1. The Genealogy of HIV/AIDS as a Security Issue

HIV/AIDS is a recent arrival in our lives. It has been an object of medical knowledge and action for only thirty years, been subject to epidemiological research for twenty-five years, and regarded as an issue in domestic political economy for only ten years (Barnett and Prins, 2005: 11). Yet, in the last decade, there has arisen a powerful mode of understanding – that HIV/AIDS constitutes a global security threat. The formal securitization of HIV/AIDS by the United Nations system began in December 1999 following a visit to a centre for AIDS orphans in Lusaka by the then US Ambassador to the United Nations Richard Holbrooke (Prins, 2004: 941). In the aftermath of his Angolan experience, Holbrooke pressed the UN Security Council to consider the impact of the disease on the people of the region, but this option was foreclosed by the fact HIV/AIDS could not be considered a threat to international peace and security in the terms traditionally required by the Security Council mandate.

Beginning with a speech to the Security Council by then US Vice President Al Gore in January 2000, efforts to bring HIV/AIDS within the remit of the Council commenced. Gore directed his attention to HIV/AIDS in Africa, and called the disease "a global aggressor that must be defeated." While noting, "the United Nations was created to stop wars," Gore argued the international community, through what he called "a sacred crusade," had to "wage and win a great and peaceful war of our time -- the war against AIDS," (White House Press Office, 2000). Gore's discourse both drew from, and led to, a series of related policy initiatives that sought to push HIV/AIDS further up the international agenda.

In the same month as Gore's statement, the United States released a National Intelligence Estimate (NIE 99-17D) that made clear the rising global health threat posed by infectious diseases including HIV/AIDS (National Intelligence Council, 2000). Together these American declarations laid the groundwork for UN Security Council Resolution 1308 (17 July 2000), which recognized that HIV/AIDS was devastating for all levels of society but prioritized

"the potentially damaging impact of HIV/AIDS on the health of international peacekeeping personnel, including support personnel" (United Nations Security Council, 2000). In a similar vein, UN General Assembly resolution S-26/2 of 27 June 2001, entitled "Declaration of Commitment on HIV/AIDS," declared the impact of HIV/AIDS constituted a "global emergency" (United Nations General Assembly, 2001).[1]

The emergence of HIV/AIDS as a security issue within the United Nations system was made possible by the intersection of two discourses that developed throughout the 1990s. The first was the growth of the idea that national security, a preoccupation with the defence of state interests and territory, was being supplemented if not eclipsed by wider considerations of human security (Peterson, 2002/03; Prins, 2004). This view culminated in the International Commission on Intervention and State Sovereignty (ICISS) report which articulated "the responsibility to protect" whereby the international community could bear the responsibility to provide security to a state's citizens when their own governments did not prevent avoidable catastrophes (ICISS, 2001). The second was what King (2002) has called "the emerging diseases worldview." Although public health has long had an international dimension and been associated with national security – especially given its role in colonial missions undertaken by both Europe and the United States – the last decade of the 20th century witnessed a different configuration of the nexus of security, disease and commerce. Starting with a US National Institutes of Health conference on "emerging viruses" in 1989, this worldview came to dominate American understandings of global health. One of its seminal statements was the 1992 report of the National Academy of Science's Institute of Medicine (entitled *Emerging Infections: Microbial Threats to Health in the United States*) in which the factors contributing to disease emergence were said to include migration, urbanization, population growth, wars, economic crises, human behaviours, travel, and commerce, all set in a context of inadequate sanitation and immunization. As King (2002: 768) observed, this pantheon of co-factors "was in many ways a wholesale condemnation of the consequences of modernity."

