
AIDS, Security, Biopolitics¹

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Abstract

This article critically engages with recent efforts to frame the global AIDS pandemic as an international security issue. The securitization of HIV/AIDS is significant, the article argues, not just because it is a novel way of conceptualizing the global AIDS pandemic, but also because it marks an important contemporary site for the global dissemination of a biopolitical economy of power revolving around the government of 'life'. This biopolitical dimension to the securitization of AIDS brings into play a set of potentially racist and normalizing social practices, which, the article argues, international political actors should seek to avoid in their attempts to find appropriate and effective responses to the global AIDS pandemic. Ways of minimizing these dangers are explored in the conclusion of the article.

Keywords: AIDS, biopolitics, biopower, Foucault, HIV, normalization, racism, security, securitization, UNAIDS

Now in its third decade, HIV/AIDS is poised to become one of the most devastating pandemics in modern history. In future years, many of the 42 million people living with HIV around the world will unfortunately join the 25 million who have already succumbed to AIDS-related illnesses. Every day the pandemic continues to kill three times as many people as died during the terrorist attacks of 11 September 2001, not least because national HIV prevalence rates in some southern African countries at present exceed a third of the adult population. Nor is the growth potential of the AIDS pandemic exhausted, as HIV rapidly spreads in parts of Asia, Latin America, the Caribbean, Russia, and Eastern Europe.² The immense scale of this pandemic has recently animated a host of governments, public health officials, and leaders of international institutions to frame the AIDS pandemic not just as a health and development issue, but also as an international security issue. Securitizing AIDS, it is hoped, should finally trigger an international political response to the pandemic commensurate with the scale of the humanitarian crisis it bespeaks.

Symbolically this historic shift in the international perception of HIV/AIDS was captured on 10 January 2000 when, in an unprecedented move, the United Nations Security Council temporarily abandoned its traditional concern with regulating the deployment of armed force in international politics, and considered instead the growing impact of AIDS on peace and security in Africa. The meeting was deliberately timed to coincide with the first gathering of the Security Council in the new millennium, rendering the meeting both deeply symbolic and also historic in that the Council had never before considered an illness to pose a threat to international peace and security. 'Many of us', the President of the World Bank



pointed out on this occasion, 'used to think of AIDS as a health issue. We were wrong ... We face a major development crisis, and more than that, a security crisis.'³ The message of the meeting was clear: in the years ahead governments around the world would have to make it a political priority to reverse the scale of this pandemic.

Since that watershed meeting there have been a plethora of reports and scholarly studies mapping out the implications of HIV/AIDS for security in greater detail. These studies by international organizations, security think tanks and intelligence organizations have sought to assess empirically the multiple ways in which HIV/AIDS has ramifications for human,⁴ national,⁵ and international security⁶ respectively.⁷ They argue that the social, economic, and political stability of communities (and even entire states) can be undermined in the long run by HIV prevalence rates ranging between 10 and 40 per cent of the adult population,⁸ that in some African armed forces HIV prevalence rates are estimated to range between 40 and 60 per cent, raising concerns about their combat effectiveness;⁹ and that HIV/AIDS even has important ramifications for international peacekeeping operations which, because they are staffed by members of these same armed forces, can serve as a vector of the illness where and when they are deployed.¹⁰ These studies have not fallen on deaf ears. 'The national security dimension of the virus is plain', the director of the US Central Intelligence Agency could be heard arguing before a Senate intelligence panel in 2003, '[i]t can undermine economic growth, exacerbate social tensions, diminish military preparedness, create huge social welfare costs, and further weaken already beleaguered states'.¹¹ In retrospect, the unprecedented meeting of the Security Council has proved decisive in terms of placing the global AIDS pandemic firmly on the international security agenda and has done much to compel states to increase the political priority this illness receives around the world.

Despite these important advances in focusing greater attention on HIV/AIDS, the recent merging of global health initiatives and international security simultaneously raises a host of profound normative questions about the dangers of responding to the AIDS pandemic through the language and apparatus of security. These dangers derive not just from the militarized connotations of 'security' widely explored by securitization theorists,¹² but also, this article suggests, from the biopolitical dimensions to the securitization of AIDS. Put differently, the framing of HIV/AIDS as a security issue is a significant development in contemporary world politics, not just because it represents a novel way of conceptualizing the AIDS pandemic, but also because it turns international security into a site for the global dissemination of a biopolitical economy of power that first emerged in eighteenth-century Europe around the government of 'life'. This growing concern of political power with monitoring and shaping the biological characteristics of populations – including managing the incidence of disease – was first outlined in the 1970s by Michel Foucault, who was particularly concerned with the racist and normalizing social practices that historically accompanied the deployment of such biopolitical strategies in European societies.

