them. However, sometimes we'd rather hold on to the judgments, and revise the principles instead. The idea is that eventually an equilibrium is reached wherein there is a set of principles and a set of considered judgments that are suitably coherent with each other. A narrow reflective equilibrium concerns only these principles and judgments, whereas a wide one also takes into account various background theories, which must also cohere with the other factors, and can be revised or rejected if they don't.

Through such a wide reflective equilibrium the various theories that the authors reference play a role in the piece. For the most part they judge various actions at their outcomes, especially their likelihood in reducing the prevalence of HIV/AIDS a general principle. Thus, it appears that they accept 'you should prefer courses of action that are likely to reduce the spread and impact of HIV/AIDS' as a general rule. However, they acknowledge particular cases where what at first blush appears to be the most effective course of action against HIV/AIDS (or other infectious diseases) can't be endorsed, like setting up of internment camps for people suffering from infectious disease. This is a considered judgment, on the strength of which they seem to revise their general principles. Throughout they acknowledge certain basic constraints on government intervention in terms of human rights and a social contract (the background theories).

It is noteworthy that the authors for the most part justify positions based on the consequences of the actions involved. A striking example is that they endorse a human-rights-based approach should be followed when combating HIV/AIDS because other avenues are generally considered to be ineffective rather than, for instance,



because of people's inherent dignity needs to be respected (p. 465). Nonetheless, they fall a long way short of taking a consequentialist stance: nowhere is there a claim that only consequences are important, or an indication of the relative weight of consequences as compared to other morally relevant factors. Of course there needn't be: for one thing, this is a paper in applied ethics and not in ethical theory. Their arguments take place within an identifiable and familiar background, not in the air of pure theory, and we can lean on that background to do some of the philosophically interesting work, since it gives us a way to see and appreciate what types of reasons are valuable.<sup>211</sup>

For instance, Selgelid and Enemark at one point explicitly appeal to the existence of some unspecified social contract (p. 460). This is a sensible, because the debate takes place within a framework which can and has usefully been seen as a social contract between the state and its constituents, wherein the people allow the state coercive powers conditional on the state safeguarding their livelihoods. They do so without further comment, regarding consequences or otherwise, and we can conclude the idea of a social contract is taken as a given. This indicates and constitutes a fixed reference for the debate, and accordingly we can recognize social-contract-related reasons, like the one they refer to in the case in point, as ones worth considering. This is an illustrative example of how the background theories play a role in the article.

One example of how the reflective equilibrium works the other way concerns another background issue in play: the concept of a 'security issue'. Selgelid and Enemark make clear that, the general principles and particular considered judgements at stake can make us revise our concept of security issue, by giving us reason to accept one understanding rather than some other: if we judge the dangers of HIV/AIDS to social cohesion to be strong enough, referring amongst other things to empirical facts, then we might adopt a concept of security which is broad enough to include such a slow-moving, endemic condition.

The picture we paint of how Selgelid and Enemark use ethical theory is one where a number of aspects (the general principles, considered judgments and background theories) interact and are brought into coherence with each other. There is another approach they could have taken, and that is to have built their position upon a foundational theory (consequentialism of a certain sort, perhaps), where considered judgments and background theories are revised on the strength of some general principles (like the principle of utility), but not vice versa. It is worthwhile to note that they still have the option available to them. They could still argue that the social contract, the human rights approach, and so on, are consequences of the principle of utility. As it stands, though, they haven't, but instead lean on the considered judgments and background theories for support, and accordingly their approach is coherentist rather than foundational, in this article at least.

### Conclusion

Selgelid and Enemark are modest in their appeals to moral theory throughout the article, but nonetheless we can reconstruct their reasoning and see how the various theories in play support their reasoning. After they **carefully** separate the semantic issue from the more strictly normative one, their discussion makes frequent implicit use of various ethical theories. As is appropriate in a more practical setting, they don't address deeper theoretical issues like how the various claims they make inter-relate, since it is **sufficient** for them to reason in familiar and well-understood ways. The various theories, by way of their deep involvement in shaping the public policy debate, offer the authors a way to do so. We see the theories working in the background, giving shape to the debate and offering avenues of investigation. While there is no explicit appeal to theory, we have identified the various ways in which theory plays a role and enriched Selgelid and Enemark's work.

## References

- Beauchamp, Tom and Childress, James. (2009). *Principles of Biomedical Ethics* 6th edition. New York: Oxford University Press.
- Buzan, B, Waever, O and de Wilde, J. 1998. *Security: A New Framework for Analysis*. London: Lynne Rienner.
- Elbe, Stefan. 2006. "Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/AIDS and Security". *International Studies Quarterly* 50, 119-144.
- Pettit, Phillip. 1991. "Consequentialism", in P. Singer *A Companion to Ethics* (pp. 230-40). Malden: Blackwell.
- Rawls, John. (1999). *A Theory of Justice*, revised edition (original, 1971), Malden: Belknap Press.
- Selgelid, Michael J., and Enemark, Christian. 2008. "Infectious Diseases, Security and Ethics: The Case of HIV/AIDS". *Bioethics*, 22(9): 457-465.
- Waever, Ole. (1999) "Securitizing Sectors? Reply to Eriksson", *Cooperation and Conflict* 34(3): 334-340.
- Wæver, O, Buzan, B, Kelstrup, M and Lemaitre, P. 1993, *Identity, Migration and the New Security Agenda in Europe*. New York: St. Martin's Press.