

**The Futility of Protest? – Biopower and Biopolitics
in the Securitization of HIV/AIDS**

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Dr. Stefan Elbe

Lecturer in International Relations

Department of Government

University of Essex

Wivenhoe Park

Colchester CO4 3SQ

United Kingdom

selbe@essex.ac.uk

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Now in its third decade, HIV/AIDS is well poised to claim more human lives than any other pandemic in modern history. By now twenty-five million people are thought to have died from AIDS-related illnesses, and most of the further 42 million people currently living with HIV will be added to this figure unless they receive affordable access to life-prolonging medicines. Already three times as many persons die from AIDS-related illnesses every day, than were killed during the Al-Qaeda attacks of 11 September 2001. The African continent has been affected particularly severely, with some southern African countries now experiencing national HIV prevalence rates close to forty percent of the adult population. Yet the pandemic is far from confined to Africa; HIV prevalence rates are simultaneously rising in many parts of Asia, Latin America, the Caribbean, Russia, and Eastern Europe giving the pandemic vast growth potential for the decades ahead.¹ The immense scale of this pandemic has understandably provoked much moral outrage, as well as many forms of governmental, non-governmental, and grass-roots activism protesting the continued political marginalization of this humanitarian catastrophe. Perhaps the most recent and innovative example of the first type of activism can be found in the concerted effort by a group of broadly liberal-minded governments, public health officials, and leaders of international institutions to frame the AIDS pandemic not just as a health or development issue, but also as an *international security* issue. Securitizing AIDS, they hope, should finally provoke an international political response to the pandemic commensurate with the scale of the humanitarian crisis it bespeaks. The following paper is concerned precisely with the possibilities and drawbacks of instigating resistance to the political marginalization of HIV/AIDS through such international institutions and through the language of international security.

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

¹ Nicholas Eberstadt, 'The Future of AIDS', *Foreign Affairs*, November-December 2002, pp. 22-45; Sarah A. Grisin and Celeste A. Wallander, *Russia's HIV/AIDS Crisis: Confronting the Present and Facing the Future*, Center for Strategic and International Studies, Washington D.C., 2002; National Intelligence Council, *The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India, and China*, ICA 2002-04D, September 2002.

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, which took place upon the request of several high-ranking Democratic Party members of the Clinton administration, including the President himself, the Vice-President Al Gore, and the then U.S. ambassador to the United Nations Richard Holbrook, was deliberately timed to coincide with the first gathering of the Security Council in the twenty-first century and in the new millennium. The meeting would thus prove to be not only deeply symbolic, but 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. ... Nothing we have seen is a greater challenge to the peace and stability of African societies than the epidemic of AIDS. ... We face a major development crisis, and more than that, a security crisis.’² The political message of the meeting was clear; in the century ahead governments around the world would have to do more to reverse the scale of this humanitarian disaster. It is a message that has since filtered into the highest echelons of state power, as can be seen in the more recent comments by the director of the U.S. Central Intelligence Agency. ‘The national security dimension of the virus is plain’, he argues. ‘It can undermine economic growth, exacerbate social tensions, diminish military preparedness, create huge social welfare costs, and further weaken already beleaguered states.’³ In retrospect, this unprecedented meeting of the Security Council has turned out to be decisive in terms of placing the global AIDS pandemic firmly on the international security agenda, and, in conjunction with four subsequent Security Council meetings on the issue, has done much to compel states to increase the political attention and priority this illness receives around the world.

Notwithstanding these important political advances achieved by bringing the language and apparatus of international security to bear on the global AIDS pandemic, the purpose of the present paper is to raise two critical questions about such political gestures. Firstly, the paper probes whether, irrespective of the well-intended nature of many of these moves, such liberal activism amounts to an ethically problematic bio-politicization of international security. Put differently, it asks whether the attempt to securitize AIDS is not so much a ‘progressive’ undertaking

² James Wolfensohn, Speech delivered to the UN Security Council, 10 January 2000.

³ ‘Spread of AIDS threatens U.S. security, Tenet says’, *Miami Herald*, 12 February 2003.

transcending the limits of the narrow international security agenda revolving around the deployment of organized armed force, as an activity part and parcel of a new biopolitical economy of power that emerged in Europe at the end of the eighteenth century around the government of 'life', and which is currently being spread globally in the name of HIV/AIDS? Secondly, and by way of extension, would such a biopolitical dimension to the securitization of AIDS not render this kind of institutional protest against the global marginalization of HIV/AIDS essentially futile in that it only further entangles the worst affected countries in a complex set of biopolitical power relations that civil society and grass-roots activists, in turn, would do best to actively resist? Answering these complex questions first entails exploring the concepts biopower and biopolitics in greater depth.

1. Biopolitics as a Form of Biopower

The concepts of biopower and biopolitics are most closely associated with the writings of Michel Foucault (1926-1984), who intermittently deployed these ideas in his researches from the mid-1970s until around 1980.⁴ Unfortunately Foucault's reflections on biopower and biopolitics remained largely fragmentary and cursory until his premature death, probably of AIDS-related illnesses, in 1984. Most of the attention Foucault did devote to these notions during his life-time, moreover, was focused on tracing their historical emergence in modern European societies rather than fleshing out their analytical contours with great precision.⁵ For the benefit of critically exploring the ongoing securitization of AIDS, however, it is nevertheless worthwhile to reconstruct the broad outlines of his thoughts on biopower and biopolitics on the basis of published books such as *Discipline and Punishment* and *The History of Sexuality, Vol. 1*, as well as drawing on his lecture notes, course

⁴ More recently his work on biopolitics has also been received attention from Antonio Negri, Michael Hardt, and Giorgio Agamben. Agamben's detailed study of biopower, however, primarily draws upon a referential context of western liberal democracies and is consequently of less value for this paper's emphasis on the spread of biopolitical strategies to the non-Western world through international institutions. See Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life*, trans. Daniel Heller-Roazen, Stanford UP, 1998. Hardt and Negri's *Empire* (London: Harvard UP, 2001) would initially appear to be more directly relevant in this regard; their concept of biopolitical production, however, turns out to be cast in less precise analytical terms than Foucault's, which is why this paper focuses on the latter's framework for thinking about biopower and biopolitics.

⁵ See, for example, his February 1978 Lecture given at the College de France entitled 'Governmentality', in Paul Rabinow (ed.), *The Essential Works of Foucault, Vol. 1: Ethics*, London: Penguin Press, 1997, as well as his course summaries 'Security, Territory, and Population', 'The Birth of Biopolitics', and 'On the Government of the Living' in Faubion, *Essential Works of Foucault, Vol. 3*.

summaries, and the interviews he granted throughout his lifetime.⁶ It is also an intellectually justifiable endeavour in that Foucault himself once referred to his work from this period as being ‘in the final analysis, just fragments, and it is up to you or me to see what we can make of them.’⁷

A sound starting point for such a reconstruction is noting that Foucault 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.’⁸ Put differently, 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.’⁹ Henceforth politics was no longer concerned merely with settling questions of war and peace, or organizing society’s material enrichment; it would additionally come to bear on peoples’ physical well-being, health, and longevity.¹⁰ 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 mostly 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, referred to political strategies aimed *collectively* at ‘man-as-species’;¹¹ biopolitics is the attempt to regulate aggregate biological occurrences *at the population level* such as lowering the latter’s mortality

⁶ Such an endeavour also marks an important corrective to prior attempts to bring Foucault to bear on HIV/AIDS which have focussed primarily on his work on power/knowledge, medicalization, modern science, etc, rather than bringing the political side of Foucault to bear on the HIV/AIDS pandemic. For an example of the former see Alan Petersen and Robin Bunton (eds), *Foucault, Health and Medicine*, London: Routledge, 1997.

⁷ Foucault, ‘Two Lectures’ in Colin Gordon (ed.), *Power/Knowledge*, London: Harvester Wheatsheaf, 1980, p. 79.

⁸ Michel Foucault, *The History of Sexuality, Vol. 1*, trans. Robert Hurley, London: Penguin, 1976, p. 143

⁹ Michel Foucault, ‘Lecture 17 March 1976’ in *Society Must Be Defended: Lectures at the Collège de France, 1975-76*, New York: Picador, 2003, pp. 239-240.

¹⁰ Michel Foucault, ‘The Politics of Health of the Eighteenth Century’, in Faubion (ed.), *The Essential Works of Foucault, Vol. 3: Power*, p. 95.