This article argues that recent attempts to frame HIV/AIDS as an international security issue too have an important biopolitical dimension that ought to give rise to some concern. In order to substantiate this argument the article sets out by defining the Foucauldian concept of biopolitics in greater detail. It then goes on to illustrate how, much like earlier biopolitical strategies, efforts to portray HIV/AIDS as a security issue: (i) render the biological characteristics of populations a matter of 'high' politics; (ii) sanction an institutional apparatus for the detailed statistical monitoring and surveillance of the world population in relation to HIV/AIDS; and (iii) invite the investment of a whole plethora of formal and informal international political actors around optimizing the health of populations. If those framing HIV/AIDS as a security issue do not take great care, these biopolitical dimensions to the securitization of HIV/AIDS could, the article subsequently illustrates, give rise to the same ethical dangers of normalization and racism that Michel Foucault already identified in relation to earlier biopolitical strategies in Europe – albeit on a much wider, global scale. The article concludes by outlining ways in which these dangers could be minimized by international political actors seeking to respond to the global AIDS pandemic.

Biopolitical aspects of the securitization of HIV/AIDS

The concept of biopolitics is most closely associated with the writings of Michel Foucault (1926–84), who intermittently deployed this idea in his researches from the mid-1970s until around 1980. Unfortunately Foucault's reflections on biopolitics remained largely fragmentary and cursory until his premature death, probably of AIDS-related illnesses, in 1984.¹³ Yet in retrospect it is clear that Foucault in fact deployed three distinct concepts to capture the growing preoccupation of modern power with the biological dimensions of human existence – *biopower*, *anatomo-politics*, and *biopolitics*. Of the three, biopower is the most widely cast notion and generally designates that which 'brought life and its mechanism into the realm of explicit calculations and made knowledge-power an agent for the transformation of human life'.¹⁴ This new type of biopower, whose emergence Foucault located in eighteenth-century Europe, acted over persons as biological or living beings rather than as legal or political subjects; its emergence marked the 'acquisition of power over man insofar as man is a living being'.¹⁵ Henceforth politics would no longer be concerned merely with settling questions of war and peace, or with organizing society's material enrichment; it would additionally come to bear on peoples' physical well-being, health, and longevity.¹⁶ This last expansion in the domain of political power – whereby man's biological existence becomes the target of deliberate strategies of control and intervention – is summarily referred to by Foucault as 'biopower'.

Within this broader category of biopower Foucault further distinguished between two of its distinct manifestations or 'axes' – anatomo-politics and biopolitics. Foucault predominantly used the term anatomo-politics to designate political

strategies targeting ‘man-as-body’ in the attempt to make individual human bodies more productive and docile. Biopolitics, by contrast, refers to political strategies aimed collectively at ‘man-as-species’;¹⁷ it is the attempt to regulate aggregate biological occurrences at the *population* level, such as lowering a population’s mortality rate, increasing its average life expectancy, stimulating its birth rate, decreasing its morbidity levels, and so on.¹⁸ In order to better measure and control these collective population dynamics, European societies needed to be subjected to detailed statistical surveillance, which is why the birth of the biopolitical age in eighteenth-century Europe also coincided historically with the vast explosion in the number of demographers evaluating these population dynamics in quantitative terms.¹⁹ The detailed knowledge produced by these demographers then formed the basis for a plethora of biopolitical interventions trying to regulate the observed population dynamics, ranging from health insurance systems and old-age pensions, through to rules governing public hygiene, and so forth.²⁰ In the end Foucault could thus succinctly define the *biopolitical* dimension of biopower as ‘the endeavour, begun in eighteenth-century Europe, to rationalize the problems presented to governmental practice by the characteristic of a group of living human beings constituted as a population’.²¹

This biopolitical axis of biopower is extremely pertinent for understanding the deeper significance of the ongoing securitization of AIDS, for a crucial implication of the rise of European biopolitics was that henceforth disease would be rendered an important political and economic issue needing to be collectively resolved as a matter of overall policy.²² If one of the goals of biopolitics is to maximize the health of populations, then disease could no longer be left to the random fluctuations of nature, but would have to be brought under continuous political and social control, which, according to Foucault, is precisely what happened in eighteenth-century Europe. The eighteenth century, to be sure, did not invent health measures as such (there are many historical precedents for this), but it ‘prescribed new rules and above all transposed the practice onto an explicit, concerted level of analysis such as had been previously unknown’.²³ From this time onwards, the social, economic, and political problems posed by disease have occupied an expanding place in European politics.