Emerging Infections became globally significant because of a coordinated campaign that saw various global health bureaucracies support its thrust and numerous medical journals (36 publications in 21 countries) amplify the topic through dedicated special issues. Importantly, this ontology of epidemic disease was promoted through popular publications like Laurie Garrett's (1994) book *The Coming Plague: Newly Emergent Diseases in a World out of Balance* (King, 2002: 767-69). When Garrett (1996) expanded on her argument in a *Foreign Affairs* article on "The Return of Infectious Disease" – illustrated with a 1944 photo of suspected plague carriers in a New Dehli hospital – and the Institute of Medicine (1997) updated its concern with a report on *America's Vital Interest in Global Health*, the alliance of global public health with economic and security interests was firmly cemented (King, 2002: 770). One of its official statements was Presidential Decision Directive NSTC-7 in which the Clinton Administration called for attention to infectious diseases in US security policy (White House, 1996).

Together these discourses established the conditions of possibility for the official securitization of HIV/AIDS from 2000 onwards. The tone and content of this discourse was made clear in a report by the International Crisis Group (ICG, 2001: 24):

> AIDS is raging much as a military conflict might, inflicting similarly devastating effects with no end in sight. Since it began, now two decades ago, 22 million men, women and children have been killed, a death toll that far exceeds the military casualties from the wars of the twentieth century combined. 38 million people are now fatally wounded, and 16,000 more fall victim everyday. If urgent and more adequate actions are not taken immediately, it projected that by 2005, more than 100 million people will have been caught in the crossfire, and by decades end, more than 40 million children will be left orphaned.

Understood in this way, HIV/AIDS is "the strangler's cord choking Africa" (ICG, 2004: i) which also produces "a viral coup…quietly conspiring in China, India and former Soviet Union" (ICG, 2001: 24).

All geopolitical issues and events require frameworks – discourses in which certain metaphors and other forms of language help organize understanding – in order for them to be apprehended. Issues and events do not emerge naturally as problems on the international agenda; they have to be problematized so that we can think and therefore act in terms of particular solutions addressing a specific problematization (see Campbell, 1998). The securitization of HIV/AIDS problematizes a virus, disease and its consequences in a way that makes them available for particular forms of action. Securitization gives the issue a greater sense of threat and urgency, puts it on the political agenda of the state, brings into play national and international bureaucracies involved in diplomacy, intelligence and military affairs, and demands a policy response from the highest echelons of government (Prins, 2004: 940; Garrett, 2005:11). Whether a large-scale war or global emergency, the securitization of HIV/AIDS cast the virus as an aggressor and called on states or international agencies to fight against it.

There are, however, two forms of the securitization of HIV/AIDS – a *broad construction* in which all aspects of international peace and security are at risk, and a *narrow construction* in which the focus is on the impact of the virus and disease on uniformed military personnel (Barnett and Prins, 2005: 11). In the broad construction, HIV/AIDS is regarded as challenging all dimensions of personal, economic, communal, national and international security (ICG, 2001). In Garrett's (2005: 20) summary this means HIV/AIDS is at least potentially responsible for "the reshaping of the demographic distribution of societies, massive orphaning, labor shortages in agricultural and other select trades, strong challenges to military forces, an abiding shift in spiritual and religious views, fundamental economic transformations, and changes the concepts of civil society and the roles of the state." This broad construction makes HIV/AIDS into a cause that is both all encompassing but rather

diffuse. Analysts pursue a form of counterfactual argumentation which declares (especially in relation to sub-Saharan Africa) that "the pandemic will have a catastrophic impact, simply because it is inconceivable that mortality on the scale that is now inevitable will not have such an impact" (de Waal, 2003: 2). As Ostergard (2002: 333) claims, "to scholars and practitioners who study Africa, the issue of whether HIV/AIDS constitutes a threat to state security in Africa seems obvious." However, cases like Botswana – where there is no social conflict despite an HIV prevalence rate of 40% (four times the alleged threshold of 10% prevalence as a barometer of social breakdown) – call into question the idea of clear causation between the virus and conflict. Being largely unable to specify particular consequences as directly and solely related to HIV/AIDS, the claim is then made that through the damaging impact on governance and the social fabric in societies with high rates of prevalence and mortality, "instability" – by definition a common but indefinable condition of insecurity – is the likely outcome (e.g. ICG, 2004: 7; Garrett, 2005: 14, 25).