¹¹ Foucault, ‘Lecture 17 March 1976’, p. 242.

rate, increasing its average life expectancy, stimulating its birth rate, decreasing its morbidity levels, and so on. Foucault was very specific about his usage of the term 'population' in this regard, which did not simply refer to a numerical aggregate of individuals, but rather 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.'¹²

In order to measure and quantify these collective dynamics, populations were increasingly subjected to statistical evaluation from the eighteenth century onwards, which is why the birth of the biopolitical age in Europe also coincided historically with the vast explosion in the number of demographers measuring these population dynamics in quantitative terms.¹³ The vital knowledge produced by these demographers then formed the basis for a plethora of subsequent biopolitical interventions trying to regulate these population dynamics, ranging from health insurance systems and old-age pensions, through to rules governing public hygiene, and so forth.¹⁴ In the end Foucault could thus succinctly define the distinctively *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....'¹⁵ And despite one commentator's insistence that biopolitics is considerably less fun to study than anatomo-politics, it is also this *biopolitical* dimension of biopower that is of the greatest relevance for understanding the ongoing securitization of AIDS.¹⁶

Indeed, for Foucault a crucial implication of the rise of biopolitics in Europe was that henceforth disease would be rendered an important political and economic issue needing to be collectively resolved as a matter of overall policy.¹⁷ The eighteenth century was thus of such great historical significance for Foucault, not because it invented health measures as such (there are many historical precedents for this), but because it 'prescribed new rules and above all transposed the practice onto

¹² Michel Foucault, 'Les mailles du pouvoir', in *Dits et écrits, 1954-1988*, Paris: Gallimard, p. 193, cited in Bruce Curtis, 'Foucault on Governmentality and Population: The Impossible Discovery,' *Canadian Journal of Sociology*, vol. 27, no. 4, pp. 505-533.

¹³ Foucault, 'Lecture 17 March 1976', p. 246. For a historical elaboration see also Ian Hacking, 'Biopower and the Avalanche of Printed Numbers', *Humanities in Society*, vol. 5, nos. 3-4, 1982, pp. 279-295.

¹⁴ Foucault, 'Lecture 17 March 1976', pp. 249-50.

¹⁵ Foucault, 'The Birth of Biopolitics', p. 73.

¹⁶ Hacking, 'Biopower and the Avalanche of Printed Numbers', p. 279.

¹⁷ Foucault, 'The Politics of Health of the Eighteenth Century', p. 91.

an explicit, concerted level of analysis such as had been previously unknown.¹⁸ Indeed, eighteenth century biopolitical strategies were not even primarily designed to target the famous epidemics that historically ravaged the European continent; instead, they targeted illnesses endemic to the population, illnesses that:

were difficult to eradicate and that were not regarded as epidemics that caused more frequent deaths, but as permanent factors which – and that is how they were dealt with – sapped the populations’ strength, shortened the working week, wasted energy, and cost money, both because they led to a fall in production and because treating them was expensive.¹⁹

Ever since the emergence of biopolitical considerations in the eighteenth century the problems posed by collective biological trajectories of populations, especially disease, have occupied an expanding place in European politics. From this time onwards ‘[w]estern man was gradually learning what it meant to be a living species in a living world, to have a body, conditions of existence, probabilities of life, an individual and collective welfare, forces that could be modified, and a space in which they could be distributed in an optimal manner.’²⁰ At the outset of the twenty-first century, by contrast, Western man is no longer content to keep such knowledge for himself; he finds himself increasingly involved in attempts to educate the rest of mankind in the ways of biopolitics. As the next section demonstrates, the securitization of AIDS is a revealing manifestation of this very tendency; it forms a crucial contemporary site not only for articulating biopolitical considerations at the international level, but also for diffusing them into the non-Western world, giving rise to novel normative dangers.

2. The Securitization of AIDS as International Biopolitics

One of the charges frequently levied against Foucault is that his work was resolutely ‘metropolitan’, Eurocentric, and neglecting issues of international government.²¹ Yet his critical reflections on biopolitics can clearly be shown to resonate powerfully at

¹⁸ Ibid.

¹⁹ Foucault, ‘Lecture 17 March 1976’, pp. 243-44.

²⁰ Foucault, *History of Sexuality, Vol. 1*, p. 142.

²¹ See Mitchell Dean, ‘“Demonic Societies”: Liberalism, Biopolitics and Sovereignty’ in Thomas Blom Hansen and Finn Stepputat (eds), *States of Imagination: Ethnographic Explorations of the Postcolonial State*, Durham: Duke University Press, 2001, p. 42.

the international level in the ongoing securitization of AIDS. Indeed, echoes of all three aspects of the shift towards biopolitics that Foucault traced in eighteenth century Europe – the growing concern with populations rather than with territory, the deployment of political strategies aimed at improving the collective health of populations, and the active participation of a plethora of political, economic, and social actors in this deployment – can today be found resonating in attempts to frame the global AIDS pandemic as an international security issue. The securitization of AIDS is a biopolitical gesture *par excellence*, albeit one that is no longer confined to European politics but is being spread globally through a consortium of states, international organisations, non-governmental organisations, multinational corporations, and even scholars. In this case, the securitization of AIDS becomes significant for our understanding of contemporary international relations not only because it marks an unconventional expansion of the international security agenda into the field of public health, but also because it constitutes a revealing example of the gradual geographical extension and globalization of the West’s biopolitical strategies.

2.1. Security and Population

The securitization of HIV/AIDS is biopolitical, firstly, in that it marks an 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 sovereignty and territorial integrity; population dynamics have now become strategically significant as well. By framing the AIDS pandemic not just as a health or development issue, international actors securitizing HIV/AIDS have effectively called 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.’²² Surely the health of populations has not yet overtaken, much less matched, traditional security considerations at the international level, but they have now been placed firmly on the international security agenda in an explicit and deliberate manner. Nor was Foucault even trying to cast his argument in such drastic

²² Cited in Tim Brown, ‘AIDS, risk and social governance’, *Social Science and Medicine*, Vol. 50 (2000), p. 1275.

terms; in his course summary 'Security, Territory, and Population' he went to considerable lengths to emphasize that his analysis of biopolitics did not refer to a decisive transition from a 'territorial state' to a 'population state,' but rather to 'a shift of accent and the appearance of new objectives, and hence of new problems and new techniques.'²³ The contemporary securitization of AIDS provides much evidence that such concerns about population dynamics, and hence such a shift of accent, is now also taking place at the level of international security.

In many ways this augmentation in the international deployment of power mirrors the earlier shift in political power that occurred in eighteenth century Europe. Foucault had observed that prior to that century political power was exercised primarily for the purposes of defending the sovereign and ensuring his survival,²⁴ to which end the sovereign possessed the 'the right to *take* life or *let* live'.²⁵ The wellbeing and biological characteristics of the population inhabiting his territory was not of primary concern to the sovereign during this period. During the eighteenth century, however, a combination of economic, demographic, and political changes in Europe meant that this sovereign's right to inflict death was gradually being complemented by 'the right of the social body to ensure, maintain, or develop its life.'²⁶ Sovereigns and states evolved to become more general managers of life, focusing their energies on shaping bodies and populations. The purpose of biopower was thus no longer to instil fear and repress populations, but on the contrary to stimulate their size, productivity and health, to actually 'invest life through and through.'²⁷ This biopower has become of growing importance to Western societies over the past two centuries, but until recently has not been articulated at the level of international security. During the Cold War the international security agenda of states still largely conformed to the classical idea of sovereignty and power, albeit taken to its logical limit within the context of a nuclear balance of terror between the rival superpowers.²⁸ The ongoing securitization of AIDS, by contrast, is evidence of how such biopolitical considerations are beginning to complement the classical conception of power even at the highest level of international security.

²³ Foucault, 'Security, Territory, and Population', p. 69.

²⁴ Foucault, *History of Sexuality, Vol. 1*, pp. 135-136.

²⁵ *Ibid.*, p. 136.

²⁶ *Ibid.*

²⁷ *Ibid.*, p. 139.

²⁸ A rare exception was Robert MacNamara's suggestion in a 1977 that uncontrolled global population growth could be a greater threat to the world than a thermonuclear war. See his 'Population and International Security', *International Security*, Vol. 2, No. 2 (Autumn 1977), p. 26.