Today such biopolitical impulses can also be found resonating beyond the borders of Europe through practices such as the securitization of HIV/AIDS. The latter, after all, marks nothing other than a powerful international intervention targeted directly at the level of *population*. With the arrival of HIV/AIDS on the international security agenda, security is no longer confined to defending sovereignty, territorial integrity and international law; but, as the unprecedented Security Council meeting demonstrates, population dynamics – including levels of ‘disease’ – have now become strategically significant as well. International political actors securitizing HIV/AIDS are effectively calling upon governments around the world to make the health and longevity of their populations a matter of highest governmental priority – echoing Foucault’s earlier observation that in a biopolitical age ‘[t]he population now appears more as the aim of government than the power of the ruler’.²⁴

The securitization of AIDS is also biopolitical, secondly, because of the manner in which international actors are trying to monitor and govern the health of populations. The detailed statistical monitoring of populations that formed such an integral component of eighteenth-century European biopolitics is today being replicated on a global level by international agencies eager to identify and forecast the population dynamics likely to be induced around the world by HIV/AIDS. The task of compiling these statistics has been assigned to the World Health Organization and the Joint United Nations Program on HIV/AIDS (UNAIDS). The latter prides itself on its efforts to provide 'strategic information' about HIV/AIDS globally, as well as '[t]racking, monitoring and evaluation of the epidemic and of responses to it'.²⁵ Indeed, it claims to be 'the world's leading resource for epidemiological data on HIV/AIDS'.²⁶ To this end, UNAIDS also provides – in a manner that recalls England's nineteenth-century 'Blue Books' – annual updates on the global state of the AIDS pandemic, and endeavours to keep up-to-date information on HIV prevalence amongst adult populations for every country.²⁷ Crucially, UNAIDS does not restrict itself to providing data for collective populations; its surveillance techniques penetrate further and also generate new sub-populations by singling out specific risk groups that need to be targeted – another historical hallmark of biopolitics.²⁸ The organization thus differentiates between adult and child populations and between urban and rural populations, and pays particularly close attention to sex workers and drug users. Where possible, UNAIDS even gathers data on sexual behaviour, such as the median age of first sexual intercourse and the rate of condom use, as well as a variety of other knowledge indicators. UNAIDS, in short, produces the 'vital' knowledge about the biological characteristics of the world's populations and sub-populations needed to rein in the pandemic.

Finally, the linking of international security and HIV/AIDS is also characteristically biopolitical in that it is undertaken with the active and willing participation of a whole host of wider social and political actors. In his essay on 'The Politics of Health in the Eighteenth Century', Foucault observed how biopower and biopolitics were not merely deployed vertically downwards from the state into society, but were consentingly invoked by many social groups, including religious associations such as the Quakers, charitable organizations, and even scholars. The health of all, he noted, became a priority for all,²⁹ which is why Foucault insisted that biopower 'must be analysed as something which circulates, or rather as something which only functions in the form of a chain', and which 'is exercised through a net-like organisation'.³⁰ The unfolding of the securitization of AIDS follows such a net-like deployment of biopower, as it is being simultaneously driven by a plethora of actors ranging from (i) predominantly Western governments including the United States; (ii) international organizations such as the World Health Organization, the United Nations, the European Union, ASEAN, and the African Union; (iii) a plethora of prominent multinational corporations working through the Global Business Coalition on HIV/AIDS; (iv) non-governmental organizations such as the Civil–Military Alliance to Combat HIV/AIDS and the International Crisis Group; (v)

think tanks such as the Center for Strategic and International Studies, and the Chemical and Biological Arms Control Institute; (vi) media organizations; and (vii) scholars in the academy.³¹ The net of the securitization of AIDS has thus been widely cast, corroborating Foucault's view that biopower is never solely the property of one agent; it is always plural, decentralized, and capillary in nature. 'Power', he reminded his readers, 'is everywhere; not because it embraces everything, but because it comes from everywhere.'³²

In the end, these biopolitical dimensions to the securitization of HIV/AIDS also make it far less surprising that Foucault's influential description of the eighteenth-century biopolitical transformation in Europe could just as well be read as a penetrating commentary on the contemporary expansion of the international security agenda to include health issues such as AIDS:

For the first time in history, no doubt, biological existence was reflected in political existence; the fact of living was no longer an inaccessible substrate that only emerged from time to time, amid the randomness of death and its fatality; part of it passed into knowledge's field of control and power's sphere of intervention. Power would no longer be dealing simply with legal subjects over whom the ultimate dominion was death, but with living beings, and the mastery it would be able to exercise over them would have to be applied at the level of life itself; it was the taking charge of life, more than the threat of death, that gave power its access even to the body.³³

In this case, however, the securitization of HIV/AIDS takes on particular significance for contemporary world politics not only because it is a novel way of framing the illness, but also because it illustrates how international security constitutes an important site for disseminating biopolitical strategies to the non-Western world – giving rise to novel normative dangers.