Of course, as HIV/AIDS dramatically shortens life expectancy, and many of our models economic and social development assume a particular adult longevity, there could be massive challenges arising from the impact of the disease, though it is difficult to verify this argument (de Waal, 2003; cf. de Waal, 2006: ch. 4). However, because HIV/AIDS is a "long wave" event – with the time from infection to morbidity and then mortality exceeding fourteen years – it spans human generations in a manner that combines an immediate impact on personal lives with a diffuse and deferred impact on social structures (Barnett and Prins, 2005: 11; Garrett, 2005: 20). That makes HIV/AIDS distinct from prior pandemics often cited as comparisons, such as the Black Death of 1348 and the influenza outbreak of 1918, for which the time of morbidity and mortality could be measured in days and weeks (Garrett, 2005: 20).

Although this broad construction of HIV/AIDS as a security issue, with its suppositional arguments and wide-ranging but diffuse consequences, has dominated much political rhetoric in recent times, the *narrow construction* of HIV/AIDS as a security issue is

what has specifically directed international attention at the UN. Indeed, Security Council Resolution 1308, so often cited as a manifestation of the general securitization of HIV/AIDS was clearly limited to the impact of the virus and disease on military forces and their likely contribution to international peacekeeping personnel (see Ostergard Jr., 2002 for the claim that the military is the realm where HIV/AIDS is obvious as a security problem). Yet, despite her role in creating the possibility for the securitization of HIV/AIDS, Laurie Garrett's report for the Council on Foreign Relations about the links between the virus and national security concluded that, except in cases where rape was an instrument of war, there was little evidence that HIV transmission was increased by war, and that the prevalence of HIV in the armed forces of affected regions was similar to the general population (Garrett, 2005: 9, 29). In their UNAIDS review of the specific relationship between AIDS, uniformed personnel and peacekeeping, Tony Barnett and Gwyn Prins (2005) revealed the paucity of hard evidence for the general claims recycled in international policy documents about military forces being a key primary vector of infection. While noting there were specific examples of this (especially in relation to the South African National Defence Force), each case was complex and nuanced and required analysis in its own terms (see. de Waal, 2006: 77).

The problematization of HIV/AIDS as a security issue, therefore, is based either on a series of largely counterfactual arguments that extrapolate seemingly logical, but necessarily general, concerns from the scale and scope of the pandemic, or a series of narrow claims for which there is as yet little firm scientific evidence. As a result there have been a series of objections to the securitization of the virus and disease. The first set of objections stems from those who, while noting the rise of the human security perspective, continue to regard security in national terms and thereby conclude that HIV/AIDS is not currently a challenge to the territory, institutions or sovereignty of most developed countries, especially the United States (see Peterson, 2002/03). The second set of objections comes from those who, accepting the broader changes in conceptions of security, regard the militarization of the issue that flows from the construction of the virus as an aggressor constituting a clear and present danger as potentially dangerous in its partial focus (see Elbe, 2006). In particular, the

way this problematization homogenizes the pandemic and overlooks the variable aetiology of the virus in different geopolitical locations is highlighted for concern. The reduction of HIV/AIDS to a single dimension prevents recognition of the fact that heterosexual transmission enabled by labour mobility is most significant in Africa and India, while prevalence in Russia and Eastern Europe is a function of increased drug use in a liberalizing society, and rates of infection in China are the product of political economy in which blood was sold and circulated without adequate screening (Prins, 2004: 947-51).

Whether the problematization of HIV/AIDS as a security issue is an entrenched and overt perspective governing policy is open to question. In 2006 Russia declared HIV/AIDS a threat to national security (Sjöstedt, 2008). However, official statements about strategic priorities emanating from the US and UK governments, while mentioning health pandemics in passing, do not highlight HIV/AIDS as a security issue, preferring to position the pandemic as an international development and healthcare issue. The current candidates for the US presidency similarly consider the pandemic to be a question of healthcare rather than security, though contemporary strategic analyses from independent think tanks continue to list disease as a major international security concern.[2] However, even if the securitization of HIV/AIDS is now only implicit, there remains a set of objections around the way the securitization of HIV/AIDS relies on a conception of biopolitics with potentially negative political consequences.