Who is advocating this biopoliticisation of international security? Ironically, and despite the sharp divisions that have emerged between national and human security practitioners, both sides are increasingly agreed that HIV/AIDS is an important international security issue, albeit for very different reasons. Human security scholars point out that in Africa HIV/AIDS is already the single greatest cause of death, and also has a plethora of knock-on effects for economic, political, health, and food security. For them, HIV/AIDS is thus not merely one security issue amongst many in Africa; it is the single most important one. From a state-centric perspective, national security scholars too have pointed to the security dimensions of HIV/AIDS because of its disproportionately high impact on the armed forces – which in some African militaries though to experience HIV prevalence rates in excess of thirty percent – and because of the pandemic’s anticipated destabilizing economic, political, and strategic impact in countries where prevalence rates are highest. Both human and national security practitioners thus converge on the necessity of taking the collective health of populations seriously within the context of international security, and are trying to compel states to optimize the health of its population through medical and political interventions. In this way both camps are also driving the ongoing biopoliticisation of international security steadily forward.

2.2. Examining the Health of Populations

The securitization of AIDS is biopolitical, secondly, because of the manner in which international actors are trying to manage the health of populations. The detailed statistical monitoring of populations that formed such an integral component of the eighteenth century biopolitics in Europe is today being replicated by international agencies eager to identify and forecast the population dynamics likely to be induced by HIV/AIDS in the years ahead. The task of compiling these statistics has been assigned to the World Health Organization and the Joint United Nations Programme on HIV/AIDS (UNAIDS). The latter characteristically prides itself on its efforts to provide ‘strategic information’ about HIV/AIDS worldwide, as well as ‘[t]racking, monitoring and evaluation of the epidemic and of responses to it.’²⁹ Its web pages even boast that UNAIDS is ‘the world’s leading resource for epidemiological data on

²⁹ <http://www.unaids.org/en/about+unaid/what+is+unaid.asp>, accessed 15 January 2004.

HIV/AIDS.³⁰ To this end UNAIDS provides – in a manner that echoes England’s nineteenth century ‘Blue Books’ – annual updates on the global state of the AIDS pandemic and endeavours to keep up-to-date information of HIV-prevalence amongst adult populations for every country.³¹ Crucially, UNAIDS does not restrict itself to providing data for collective populations; it additionally singles out specific risk groups and subpopulations – another historical hallmark of biopolitical strategies.³² The organization thus differentiates, for example, between adult and child populations, 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, the rate of condom use, as well as a variety of knowledge indicators. In this way UNAIDS produces ‘vital’ knowledge about the biological characteristics of the world’s populations and subpopulations.

Echoing earlier instances of biopolitics, the knowledge generated by UNAIDS has subsequently formed the basis for deploying a wide variety of ‘bio-regulations’ attempting to reduce the spread of the virus within and between populations.³³ In the security field, for example, UNAIDS is particularly keen on the ‘HIV/AIDS Awareness Card’ it recently developed, and which is now routinely deployed during 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 incites them 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.’³⁴ 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

³⁰ http://www.unaids.org/en/about+unaids/what+is+unaids/unaids_a+unique+response/tracking,+monitoring_evaluation.asp, accessed 15 January 2004.

³¹ See Hacking, ‘Biopower and the Avalanche of Printed Numbers’, p. 286.

³² Brown, ‘AIDS, risk and social governance’, p. 1276.

³³ Timothy Rayner, ‘Biopower and Technology: Foucault and Heidegger’s Way of Thinking’, *Contretemps* 2, May 2001, p. 150.

³⁴ http://www.unaids.org/html/pub/Topics/Security/PKcard_en_pdf.pdf, accessed 15 January 2004.

induced him to be obedient and to self-discipline his body; in a similar vein, the impossibility of knowing whether any given sexual partner is HIV-positive should induce desired behavior change amongst peacekeepers, all of which constitutions yet further evidence of the biopolitical nature of the ongoing securitization of AIDS.

2.3. Biopolitical Actors

Finally, the securitization of AIDS is also biopolitical because of the manner in which it is being articulated. In his essay on ‘The Politics of Health of the Eighteenth Century’ Foucault observed how in eighteenth century Europe the emergence of biopower was not merely deployed vertically from the state downwards into society, but was consentingly invoked by many social groups, including religious associations such as the Quakers, charitable organisations, and even scholars. The health of all, he noted, became a priority for all.³⁵ Historically, biopower was thus endorsed and spread through a wide variety of social sites, which is why 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.’³⁶ In the case of the ongoing securitization of AIDS, too, such a chain or net-like deployment of biopower can be easily identified.

The securitization of AIDS is simultaneously being driven by a plethora of actors ranging from governments and multinational corporations, through to non-governmental organisations and members of civil society. This is not to deny that states are particularly important for understanding the attempt to frame HIV/AIDS as an international security issue. The United States government, especially under the Clinton administration, took a leading role in the securitization of AIDS, and the Bush administration has largely stayed this course under pressure from Colin Powell. Yet, the United States government has also been joined in their quest by international organizations such as the World Health Organization, UNAIDS, the European Union, the United Nations Development Program, and the Security Council. These institutions, in turn, have been assisted by powerful economic actors such as the ‘Global Business Coalition on HIV/AIDS’ (GBC) whose members include illustrious

³⁵ Foucault, ‘The Politics of Health of the Eighteenth Century’, p. 92.

³⁶ Foucault, ‘Two Lectures’, p. 98.

multinational corporations such as Coca-Cola, AOL Time Warner, Exxon-Mobil, British Petroleum, American Express, Citigroup, GlaxoSmithKline, to name but a few. They, in turn, have been joined by non-governmental organizations, such as the Civil-Military Alliance to Combat HIV/AIDS,³⁷ the Chemical and Biological Arms Control Institute, the Center for Strategic and International Studies in Washington, D.C., the International Crisis Group,³⁸ Saferworld, International Alert,³⁹ and the International Institute for Strategic Studies (IISS) in London.⁴⁰ Non-governmental organizations in Africa too have been participating in these securitizing moves, as can be seen by the Institute for Security Studies in South Africa which devoted a recent issue of its *African Security Revue* to the security implications of HIV/AIDS.⁴¹ These non-governmental organisations, in turn, have found allies in faith-based organisations and the academy; Andrew T. Price-Smith was amongst the early scholars to pioneer this field of health security,⁴² but articles on AIDS and security have since appeared in the most influential journals in the field of security studies, ranging from *Survival*⁴³ and *International Security*,⁴⁴ through to *Foreign Affairs*,⁴⁵ *Third World Quarterly*,⁴⁶ and the *Washington Quarterly*.⁴⁷ The net of the securitization of AIDS has thus been widely cast, illustrating how biopower is never solely the property of only one agent; it is always plural, decentralized, and capillary in nature. What is more, precisely because it is productive and operates in the name of enhancing ‘life’ (rather than being repressive as in liberal, Marxist and Freudian inspired theories of power),

³⁷ Rodger Yeager and Stuart Kingma, ‘HIV/AIDS Destabilising National Security and the Multi-National Response’, *International Review of the Armed Forces Medical Services*, vol. 74, no. 3, 2001, pp. 3-12; and Rodger Yeager and Donna Ruscavage, *HIV Prevention and Behavior Change in International Military Populations*, CERTI Crisis and Transition Tool Kit, September 2000.

³⁸ International Crisis Group, *HIV/AIDS as a Security Issue* (Washington, D.C. and Brussels, Belgium, June 19, 2001), p. 1.

³⁹ Saferworld and International Alert, *Strengthening Global Security Through Addressing the Root Causes of Conflict: Priorities for the Irish and Dutch Presidencies in 2004*, February 2004, http://www.international-alert.org/pdf/pubdev/EU_presidency_paper_2004_irish_dutch.pdf.

⁴⁰ See P.W. Singer, ‘AIDS and International Security’, *Survival*, Vol. 44, No. 1 (Spring 2002), pp. 145-158, and Stefan Elbe, *The Strategic Implications of HIV/AIDS*, Adelphi Paper 357 for the International Institute for Strategic Studies, Oxford, Oxford University Press, 2003.

⁴¹ *African Security Revue* (South Africa), vol. 10, no 4, 2001.

⁴² Andrew T. Price-Smith, *The Health of Nations: Infectious Disease, Environmental Change, and Their Effects on National Security and Development* (Cambridge, Mass.: MIT Press, 2001). See also his earlier article, ‘Ghosts of Kigali: Infectious Disease and Global Stability in the Coming Century’, *International Journal*, vol. 54, no. 3, 1999, pp. 426-442; and Andrew T. Price-Smith (ed.), *Plagues and Politics: Infectious Disease and International Policy* (London: St. Martin's Press, 2001).