Global biopolitics and the new racism

Why does it matter that the securitization of HIV/AIDS is biopolitical? It matters because, their humanitarian appeals to 'life' and 'health' notwithstanding, biopolitical strategies have historically been Janus-faced. They have led to the construction of hospitals and the design of universal healthcare systems, but they have also led to the justification of eugenics and mass death. Some of those advancing the securitization of HIV/AIDS clearly do so in the hope that this will have important humanitarian benefits for persons living with HIV/AIDS around the world by bolstering international AIDS initiatives. Peter W. Singer argues that presenting HIV/AIDS as a security threat 'strengthens the call for serious action against the menace of AIDS. It is not just a matter of altruism, but simple cold self-interest.'³⁴ Many policymakers agree, including the executive director of UNAIDS, who has similarly argued that framing HIV/AIDS as a security issue is not merely

an academic exercise but 'defines how we respond to the epidemic, how much is allocated to combating it, and what sectors of government are involved in the response'.³⁵ Foucault's historical analyses, however, point to the need for a greater degree of caution regarding these normative aspirations because biopolitical strategies have in the past also engendered serious dangers that continue to accompany recent efforts to think of security in terms of the health of populations.

One of these dangers is that the biopolitical imperative of optimizing the health of populations effectively constitutes disease – and by extension the diseased – as a social and political problem that needs to be addressed, but without specifying exactly how this problem should be dealt with. Unfortunately the creation of universal healthcare programmes to treat the ill is just as compatible with a biopolitical logic as is the purging of populations of the diseased by more sinister means, such as killing them or letting them gradually die. As counterintuitive and ironic as it may seem, a biopolitical society based on the enhancement of 'life' and 'health' can still sanction and justify instances of mass death. The European era of biopower, after all, coincided with twentieth-century political projects demanding the deaths of millions. Foucault later came to understand this bizarre confluence only on the basis of a new racism that biopolitical orders can give rise to.³⁶ 'Racism', he contended from a biopolitical perspective, 'is primarily a way of introducing a break into the domain of life that is under power's control: the break between what must live and what must die.'³⁷ The reason biopolitical orders can still sanction mass death is because they can generate a powerful new form of racism that pits the 'healthy' members of the population against the 'unhealthy' who are deemed to sap the strength and vitality of the population as a whole. The underlying principle of this new biopolitical racism is thus not the primacy of cultural difference, as with many more traditional forms of racism, but rather the more subtle idea '*that the death of others makes one biologically stronger insofar as one is a member of a race or a population*'.³⁸ The insistence on maximizing the health of populations can thus be dangerous for those who are deemed to be unhealthy.

The Nazi movement demonstrated the extreme ends to which this darker side of biopolitics can be taken when it carved up the European continent using the dubious criterion of 'blood' for deciding which populations could be usefully 'Germanized' and thus spared, and which ones would have to perish.³⁹ It remains one of the most disconcerting testaments to the dangers of thinking security in biological terms, or on the basis of health and sickness. In Nazi Germany, moreover, this new biological racism was also projected internally to Jews who were no longer prosecuted solely because of their Judaism, but also because of their quasi-biologically defined 'Jewishness', deemed to be undermining the purity and strength of the Aryan race. Enhancing the strength and vitality of the latter, by this logic, required the elimination of the former. In some ways this biopolitical racism is even more pernicious than a culturally defined one because, as Hannah Arendt once pointed out in her memorable phrase, whereas in the past 'Jews had been able to escape from Judaism into conversion; from Jewishness there was no escape'.⁴⁰ A

biopolitical society aimed at promoting 'life' and 'health' still has to make decisions about whose life is worth preserving and whose life will be allowed to perish, and the function of racism in a biopolitical age is to make this very distinction not necessarily according to the principle of cultural difference, but according to the maxim of whose survival will maximize the strength and well-being of the population, and whose will undermine it.

By way of extension, the concomitant danger with the securitization of HIV/AIDS as a biopolitical strategy is that while it clearly dramatizes the need to address the problem of disease at the global level, it does so without specifying exactly how this is to be achieved. The securitization of HIV/AIDS may increase attention and resources for charitable and humanitarian global AIDS initiatives, and may lead to more universal access to treatment, but these, alas, are not the only outcomes that would be consistent with a security approach to the pandemic. Indeed, there are at least three more disconcerting ways in which the securitization of HIV/AIDS could – at least hypothetically – follow the path of earlier biopolitical strategies and give rise to a new biopolitical racism between the 'healthy' (HIV-negative) and the 'unhealthy' (HIV-positive) segments of a population.