⁴³ Singer, ‘AIDS and International Security’.

⁴⁴ Stefan Elbe, ‘HIV/AIDS and the Changing Landscape of War in Africa’, *International Security*, Vol. 27, No. 2 (Fall 2002).

⁴⁵ Nicholas Eberstadt, ‘The Future of AIDS’, *Foreign Affairs*, Nov/Dec2002, Vol. 81, No 6, pp.22-45.

⁴⁶ Robert L Ostergard Jr., ‘Politics in the hot zone: AIDS and national security in Africa’, *Third World Quarterly*, Vol. 23, No. 2, pp. 333-350.

⁴⁷ See the articles by Chris Beyrer, Peggy McEvoy, J. Stephen Morrison, and Sandra Thurman in the special issue of the *Washington Quarterly* on HIV/AIDS, vol. 24, no. 1, 2001.

biopower is capable of generating impressive degrees of consent amongst a wide range of social actors.⁴⁸ ‘Power’, Foucault reminded his readers, ‘is everywhere; not because it embraces everything, but because it comes from everywhere.’⁴⁹

All three aspects, then, of the shift towards biopolitics that Foucault traced in eighteenth century Europe – the growing concern with populations rather than with territory, the concomitant deployment of political strategies aimed at improving the collective health of populations, and the participation of a plethora of political, economic, and social actors in this deployment – can today be found resonating at the global level in ongoing attempts to frame the global AIDS pandemic as an international security issue. The deeper relevance of this ongoing securitization of AIDS, however, stems not merely from the fact that it is yet another biopolitical gesture, or even that it marks a significant extension of international security’s dominion over life; rather, its deeper significance stems from the fact that it marks one of the clearest contemporary examples of how the West’s biopolitical strategies are now gradually being diffused to the non-Western world through international institutions such as the United Nations. Foucault had famously described the emergence of the biopolitical age in modern Europe in the following terms:

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.⁵⁰

⁴⁸ Something which is slightly obscured by the difference between the English word ‘power’ and the French word ‘pouvoir’ with its associated meanings of ‘to be able to.’ See Barbara Biesecker, ‘Michel Foucault and the Question of Rhetoric’, *Philosophy and Rhetoric*, vol. 25, no. 4 (1992), pp. 351-63.

⁴⁹ Foucault, *History of Sexuality, Vol. 1*, pp. 92-93. This also makes it very difficult to justify Hardt and Negri’s critique of Foucault’s deployment of biopower as only coming from above and from the state. See Michael Hardt and Thomas Dumm, ‘Sovereignty, Multitudes, Absolute Democracy: A Discussion between Michael Hardt and Thomas Dumm about Hardt and Negri’s Empire’, *Theory & Event*, vol. 4, no. 3, 2000; see also Hardt, ‘Michael Hardt: Affective Labor?’, and *Empire* (Harvard UP 2000), p. 28. In fact, this may be obscuring one of most important contributions of Foucault’s analysis of power.

⁵⁰ Foucault, *History of Sexuality, Vol. 1*, pp. 142-143.

Whilst penning these thoughts on biopower in the 1970s, of course, Foucault had still believed many parts of the non-Western world to be outside this biopolitical sphere, noting, for example, how '[o]utside the Western world famine exists, on a greater scale than ever; and the biological risks confronting the species are perhaps greater, and certainly more serious, than before the birth of microbiology.'⁵¹ Were Foucault alive today, however, he may well have been struck by the fact that the ongoing securitization of AIDS is currently in the process of globalizing such biopolitical considerations; it marks a mechanism through which the Western world can increasingly subject the non-Western world to such biopolitical strategies in the name of 'life' and collective 'health'.

Nor must the efficacy of this global deployment of biopower be underestimated. Even though biopower is customarily not spread through coercive means, its effects can be tremendous. In South Africa, for example, much controversy has surrounded President Thabo Mbeki's infamous stance on AIDS and his refusal to do more to reduce the South Africa's AIDS epidemic, which is now thought to directly affect more than five million of its citizens. Perhaps his position becomes more intelligible, however, if it is understood as an insistence that the question of how to respond to AIDS is in the first instance a political one to be located within the political sovereignty of the South African state, rather than one driven by Western biomedical scientists and companies – an insistence which, in turn, must be interpreted against the background of a much longer confrontational history of Western medical interventions on the African continent.⁵² One way of understanding Mbeki's controversial position on AIDS, in short, is as an unequivocal assertion of the classical ideal of sovereignty outlined by Foucault, i.e. of the sovereign's 'right to *take* life or *let* live.' The sovereign of the South African state should be allowed to decide who lives and who dies. The fact that Mbeki has not been able to maintain this position in light of a host of pressures emanating from the international media, international organisations, non-governmental organisations, and civil society illustrates how powerful international biopower can be in material terms. In the standoff between classical sovereignty and biopower, the latter appears to have won

⁵¹ Ibid., p. 143

⁵² Drew Forrest, 'Behind the smokescreen', *Mail & Guardian*, 26 October 2001, p. 25. For an excellent account of these historical interventions see Stephen van Holde, 'A Legacy of Mistrust, Suspicion, and Fear: Science, Politics, and Power in the African AIDS Epidemic', paper presented at the International Studies Association, Portland, Oregon, 1 March 2003.

in South Africa with the government's recent, albeit reluctant, decision to do more to tackle AIDS. The significance of biopower and biopolitics in international relations is thus already considerable, and yet it remains all too easy to miss its significance when power relations in international politics are continuously analysed through concepts forged in terms of law and armed force. These not merely fail to capture the daily operation of biopower but, as Foucault suggested, actually serve as a strategic cover for the latter's diffusion in the name of 'life';⁵³ biopower's success 'is proportional to its ability to hide its own mechanisms'⁵⁴ Once, however, these biopolitical dimensions to the securitization of AIDS are unmasked, novel ethical dangers begin to arise.

3. The Ethical Dangers of Biopolitics

Many of those advocating the securitization of AIDS hope that their actions will bring about a plethora of important, long-term normative benefits. These advantages include (i) mobilising more political support and economic resources for addressing the AIDS pandemic at global and local levels, (ii) breaking the silence and stigma surrounding HIV/AIDS in many African, Asian and Latin American countries, (iii) politicising the central role of the security sector as a vector of the virus, and (iv) helping to override the legal constraints bearing on the production of affordable life-saving AIDS medicines – especially those imposed by the international regime protecting intellectual property rights (TRIPS), the provisions of which do not apply to cases of national security crises.⁵⁵ These goals do seem worth striving for, but they must also be reassessed in light of the biopolitical dimension to the securitization of AIDS identified above. Foucault, after all, had been able to detect at least two serious ethical dangers historically accompanying the deployment of biopolitical strategies, and both of these concerns can, to some extent, be shown to apply to the current securitization of HIV/AIDS as well.

⁵³ Foucault, 'Two Lectures', pp. 105-6.

⁵⁴ Foucault, *History of Sexuality*, p. 86.

⁵⁵ For an elaboration of these points see Stefan Elbe, 'Securitizing AIDS: A New Framework for Paralysis?' paper presented at the International Studies Association, Portland, Oregon, 1 March 2003. See also Dennis Altman, 'Understanding HIV/AIDS as a Global Security Issue' in Kelley Lee (ed.), *Health Impacts of Globalization: Towards Global Governance*, London: Palgrave, 2000; and Carrie Sheehan, 'Securitizing Global Health Issues: HIV/AIDS in Africa as a U.S. National Security Threat', paper presented at the International Studies Association, New Orleans, LA, 26 March 2002.

3.1. Biological Racism

One such danger is that historically biopolitical strategies have given rise to new instances of mass death heralded on the basis of *biological* criteria. With hindsight it seems profoundly ironic that the European era of biopower – advanced in the name of ‘life’ – coexisted with political strategies demanding the deaths of millions. Foucault later came to understand this bizarre confluence on the basis of a new racism – a racism of biology rather than of culture.⁵⁶ ‘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.’⁵⁷ The Nazi movement demonstrated this darker side of biopolitics in a particularly stark manner 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 could not.⁵⁸ This biological racism was also projected internally to the Jewish population of the German *Reich*; Jews were no longer prosecuted solely because of their Judaism, but because of their ‘Jewishness’, which prompted Hannah Arendt to point out in her memorable phrase that whereas in the past ‘Jews had been able to escape from Judaism into conversion; from Jewishness there was no escape.’⁵⁹ A biopolitical society, in short, may still 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. Indeed, biological racism may even prove to be more pernicious than the traditional cultural racism precisely in that there is no escape from one’s biological makeup. In either case, such biological racism can explain the historical irony that it was ‘as managers of life and survival, of bodies and the race, that so many regimes have been able to wage so many wars, causing so many men to be killed’.⁶⁰ This darker side of the twentieth century European biopolitics, moreover, must give pause for thought regarding ongoing attempts to frame the AIDS pandemic as an international security issue.

⁵⁶ Foucault, ‘Lecture 17 March 1976’, p. 257.

⁵⁷ *Ibid.*, p. 254.

⁵⁸ Raphael Lemkin. *Axis Rule in Occupied Europe*. Washington, DC: Carnegie Endowment for International Peace, 1944, pp. 81-82, quoted in Helen Fein. *Genocide: A Sociological Perspective*. London: Sage, 1993, p. 9.

⁵⁹ Quoted in Zygmunt Bauman, *Modernity and the Holocaust*, Cambridge: Polity Press, 1989, p. 59.

⁶⁰ Foucault, *History of Sexuality, Vol. 1*, p. 137. In light of Foucault’s engagement with Nazi racism, it is also difficult to follow Giorgio Agamben’s charge that Foucault never brought his thought to bear on the totalitarian regimes of the twentieth century. See Agamben, *Homo Sacer*, p. 119.

Is there any evidence of racism operating in the international debate on HIV/AIDS? There is certainly evidence that the older, cultural racism is present in this debate, especially regarding the question of which peoples are allowed to live and which ones are left to die. Given the existence of life-prolonging medicines, the pandemic could be significantly curtailed with sufficient international political will and resources. Yet Africans' claims to these medicines are not being satisfied; the survival of these populations is being given much less priority internationally than say the less than 3,000 U.S. citizens who died on September 11, 2001, prompting the head of UNAIDS, Peter Piot, to remind his listeners that 'if this would have happened in the Balkans, or in Eastern Europe, or in Mexico, with white people, the reaction would have been different.'⁶¹ It is indeed hard to imagine that this pandemic would have been allowed to rage out of control on any continent other than Africa. Of course, this kind of racism is different from the racism deployed by Germany's National-socialists in that people are not being killed either deliberately or on biologically-defined grounds, but its effects are much the same; HIV-positive populations are being allowed to die in vast numbers despite the availability of life-prolonging medicines, thus highlighting an implicit racism between different populations at the global level. Yet, and somewhat paradoxically, it is also precisely this kind of cultural racism that the ongoing securitization of AIDS is attempting to resist; the securitization of AIDS is being driven by the desire to make more resources available internationally for addressing the pandemic, and thus it does not seem ethically culpable with regard to furthering this kind of cultural racism. Indeed, the hope of combating such cultural racism forms a considerable part of its rhetorical force.

There is, however, also evidence of a second and more subtle form of *biological* racism operating in the international AIDS debate. This racism is not so much concerned with the traditional war *between* races, as with more modern attempts to guard the biological health and fitness of the whole population or race vis-à-vis specific 'diseased' or 'degenerate' threats. Nazi eugenics, it is worth recalling, began in precisely such a vein – by first attempting to eradicate diseased people for the benefit of the health of the German population as a whole. Foucault thus noted how *biopolitical* (as opposed to cultural) racism appeals to the principle 'that the death of others makes one biologically stronger insofar as one is a member of a race

⁶¹ Barton Gellman, 'The Belated Global Response to AIDS in Africa: World Shunned Signs of the Coming Plague,' *Washington Post*, 5 July 2000, p. A01.

or a population.’⁶² This biological racism serving the population as a whole also occasionally surfaces in the debate on HIV/AIDS. In 1999, for example, 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, implying that this would be beneficial for those surviving the pandemic.⁶³ Nor is this an isolated incident. The initial reaction of one official at the National Intelligence Council in the mid 1990s, responding to the early demand for a project on the security implications of AIDS, was reportedly: ‘Oh, it will be good, because Africa is overpopulated anyway.’⁶⁴ Some have even committed such thoughts to paper. In a report by the World Bank from 1992 one can read 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’.⁶⁵ Underlying such thinking is not a cultural racism, but a more subtle biological racism that pits the population or ‘race’ as a whole against HIV-positive persons by implying, however erroneously, that the former would be better off without the latter. Again, however, the securitization of AIDS is, at least on the surface of it, trying to combat this form of racism by calling for a more global and comprehensive response to the AIDS pandemic, and consequently does not appear ethically culpable with regard to furthering this kind of racism either. Where then, one might ask, is the evidence of the securitization of AIDS, as a biopolitical gesture, giving rise to new forms of racism in the way Foucault had warned?

The extent to which novel forms of racism may emerge in the securitization of AIDS depends very much on exactly *how* HIV/AIDS is securitized. The tactical dilemma faced by all advocates and adherents of the securitization of AIDS is whether this securitization is to be achieved primarily on the basis of a national security or a human security framework. On the one hand, advocates of the securitization of AIDS clearly want this securitization to be successful in order for the normative benefits they envision to accrue as quickly as possible. This means casting HIV/AIDS as a security threat within the framework of national and international security, i.e. in terms that will appear most plausible and persuasive to the Security Council and the traditional security sector. This, in turn, would entail highlighting the

⁶² Foucault, ‘Lecture 17 March 1976’, p. 258.

⁶³ http://www.lafalce.com/library/life/1999-11-16_oe_aids.shtml, accessed 16 January 2004.

⁶⁴ Gellman, ‘The Belated Global Response to AIDS in Africa’, p. A01.

⁶⁵ *Ibid.*

effects of HIV/AIDS on the armed forces, on peacekeepers, and on state capacity. A human security framework, by contrast, is less likely to persuade the Security Council and the more traditionally oriented security sector to take the issue seriously at the highest levels, and is hence unlikely to achieve the same degree of political impact. So the tactical advantages of drawing on national and international security frameworks initially appear very compelling. Yet if the securitization of AIDS is to proceed solely or even primarily on the basis of national and international security, then it also inadvertently risks simply substituting the cultural racism it eagerly seeks to combat with a new *strategic* form of racism. Put differently, securitizing the illness in this manner could encourage an international response whereby medicines are provided not democratically and comprehensively to all who need them, but only to those populations who play a crucial role in maintaining national and international security, i.e. the armed forces and state elites. Securitizing AIDS with reference to national and international security may thus come to benefit those elites in question, but not the wider population. There is consequently a danger of the securitization of AIDS introducing a subtle but potentially disastrous new criterion for 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 *strategic* value. In this way the securitization of AIDS risks substituting a *cultural* racism with a new *strategic* racism that, from a biopolitical perspective, is still a racism because it would provide the crucial biopolitical function of deciding who must live and who must die.

What is more, framing HIV/AIDS as a threat to national and international security also risks further fuelling the aforementioned *biological* racism that advocates of the securitization of AIDS are trying to combat. It does so by inadvertently construing persons living with HIV/AIDS as security threats. A characteristic headline from the British *Daily Telegraph* reads '*African AIDS: Deadly Threat to Britain*'.⁶⁶ Nor is this an isolated incident; the portrayal of AIDS as being a disease that comes from foreigners, from outsiders, and especially from 'black' Africans, is a perennial feature of the discourse on AIDS ever since the illness was first discovered. Calls for quarantining people with HIV/AIDS not because of their skin colour but because of their biological characteristics, subjecting them to various forms of violence, attempting to bar such persons from serving in state institutions,

⁶⁶ *Daily Telegraph* 21.9.1986, <http://www.survivreausida.net/article2654.html>, accessed 16 January 2004.

and the refusal to issue visas to foreigners living with HIV, 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. 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 traveling to the United Kingdom to seek treatment.⁶⁷ Within the armed forces around the world, moreover, there has already been growing pressure to exclude soldiers living with HIV because the illness is being perceived as a security threat. As with Arendt's aforementioned observations about 'Jewishness', there seems to be no escape from one's HIV-status. Although the securitization of AIDS tries to remedy the cultural racism evident in the unequal global access to medicines, if it is conducted primarily on the grounds of national and international security it risks – contrary to its own intentions – furthering both a *strategic* racism that will save elites but not ordinary people, and a *biological* racism that fuels exclusionary practices regarding persons living with HIV. It is only by first acknowledging the biopolitical nature of the securitization of AIDS, that these novel ethical dangers can be identified.