First, if HIV/AIDS is exclusively responded to in a security framework, there is, strictly speaking, nothing to preclude some governments from concluding that the most effective way of meeting this biopolitical objective of ridding their populations of the problem of HIV/AIDS is by simply letting the infected die, rather than by providing universal treatment for them in the way many of those securitizing HIV/AIDS would want. Although this is at present only a hypothetical possibility (there is no documented proof that such thinking is going on), there is certainly evidence that analysts and policymakers do not shy away from pondering whether simply letting those infected with HIV/AIDS die could also have beneficial social consequences for the surviving population. In 1999 one former UN Population Fund (UNFPA) official reportedly joked that AIDS would be one way of controlling population growth in Africa. Increased mortality, the official jibed, was one of three ways of controlling population growth, thereby implying that hypothetically letting those infected with HIV die could be beneficial for those surviving the pandemic.⁴¹ The initial reaction of one official at the National Intelligence Council in the mid-1990s, responding to an early demand for a project analysing the security implications of AIDS, was similarly: 'Oh, it will be good, because Africa is overpopulated anyway.'⁴² These are not isolated incidents. In a report by the World Bank from 1992 one can read from an economic perspective that '[i]f the only effect of the AIDS epidemic were to reduce the population growth rate, it would increase the growth rate of per capita income in any plausible economic model'.⁴³ More recently the president of Botswana also argued publicly that providing antiretrovirals (ARVs) to its citizens would have the undesirable effect of keeping persons living with HIV alive longer, thus increasing the chances of further transmission of the virus which was undesirable for the population as a whole.⁴⁴ What is striking about such sentiments is not just the sobering cost-benefit analysis they bring to bear on human life, but more importantly the *biopolitical*

racism they evince by pitting the interests of those living without HIV/AIDS against those affected by the illness through implying, however erroneously, that the healthy ones would be better off without the latter. To reiterate, these kinds of arguments appeal directly to the core principle of biopolitical racism, namely 'that the death of others makes one biologically stronger insofar as one is a member of a race or a population'.⁴⁵ Especially in a context of material scarcity and competing pressure for limited funds, there is a danger with the securitization of HIV/AIDS in that some political leaders might conclude that in the long run the health and security of their population may be best served by simply letting the infected die. Although diametrically opposed to the intended consequences of the securitization of HIV/AIDS, the fact that such a (hypothetical) outcome would nevertheless be consistent with a security approach to HIV/AIDS must surely give pause for thought in terms of framing the global response to HIV/AIDS exclusively in the language of security.

Short of this more drastic outcome, the securitization of HIV/AIDS could also bring such biopolitical racism between the population and the infected into play in a second way – by inadvertently justifying measures both to remove persons living with HIV/AIDS from the population, and by preventing new HIV-positive persons from other countries joining the population. Calls for quarantining people with HIV/AIDS because of their biological characteristics, subjecting them to various forms of violence, and attempting to bar such persons from serving in state institutions, are only a few of the examples in which persons living with HIV/AIDS have been ostracized and even persecuted by some states for their illness. These actions have all been justified, moreover, in the name of ensuring and enhancing the health of populations. In Colombia left-wing guerrillas of the Revolutionary Armed Forces of Colombia (FARC) did not hesitate in 2001 to order 30,000 inhabitants of Vistahermosa to take HIV tests, subsequently forcing those who tested positive out of their homes. The inhabitants of the region have now also been forced to carry an identity card that contains the result of the test.⁴⁶ Moreover, the securitization of HIV/AIDS has already begun to fuel a similar purging of HIV-positive persons within many of the world's armed forces, where such persons are increasingly being excluded from military service because of the perception that they weaken the efficiency and effectiveness of the military population, and thus also undermine the protection of the civilian population as a whole.⁴⁷

Persons living with HIV/AIDS may also be prevented from joining other populations on 'health' grounds by refusing to issue them with visas. If HIV/AIDS is deemed to be a security threat, would states then not be justified in keeping HIV-positive persons out of their country? A characteristic headline from the British *Daily Telegraph* reads 'African AIDS: Deadly Threat to Britain'.⁴⁸ The portrayal of AIDS as being a disease that comes from foreigners, from outsiders, and especially from 'black' Africans, has been a perennial feature of the discourse on AIDS ever since the illness was first discovered. Nor are these examples confined to the dustbin of history. As recently as February 2003 the British government considered implementing compulsory HIV screening for prospective immigrants amid alleged

worries that HIV-positive foreigners are travelling to the United Kingdom to seek treatment – a problem since found to have been grossly overstated.⁴⁹ As with Arendt's aforementioned observations about 'Jewishness', there seems to be no escape from one's HIV status when it comes to immigration. Rather than providing treatment for the ill, some leaders may simply be tempted to stigmatize, quarantine or ban persons living with HIV/AIDS from their communities. Although clearly regrettable from a humanitarian standpoint, these outcomes too would be consistent with a security approach to HIV/AIDS, which must similarly give pause for thought.