3.2. Biopolitics as Normalizing Power

A second ethical drawback Foucault historically associated with the rise of biopolitical strategies in Europe is that they have had normalizing effects which stifle autonomy and creativity. 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 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.'⁶⁸ The securitization of AIDS, too, is replete with such normalizing practices, not least because it constitutes a way of prescribing norms of good governance for states by compelling them to strive towards having healthy populations. More specifically, however, such normalizing practices can also be

⁶⁷ Gaby Hinsliff, 'Britain slams the door on foreign NHS cheats', *The Observer*, 9 February 2003, p. 2.

⁶⁸ Foucault, *History of Sexuality*, Vol. 1, p. 144.

found operating *within* states. In early days of AIDS, for example, people were cautioned against the four abnormal ‘H’s that were publicly presented as deviating from the preferred HIV-negative norm: homosexuals, hemophiliacs, heroin addicts and Haitians. Later this was expanded to Africans more generally (both domestically and internationally) and to sex workers.⁶⁹ The securitization of AIDS adds a further dimension to this strategy by identifying the armed forces as yet another subpopulation deviating from the ‘healthy’ norm. Soldiers are now treated as a high risk group because they are thought to deviate from normal and stable sexual relationships, 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 in an effort to alter their behavior in a way that is closer to the desired norm, even though the epidemiological data in this regard is still not well corroborated. In this way, the problem of normalization undoubtedly accompanies the ongoing securitization of AIDS and this, too, must give pause for thought.

For Foucault, of course, normalizing techniques deployed by biopower around sexual behavior were of particular interest and concern. For him sexuality became such an important object of control for modern power because of its crucial position at the nexus between anatomo- and biopolitics. Biopower needed to target sexuality because sex determined both the behaviour of individual bodies as well as driving aggregate population trends such as birth-rates. Given that the primary route of transmission of HIV is now sexual intercourse, it comes as no surprise that strategic interventions are today being devised in order to influence the sexual behavior of individuals. Indeed, this prospect of normalizing the sexual behavior 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, for example, have used the issue of HIV/AIDS to promote their norms of sexual behavior 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

⁶⁹ Brown, ‘AIDS, risk and social governance’, p. 1274.

2003' towards AIDS programs urging abstinence before marriage.⁷⁰ They have also attacked efforts by the U.S. Agency for International Development (USAID) to distribute condoms internationally, preferring – despite evidence to the contrary – 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 praise the virtues of abstinence.⁷¹

Many of these political actors have also pooled their efforts with members of faith-based organizations who have 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.⁷² These messages, moreover, are not only aimed at foreign populations, but also feed back into domestic political agendas as well. Although these normalizing strategies are not exclusive to the securitization approach, the latter serves as a powerful new site for *globalizing* these norms and deploying them to the non-Western world. In the end, therefore, acknowledging the biopolitical dimension of the securitization of AIDS enables the following two novel ethical dangers surrounding the latter to be identified: (i) it could fuel new biopolitical forms of racism (both a *biological* racism against persons living with HIV and a *strategic* racism regarding who receives access to medicines); and (ii) it can be appropriated for the purposes of deploying normalizing strategies surrounding sexual behavior internationally. The first question raised at the outset of this paper can consequently be answered in the affirmative: the securitization of AIDS is a biopolitical gesture, and this does indeed generate new normative problems in need of further reflection and evaluation.

4. Resisting Biopolitics?

What, then, of the second question raised at the outset of this paper? Is the biopolitical nature of the securitization of AIDS reason enough for grass roots activists and

⁷⁰ Hollby Burkhalter, ‘The Politics of AIDS: Engaging Conservative Activists’, *Foreign Affairs*, Vol. 83, No. 1 (January-February 2004), p. 12.

⁷¹ See Union of Concerned Scientists, *Scientific Integrity in Policymaking: An Investigation into the Bush Administration’s Misuse of Science* (February 2004), p. 17.

http://www.ucsusa.org/global_environment/rsi/RSI_final_fullreport.pdf

⁷² Steve Bradshaw, ‘Vatican: condoms don’t stop Aids’, 9 October 2003, *The Guardian*, www.guardian.co.uk, accessed 16 January 2004.

critically-minded scholars to resist it? In light of the new normative dangers identified above, this would seem to be a natural conclusion to draw, not least as Foucault himself pointed to the need to resist modern forms of power: '[t]o say no is the minimum form of resistance.... You have to say no as a decisive form of resistance.'⁷³ Nevertheless more sustained reflection on this question is undoubtedly required before arriving at such a conclusion as there are also other competing trajectories present in Foucault's corpus that would generate doubt about the veracity of such a conclusion. Indeed, and to anticipate, it may well turn out counter intuitively that the opposite conclusion is justified – that, under certain conditions, the securitization of AIDS can actually be appropriated in Foucauldian terms as a valuable strategic resource combating the state of domination that many parts of the world are experiencing with regard to HIV/AIDS.

Firstly, it would be hasty to reject the securitization of AIDS on Foucauldian grounds because, even though there is arguably a strong ethical sensibility contained in Foucault's corpus, there are by the latter's own admission no clear ethical rules that follow from his work. Foucault remained true to his Nietzschean roots in despising all 'believers'; he too did not wish to read as a prophet, nor himself serve as a normalizing force. The point of his genealogies was therefore not to prescribe universal ethical rules, but rather 'to show people that they are much freer than they feel....'⁷⁴ Even his reflections on ethics in his later works such as *The Use of Pleasure* advocated the aesthetic creation of a unique style of life without recourse to universal moral codes. Any such morals have to be the result of a personal journey of trial and error, rather than being predetermined by overarching ethical theories. 'People', Foucault concluded accordingly, 'have to build their own ethics, taking as a point of departure the historical analysis, sociological analysis, and so on that one can provide for them'.⁷⁵ Elsewhere he insisted unequivocally that '[t]he role of an intellectual is not to tell others what they have to do. By what right would he do so?'⁷⁶ Although Foucault's work arguably seeks to instil a strong ethical sensibility in its readers, there are no clear ethical prescriptions that follow from his work; there is no overall Foucauldian programme and this must ultimately caution readers against deriving any

⁷³ Michel Foucault, 'Sex, Power, and the Politics of Identity', in *Ethics*, p. 168.

⁷⁴ Rux Martin, 'Truth, Power, Self: An Interview with Michel Foucault' in *Technologies of the Self: A Seminar with Michel Foucault*, eds. Luther Martin, Huck Gutman and Patrick H. Hutton (London: Tavistock, 1988), p. 10.

⁷⁵ Michel Foucault, 'Michel Foucault: An Interview by Stephen Riggins', *Ethics*, p. 132.

⁷⁶ Michel Foucault, *Politics, Philosophy, Culture: interviews and other writings, 1977-1984*, trans. Alan Sheridan and others, New York: Routledge, 1988, p. 265.

firm ethical conclusions from his work, including any normative stance regarding the securitization of AIDS as a biopolitical gesture.

Secondly, any such conclusion would also be rendered problematic because Foucault frequently altered his views throughout his lifetime. Foucault had himself found it difficult to write in unitary terms about thinkers whose work he drew upon. Regarding Karl Marx he once observed that '[a]s far as I'm concerned, Marx doesn't exist. I mean, the sort of entity constructed around the proper name, signifying at once a certain individual, the totality of his writings; and an immense historical process deriving from him.'⁷⁷ Such a unity similarly does not exist regarding Michel Foucault, who demanded from his readers the right to change his views over time; there is consequently no correct Foucault, and at a minimum one would always need to specify *which* Foucault one is referring to. What is more, any such unity pertains even less to Foucault's specific reflections on biopower and biopolitics; given that he never had the opportunity before his death to fully flesh out these ideas, they remain inconclusive as to the kinds of ethical conclusions that might ultimately derive from them. Much in this vein some Foucault scholars have even sought to draw a sharp distinction between biopower and biopolitics, and have tried to read a more positive trajectory into his discussion of biopolitics by attempting to develop a biopolitics that resists modern forms of biopower.⁷⁸ In either case, Foucault's reflections on biopower and biopolitics simply remained too cursory and imprecise to firmly derive an unequivocal rejection of the securitization of AIDS as a biopolitical gesture from them.

Such a conclusion would also be premature, thirdly, because any *a priori* rejection of biopower and biopolitical gestures would be to misrepresent the intention of Foucault's critical resistances and interventions. These interventions sought to further the work of freedom by raising difficult questions about concrete social practices, but this does not mean that these interventions should be read as outright dismissals of these practices altogether. Foucault was bemused by the frequent – yet erroneous – construal of his positions as being complete rejections of certain practices. Regarding the reception of his work on psychiatry, for example, he complained in an interview that that despite not once commenting on current psychiatric practice, his

⁷⁷ Foucault, *Power/Knowledge*, p. 76.

⁷⁸ Maurizio Lazzarato has argued for cultivating a biopolitics that acts as a resistance to biopower. See his 'From Biopower to Biopolitics', *Pli: Warwick Journal of Philosophy*, no. 13 (2002), p. 111.

book was immediately and widely construed as an ‘antipsychiatry’ position.⁷⁹ So the fact that Foucault raised critical questions about practices such as psychiatry does not mean that he rejected them altogether, or wanted them completely abandoned. By way of extension, it does not follow from the fact that Foucault raised critical questions of biopower that he was against all of its manifestations. It would be just as absurd, for example, to suggest that Foucault was against hospitals because they are biopolitical institutions.

Nor, finally, were Foucault’s writings even opposed to power as such. For Foucault *all* political activity inevitably reproduces power relations and it would be utopian to believe that it would be possible to develop a political position free of power relations. He went to great lengths to communicate to his readers that his analysis of power was not pejorative. In one of his interviews, for example, he pointed to a failure of some of his readers ‘to see that power relations are not something that is bad in itself, that we have to break free of.’⁸⁰ He went on to specify that ‘I do not think that a society can exist without power relations, if by that one means the strategies by which individuals try to direct and control the conduct of others.’⁸¹ In the same interview Foucault reiterated in no uncertain terms that ‘[p]ower is not evil.’⁸² This view of power also had important political consequences in that it compelled Foucault to doubt – contra Habermas – whether it would ever be possible to find political strategies that completely divorce themselves from power relations.⁸³ Foucault was of course at pains to point out that this did not mean that resistance is futile, quite the contrary; ‘[t]o say that one can never be “outside” power does not mean that one is trapped and condemned to defeat no matter what ... [but] that there are no spaces of primal liberty.’⁸⁴ For Foucault, then, the fact that actions were enmeshed in power relations could not be taken as grounds for rejecting such actions altogether because all actions were ultimately enmeshed in power relations. His critique of biopolitical practices was concomitantly never *a priori*, but always tied more narrowly to other ethical dangers such as the racism and normalizing practices that historically accompanied such practices; it is consequently also on the basis of these specific dangers, rather than on the basis of its biopolitical nature as such, that

⁷⁹ Michel Foucault, ‘Michel Foucault: An Interview by Stephen Riggins’, *Ethics*, pp. 131-132.

⁸⁰ Michel Foucault, ‘The Ethics of the Concern for the Self as a Practice of Freedom’, in *Ethics*, p. 298.

⁸¹ *Ibid.*

⁸² *Ibid.*

⁸³ Michel Foucault, ‘Polemics, Politics, and Problematizations’, in *Ethics*, p. 114.

⁸⁴ Foucault, *Power/Knowledge*, pp. 141-142.

the securitization would have to be evaluated. In either case, all of these factors combined would clearly make it premature to reject the securitization of AIDS out of hand simply because of its biopolitical nature.

A better starting point for reflecting on the question of whether the securitization of AIDS needs to be resisted by grass-roots level organisations and by critical scholars would be to start with an honest admission of the profound ethical complexity surrounding this question. Just as Foucault once pointed out that not everything is bad, but everything is potentially dangerous, so too both the decision to securitize the AIDS pandemic, as well as the decision to resist such a securitization, are accompanied by considerable ethical dangers. As was illustrated above, securitizing the pandemic risks bringing certain racist and normalizing practices into play; resisting the securitization, by contrast, risks losing important potential ethical gains, such as increasing the political will and resources available to address the illness. But, if Foucault is correct in asserting that everything is potentially dangerous, then how can we actually decide between competing dangers in general, and these specific normative tradeoffs surrounding the securitization of AIDS in particular? Clearly Foucault insisted that we must decide; ‘the ethico-political choice we have to make every day’, he argued, ‘is to determine which is the main danger.’⁸⁵ Yet this does not actually answer the question of *how* we should do so.

Perhaps an important clue in this regard can be found in the details of Foucault’s analysis of power. The late Foucault tried to further clarify his usage of the notion of ‘power’ by drawing a distinction between power relations and states of domination. He explained that he had always used the term power as a short-hand not for formal governmental bodies, but for ‘mobile, reversible, and unstable’ *power relations*.⁸⁶ In his view the existence of such power relations presupposed a certain degree of freedom: ‘power relations are possible only insofar as the subjects are free. If one of them were completely at the other’s disposal and became his thing, an object on which he could wreak boundless and limitless violence, there wouldn’t be any relations power.’⁸⁷ In the absence of such freedom and the possibility of effective resistance one has to speak instead of domination: ‘states of domination do indeed exist. In a great many cases, power relations are fixed in such a way that they are

⁸⁵ Michel Foucault, ‘On the Genealogy of Ethics’, in *Ethics*, p. 256.

⁸⁶ Michel Foucault, ‘The Ethics of the Concern for the Self as a Practice of Freedom’, in *Ethics*, p. 292.

⁸⁷ *Ibid.*

perpetually asymmetrical and allow an extremely limited margin of freedom.’⁸⁸ The example provided by Foucault on this occasion related to the status of married women in the eighteenth and nineteenth century. In this case, Foucault argued, women had quite a few options: ‘they could deceive their husbands, pilfer money from them, refuse them sex. Yet they were still in a state of domination insofar as these options were ultimately only stratagems that never succeeded in reversing the situation.’⁸⁹ Resistance in a limited form was possible, but mostly futile in light of the highly asymmetric power relations. In either case, Foucault had found it necessary to make a crucial distinction between power relations ‘understood as strategic games between liberties – in which some try to control the conduct of others’, and states of domination that people ordinarily call ‘power’.⁹⁰

This distinction between power relations and states of domination takes on crucial significance in retrospect, in that it would seem to imply that Foucault generally preferred situations of power relations to states of domination. Given Foucault’s overwhelming concern with autonomy it would not be unreasonable to assume such a preference. Did not Foucault himself also argue that the point is to ‘acquire the rules of law, the management techniques, and also the morality, the *ethos*, the practice of the self, that will allow us to play these games of power *with as little domination as possible* [emphasis added].’⁹¹ What is more, are we not faced in the case of the African AIDS epidemic with precisely such a state of domination akin to the example of women he himself had provided? There are millions of Africans who are denied access to life saving medicines in a structural context where their choices of resistance, if not entirely non-existent, are certainly extremely limited. From a Foucauldian perspective the key political challenge might thus well be to attempt to move Africa out of this state of domination. If, moreover, the securitization of AIDS could successfully accomplish its goals of mobilising more political and economic support, breaking the silence and stigma surrounding HIV/AIDS, politicising the central role of the security sector as a vector of the virus, and helping override the legal constraints bearing on the production of affordable life-saving AIDS medicines, then this might be considered as an – albeit imperfect – form of resistance to this state of domination. This is not at all to glorify such an undertaking. Clearly, such a

⁸⁸ Ibid.

⁸⁹ Ibid.

⁹⁰ Ibid., p. 299.

⁹¹ Ibid., p. 298.

strategy has important biopolitical ramifications and generates new power relations and new normative dangers; but, if successful, such a strategy would also serve to move the African continent closer to the preferable realm of power relations and begin, however modestly, to reverse the current state of domination regarding HIV/AIDS. Although biopolitical relationships are still relations of (bio)power, they are less dominating than states of domination; and the ethical challenge for Foucault was to find those governmental technologies (the third dimension to his conception of power) that allowed power relationships to remain open and free rather than dominating and asymmetrical.⁹² Would it not be possible, then, to see the securitization of AIDS, however imperfect, as such an attempt to make the debate about AIDS more fluid and open; as an attempt to move the African continent away from a state of domination to one of strategic power relations? And would this not be an endeavour worth supporting in spite of this entailing the diffusion of biopolitical strategies into the non-Western world?