Finally, even where states do undertake efforts to make treatment available for some persons living with the illness, the securitization of HIV/AIDS also risks fanning a new biopolitical racism by potentially according the guardians of the populations – i.e. the elites and the armed forces – with privileged access to treatment. Within a security framework concern about HIV/AIDS may not revolve primarily around how HIV/AIDS affects the civilian population as a whole, but around how it affects the core institutions of the state, including the armed forces, charged with securing the population. In low-income countries in particular, where it is difficult to make universal treatment available because of lack of resources and infrastructure, this could mean that scarce resources for medicines are provided on a priority basis to the armed forces and state elites who are charged with protecting and defending the population rather than to all civilians, or, in the worst case, that these resources are diverted from civilian programmes to military programmes as a result of the portrayal of HIV/AIDS as a security threat. Examples of the latter have not yet been officially documented by NGOs or civil-society organizations, but there is certainly evidence that in many countries members of the armed forces routinely enjoy preferential access to medicines vis-à-vis the civilian population, or have at least moved to the front of the line in terms of receiving access to expensive ARVs. In Zambia members of the military have begun to argue that the armed forces should have priority access to more government funding for ARVs because the military and their families are more at risk due to the nature of their job and because this would contribute to world peace.⁵⁰ In Rwanda, high-ranking officers increasingly have access to ARVs, but not the general population.⁵¹ This is part of a wider development in Africa whereby the soldiers of many countries now have greater or better access to healthcare and AIDS medicines than the civilian population.⁵² As Radhika Sarin notes,

quite a few African militaries are committed to providing treatment for their soldiers, such as the Ugandan People's Defense Forces and Nigeria's Armed Forces. These militaries do try and work with military spouses and civilian communities to provide HIV prevention education. However, access to antiretrovirals is very low in many African nations.⁵³

The securitization of HIV/AIDS may thus inadvertently help to ensure that soldiers and elites who play a crucial role in protecting populations receive access to

treatment, without being able to ensure that such treatment is also provided democratically and universally to all who need it. In this third way, too, the framing of HIV/AIDS as a security issue could give rise to a biopolitical racism and thus have more detrimental consequences than the ones envisaged by those securitizing the illness.

Its more progressive normative aspirations notwithstanding, then, the biopolitical nature of the securitization of AIDS risks fanning a more subtle biopolitical racism that could end up deciding who is allowed to live and who will be left to die – a criterion that assesses human beings not in terms of any intrinsic value, but on the basis of their relation to the objective of maximizing the health and well-being of the population. To be clear, the point here is not that the securitization of HIV/AIDS will invariably lead to these outcomes and therefore needs to be categorically resisted and abandoned, but rather it is to warn that it has the potential to generate these kinds of outcomes. These outcomes are not precluded from a security framing of HIV/AIDS in a way that they would be within a humanitarian or human rights framework. The mere fact that these outcomes could be consistent with a security framing of HIV/AIDS, moreover, in conjunction with the fact that – as the aforementioned examples illustrate – the seeds of such a biopolitical racism clearly do not lurk very far beneath the surface of the debate on HIV/AIDS and security, necessitates more sustained reflections on how to ensure that these dangers do not emerge in a more forceful manner in the years ahead.

Biopolitics and normalization

Even if the securitization of AIDS turns out not to fan such biopolitical racism in the long run, this still leaves unresolved a second danger associated with its biopolitical nature. The other drawback Foucault found to be historically linked with the rise of biopolitical strategies in Europe is that they have had normalizing effects stifling autonomy and creativity by subtly directing the behaviour of individuals and populations towards a determined ‘healthy’ norm. Biopower, he pointed out, uses ‘continuous regulatory and corrective mechanisms’ to achieve its goals, and it achieves them not by threatening death, but by identifying a ‘healthy’ norm and then measuring and appraising people in terms of the extent to which they deviate from this norm. For this reason Foucault famously argued that ‘[a] normalizing society is the historical outcome of a technology of power centred on life’.⁵⁴ A biopolitical society needs to find mechanisms for inducing individuals to structure (or discipline) their behaviour around the norm that will maximize the health of the population (like taking regular exercise, avoiding excessive alcohol, stopping smoking, etc.).