Arguably there is even evidence in Foucault's own political engagements that he was willing to make such pragmatic choices. Regarding human rights, for example, he could not resist raising very difficult and probing questions about them, but he did not dispute their political utility or insist on rejecting them altogether. Instead he argued in one interview that through a variety of humanistic political movements and social practices 'a certain idea or model of humanity was developed, and now this idea of man has become normative, self-evident, and is supposed to be universal.' However, he continued, '[t]his does not mean that we have to get rid of what we call human rights or freedom, but that we can't say that freedom or human rights has to be limited at certain frontiers.'⁹³ So Foucault expressed deep concern about certain universalising aspects of the human rights regime, but this did not mean that he rejected the idea of human rights as such. Indeed, despite his anti-humanist stance, the late Foucault even advocated something of a theory of right based not on our status as human beings, but on our status as beings who are *governed*. 'There exists,' he wrote, 'an international citizenship with rights and duties and which can engage with any abuse of power, whatever its author, whatever its victims. After all, we are all governed, and by the light of this, in solidarity.'⁹⁴ On a narrow reading, would there

⁹² Lazzarato, 'From Biopower to Biopolitics', p. 109.

⁹³ Michel Foucault, 'Truth, Power, Self: An Interview with Michel Foucault' in L. Martin et. al. (eds), *Technologies of the Self*, London: Tavistock, 1988, p. 15.

⁹⁴ See, for example, Foucault, 'Confronting Governments', in *Power*, pp. 474-76.

not be within such a framework space for a right for people to have access to life-prolonging medicines?⁹⁵ On a wider reading, does this not show that Foucault could raise critical questions regarding political practices without having to reject these practices out of hand?

Even more compelling evidence of such a political pragmatism capable of drawing on the resources available to it within specific political battles can be found in Foucault's reflections on homosexuality and gay politics. In one of his last interviews, Foucault made a critical observation about resistance in relation to the medicalization of homosexuality:

I think that resistance is part of this strategic relationship of which power consists. Resistance really always relies upon the situation against which it struggles. For instance, in the gay community the medical definition of homosexuality was a very important tool against the oppression of homosexuality in the last part of the nineteenth century and in the early twentieth century. This medicalization, which was a means of oppression, has always been a means of resistance as well – since you could say, 'If we are sick, then why do you condemn us, why do you despise us?' And so on.' Of course, this discourse now sounds rather naïve to us, but at the time it was very important.⁹⁶

The securitization of AIDS may be a similar case in point. It is something which – by virtue of its biopolitical dimensions – is partially oppressive and undesirable, but it also forms a source of resistance that might be useful to those living with HIV/AIDS. If HIV/AIDS is a security issue, then it becomes possible for activists to argue, well why are you not doing more to address this issue, and why are you not making more resources available? Ideally, of course, one would wish to address the AIDS pandemic outside of a biopolitical context, if this were even possible. But the securitization of AIDS may be an urgent and necessary first step in moving Africa away from its current state of domination and into the realm of power relations where more meaningful forms resistance to biopower could be subsequently articulated; then perhaps one day the securitization of AIDS too may appear naïve in retrospect. In either case, Foucault's own political engagements certainly mirror such pragmatism in

⁹⁵ This kind of resistance also appears to counter to Edward Said's construal of Foucault as having a lack of interest in effective resistance. See Edward Said, 'Foucault and the Imagination of Power', in *Foucault: A Critical Reader*, ed. David Couzens Hoy, Cambridge, MA: Blackwell, 1986.

⁹⁶ Michel Foucault, 'Sex, Power, and the Politics of Identity', in *Ethics*, p. 168

that he always tried to respond to the present moment with whatever resources were available to him within the context of specific political confrontations.

In the end, then, perhaps a Foucauldian form of resistance – if it is possible to speak of such a thing – might not consist of an outright rejection of the securitization of AIDS; it might well consist instead of an attempt to *use* the political opportunities it offers for resisting the global marginalization of HIV/AIDS. For Foucault there clearly were instances where the dangers of ‘torture and execution which preclude any resistance’ outweigh the dangers of racism and normalization.⁹⁷ Every day thousands of persons are not being tortured or executed because of HIV/AIDS, but they are nevertheless being allowed to die despite the availability of life-prolonging medicines – which is a situation not so different from the one described by Foucault. Hence, if we ask today, what is more dangerous – securitizing or not securitizing AIDS – the case for the latter can be made in light of the immense daily death toll caused by AIDS-related illnesses and because of the state of domination that Africans in particular are experiencing in this regard. This, of course, is precisely how biopower spreads – by appealing to life and health – but it is arguably nonetheless the lesser of two evils; for in order to resist, one has to first of all be alive. Whereas the first question about the biopolitical nature of the ongoing securitization of AIDS could thus be answered in the affirmative, the second question regarding the necessity of resisting and rejecting such biopolitical activity cannot. It does not follow from the fact that the securitization of AIDS is biopolitical that such a strategy is futile and must be resisted at all costs by grass-roots activists and critical scholars.

Conclusion

What, then, are the wider implications of the foregoing analysis for the question of activism and dissent in contemporary global politics? Five such conclusions may be drawn. Firstly, a closer look at the securitization of AIDS shows that activism and dissent to contemporary states of domination takes place at many levels – it occurs not only at grass-roots levels, but is also exerted by leading members of international institutions grappling with difficult political realities and complex institutional constraints in innovative, if not unproblematic, ways. Secondly, the aforementioned

⁹⁷ See Foucault, ‘Space, Knowledge, and Power’, in *Power*, p. 354; and John Muckelbauer, ‘On Reading Differently: Through Foucault’s Resistance’, *College English*, vol. 63, no. 1 (September 2000), p. 89.

analysis showed that power today is not only exerted internationally through the traditional juridical model of sovereignty backed by armed force, a different form of *bio-power* is also being increasingly deployed globally. For those interested in activism and dissent in international relations this means it is no longer sufficient to cast the debate on power in realist vs. idealist terms, or in terms of hard power vs. soft power; reflections on how to resist power need to adjust to the evolving nature of power itself. Thirdly, once the analytics of power is calibrated to include biopower, then new international actors also begin to emerge with considerable power and influence; actors traditionally viewed as weak when compared to the power of organized violence possessed by modern states begin to acquire new salience in the international system. Thus, while the power of international institutions and non-governmental organisations seems modest when framed in a realist, juridical conception of power, within the context of biopower their influence can be decisive. Indeed, UNAIDS and other non-governmental organizations are probably much more effective as biopolitical actors in contemporary international politics than as political actors in the traditional, power political sense.⁹⁸ Fourthly, the foregoing analysis also points to new normative dangers that lurk beneath the securitization of AIDS because of its biopolitical nature; these normative dangers revolve around practices that may fuel more contemporary forms of racism and may be hijacked for the purposes of deploying normalizing practices regarding sexual behaviour. Finally, this analysis also showed counter intuitively that this biopolitical dimension must not, however, lead to an unequivocal rejection of such political activism at the international level; such strategies contain within themselves dimensions that can be fruitfully utilized for combating the continued political marginalization of HIV/AIDS at all levels.

In the end, then, perhaps the most important conclusion that emerges for those who wish to use the securitization of AIDS as resource for resisting the political marginalization of HIV/AIDS is not so much *whether* to securitize HIV/AIDS, but rather *how* to securitize it. More thought, in other words, must be given to the ways in which AIDS might be securitized in a way that maximises the potential ethical returns of such a gesture, while simultaneously minimizing the normative dangers associated with its biopolitical dimensions. Perhaps the racist dimension of biopolitics can be best mediated by securitizing AIDS primarily through a human security framework

⁹⁸ On this point see also Hard and Negri, *Empire*.

emphasizing the needs of ordinary people rather than just elites, and by insisting that policy responses not violate human and citizenship rights. In so doing, the normative benefits that could accrue from adopting a national security framework, such as increasing the level of available resources for addressing HIV/AIDS, politicising the role of the security sector in the pandemic, and overriding the TRIPS provisions regarding the production of medicines, would not necessarily have to be sacrificed; they could be retained by additionally framing the issue of HIV/AIDS *not* as an overwhelming security *threat*, but more gently as an important international security *issue*, or as an international issue with a security *dimension*. The key objective, in this regard, would be to refrain at all costs from deploying the language of threats. The normalizing dangers accompanying the securitization of AIDS, in turn, might be best addressed by insisting on policy implications that focus not only on prevention and on prescribing specific norms of sexual behaviour but also on treatment. If, moreover, the pandemic can be securitized in a manner that is cognisant of these potential normative dangers that derive from its biopolitical nature, then the ethical ethos that Foucault sought to instil in his readers remains pertinent for reflecting on contemporary activism and resistance in global politics, albeit in perhaps initially unanticipated ways.