Because of its biopolitical nature, the securitization of AIDS too can generate and contribute to such normalizing practices. These normalizing practices function by first identifying and singling out the ‘abnormal’ groups whose behaviour most deviates from the healthy norm and who must consequently be monitored

particularly closely. In the early days of AIDS, people were cautioned against the four 'abnormal' 'H's that were publicly presented as deviating from the preferred HIV-negative norm: homosexuals, haemophiliacs, heroin addicts and Haitians. Later this was expanded to Africans more generally (both domestically and internationally) and to sex workers.⁵⁵ The securitization of AIDS adds a further dimension to this strategy by identifying the armed forces as yet another sub-population deviating from the 'healthy' norm and whose promiscuous sexual behaviour must be targeted. Soldiers are now treated as an additional high-risk group because they are mobile and stationed away from home for long periods of time, and because they have many opportunities for casual sexual relations. They have consequently been increasingly targeted by international organizations, the media, and non-governmental organizations, even though the epidemiological data in this regard is still not very well corroborated. In this way, the securitization of HIV/AIDS plays into existing normalizing practices surrounding HIV/AIDS.

In order to be effective, biopolitical strategies must then also go on to devise policies for altering the behaviour of these groups around this norm in a way that maximizes the health of the population. For Foucault, normalizing techniques deployed by biopower around sexual behaviour were of particular interest and concern. For him sexuality became such an important object of control for modern power precisely because of its crucial position at the nexus between anatomo- and biopolitics. Biopower needed to target sexuality because sex determined the behaviour of individual bodies as well as driving aggregate population trends such as birth rates. Given that the primary transmission route of HIV around the world is now sexual intercourse, it is not surprising that strategic interventions are today also being devised in order to influence the sexual behaviour of individuals.

Indeed, this prospect of normalizing the sexual behaviour of people around the world has been one of the principal attractions driving more conservative and religious political groups to join the global struggle against AIDS. Conservative factions of the Bush administration have used the issue of HIV/AIDS to promote their 'healthy' norms of sexual behaviour revolving around abstinence before marriage and monogamy. Republicans in the House of Representatives were even able to successfully redirect one-third of the AIDS prevention funding earmarked in the 'United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003' towards AIDS programmes urging abstinence before marriage.⁵⁶ They have also attacked efforts by the US Agency for International Development (USAID) to distribute condoms internationally, preferring their strategy of abstinence and 'being faithful'. The Bush administration even instructed the Center for Disease Control to change the information on its website in such a way as to emphasize condom failure rates and to praise the virtues of abstinence.⁵⁷ Many of these political actors have also pooled their efforts with members of faith-based organizations who share similar political objectives. Some parts of the Catholic Church, for example, have sought to improve their case for abstinence by arguing that condoms have tiny holes in them through which HIV can pass, despite a widespread scientific consensus that condoms are impermeable to HIV.⁵⁸

Although these normalizing strategies are not exclusive to the securitization approach, the latter serves as a powerful new site for globalizing these biopolitical norms and reinforces efforts for deploying them to the non-Western world through funding HIV/AIDS prevention programmes in military and civilian populations. Indeed, the securitization of HIV/AIDS has generated new normalizing mechanisms of its own. UNAIDS, for example, is particularly keen on promoting the 'HIV/AIDS Awareness Card' it recently developed, and which is now routinely deployed during international peacekeeping operations following requests by the Security Council to address the problem of peacekeepers spreading HIV/AIDS where and when they are deployed. The card – which has been produced in ten different languages ranging from the obligatory English all the way through to Kiswahili – recommends to peacekeepers that 'condoms should be used for all types of sexual acts', and urges them to 'limit your alcohol intake and stay away from drugs'. The most striking feature of this card, however, is undoubtedly that it also uses fear to incite peacekeepers to exercise self-discipline over their bodies by reminding them that '[t]he HIV virus can be present anywhere in the world. You do not know who is infected with HIV.'⁵⁹ This strategy parallels Jeremy Bentham's famous Panopticon prison design from 1791 whereby the impossibility of any prisoner knowing whether or not he was being observed at any given time continuously induced him to be obedient and to self-discipline his body. Today, the impossibility of knowing whether any given sexual partner is HIV-positive should similarly induce desired behaviour change amongst UN peacekeepers. The framing of health as a security concern thus further sanctions attempts to modify the sexual behaviour and cultural practices of populations, generating a difficult trade-off between health and autonomy. This danger of normalization must thus be added to the danger of a new biopolitical racism outlined above when evaluating the consequences of framing the global response to HIV/AIDS in the language of international security.

Conclusion: Minimizing the dangers of racism and normalization

How can these dangers of racism and normalization inherent in the securitization of HIV/AIDS be minimized? The racist danger can be mediated in at least three ways. First, those presenting the AIDS pandemic as a security issue could ensure that they insist that it is not *exclusively* a security issue, but rather a security issue *in addition* to being a health issue, a development issue, an economic issue, a social issue, a political issue, a human rights issue, a gender issue, etc. In this way, highlighting the security implications of HIV/AIDS does not unreflectively reify the privileged status of the security sector and elites in terms of access to treatment, and makes it more difficult to simply write off the lives of ordinary civilians living with HIV/AIDS. This outcome could also be achieved, secondly, not just by using a national security framework when securitizing AIDS, but by complementing such an analysis with a human security framework as well. Although it has shortcomings

of its own, the human security framework is by nature more comprehensive and better equipped to capture the importance of addressing the illness for the lives of ordinary individuals, and makes a stronger claim for addressing the needs of the latter than just letting them perish. Thirdly, the danger of racism could also be minimized by insisting that policy responses within the civilian and security sectors not violate human rights, and by framing the issue of HIV/AIDS as an important international security *issue*, or as an international issue with a security *dimension*, rather than as an overwhelming security *threat*. In so doing, the normative benefits that could accrue from adopting a security framework, such as increasing the level of attention and available resources for addressing HIV/AIDS, would not necessarily have to be sacrificed, while the less threatening language used would result in a lower risk of those living with HIV/AIDS being subjected to harsh measures in the name of security.

The normalizing dangers accompanying the securitization of AIDS, in turn, might best be addressed by insisting that international AIDS policies do not privilege prevention and the prescription of specific norms of sexual behaviour at the expense of treatment. Averting the security implications of HIV/AIDS can only be achieved in the long run by also scaling up treatment programmes, which are less concerned with how persons became infected than with helping those already infected survive. International and bi-lateral AIDS initiatives launched through the securitization of HIV/AIDS thus need to be less moralistic and judgmental in tone, and need to focus more on providing treatment to those who want it. In this way addressing the pandemic would not necessarily have to involve heavily prescriptive practices about how and when people should engage in sexual behaviour, but could focus instead on procuring medicines and enhancing the infrastructure for their effective dispersal. Even if these precautions are taken, however, the securitization of HIV/AIDS nevertheless remains in the end a risky gamble on the ability of those presenting HIV/AIDS as a security issue to maintain control over the uses to which this language will be put – albeit a gamble that has perhaps become necessary due to the particular vicissitudes of contemporary world politics. Foucault once insisted that ‘the ethico-political choice we have to make every day is to determine which is the main danger’.⁶⁰ In the case of the securitization of HIV/AIDS, this means deciding whether the potential dangers that derive from its biopolitical nature outweigh the dangers of not drawing upon whatever discursive and material resources are available today for addressing the global AIDS pandemic – including the dangerous language of security.

Notes

- 1 This article was originally presented to the 45th Annual Convention of the International Studies Association, Montreal, Canada, 17 March 2004, on the panel ‘Activism and Practices of Dissent in Global Politics: Interdisciplinary and Critical Perspectives’. I would like to thank Louiza Odysseos, Hakan Seckinelgin, Peter Nyers, and Julian Reid for their comments.
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- 15 Michel Foucault, 'Lecture 17 March 1976', in *Society Must Be Defended: Lectures at the Collège de France, 1975–76* (New York: Picador, 2003), pp. 239–40.
- 16 Michel Foucault, 'The Politics of Health in the Eighteenth Century', in Faubion, *Essential Works of Foucault*, vol. 3, p. 95.
- 17 Foucault, 'Lecture 17 March 1976', p. 242.
- 18 Foucault's usage of the term 'population' here does not just refer to a numerical aggregate of individuals, but more specifically to 'living beings penetrated, compelled, ruled by processes, by biological laws. A population has a birth rate, a death rate, an age curve, an age pyramid, a degree of morbidity, a state of health, a population may perish or may, on the contrary, expand.' Michel Foucault, 'Les mailles du pouvoir', in *Dits et écrits, 1954–1988* (Paris: Gallimard, 1994), p. 193, cited in Bruce Curtis, 'Foucault on Governmentality and Population: The Impossible Discovery', *Canadian Journal of Sociology*, 27(4), Fall 2002, pp. 505–33.
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- 27 See Hacking, 'Biopower and the Avalanche of Printed Numbers', p. 286.
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