The securitization of HIV/AIDS is significant because it not only offers a different problematization of the virus and disease; it also makes "international security a site for the global dissemination of a biopolitical economy of power that first emerged in 18th century Europe around the government of 'life'" (Elbe, 2005: 404). Biopolitics is concerned with the health of a population, thereby constituting disease as a general danger without specifying how disease should be dealt with. Policy is aimed at a statistically monitored population, and a wide range of social and political actors additional to the formal institutions of the state are incorporated in the practices of government directed towards securing the health of the

population in question. As such, biopolitics' emphasis on health and life appears benign and humanitarian. However, partially replicating issues that have arisen in other historical contexts, there are two connected and potentially negative outcomes of this focus on health. First, biopolitics normalizes behaviour by establishing certain behaviours as deviant. Conduct is regulated in terms of a healthy norm – a concept that does not necessarily rely on the evaluation of disinterested science – with challenges to or digressions from this norm regarded as pathological, potentially disciplining a range of practices that are not dangerous. Second, in the establishment of the healthy/unhealthy or the normal/pathological as regulative ideals, a biopolitical economy of power could mark off those who should prosper (the HIV-negative) from those who should suffer (the HIV positive). It is possible, therefore, that governments driven by such biopolitical considerations could enact discriminatory policies that mean that the guardians of the population (political elites, the military, etc.) might be given privileged access to health care that is unattainable by the unhealthy. Taken to the next step, enacting biopolitics could mean that the unhealthy should be removed from their population or prevented from entering in the first place. At the furthest extreme, this biopolitical emphasis on health could mean governments concluding that it would be best if the unhealthy did not live (Elbe, 2005: 406-12). None of these are necessary outcomes even if they are logical consequences; we have, however, seen examples already of the first two possibilities if not officially the third.[3]

(a) Questions for photographic practice

Imaging complex issues through the technology of photography involves finding or constructing observable phenomena that can be recorded analogically or digitally. These traces then have to be understood as representing the concept the practitioner wishes to picture. Photography, therefore, is a complex process of mediation whereby specific moments – events, people, or sites – have to materialise something that cannot be easily encapsulated but which needs to be readily grasped. In the context of this report, the question is how can

a concept like “the global HIV/AIDS pandemic” be made real through traces recorded by an individual with a camera in a particular place?

The way this general challenge has been met over the relatively short life span of HIV/AIDS is the subject of this report, especially Sections 2-4. Each of those sections will conclude with a series of questions that focus attention on the specific challenges for photographic practitioners that follow from the analysis. In terms of how its might be possible to visualize the issue of HIV/AIDS given the debate on securitization discussed in this first section, the following questions arise:

(i) Should the emphasis be on the broad or narrow constructions of security with respect to HIV/AIDS?

(ii) If the desire is to picture the broad construction, how can photographs convey the idea that the HIV virus could be understood as an aggressor or threat, that fighting it requires a global emergency or total war, and that the battle will involve state action and large scale casualties? How would such photographs be distinguished from situations of war generally?

(iii) If the desire is to picture the narrow construction, how can pictures of the military and peacekeeping operations be related to the issue of HIV/AIDS?

(iv) How can photographs, which generally record the ‘here and now’, connect to the understanding of HIV/AIDS as a “long wave” event spanning human generations?

(v) How can photographs represent the variable aetiology of HIV/AIDS?

(vi) How can photographs avoid being instruments of biopolitical discrimination, through which the demarcation of the 'healthy' from the 'unhealthy' is made?

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[1] For details on, and documents from, the 2001 UN General Assembly Special Session on HIV/AIDS, see http://www.un.org/ga/aids/coverage/ (accessed 27 March 2008).

[2] See, for example, the US State Department's HIV/AIDS site (http://www.state.gov/s/gac/) with its links to the President's Emergency Plan for AIDS Relief (PEPFAR, http://www.pepfar.gov/) which is rendered as an international healthcare initiative, and the UK government's mission statement of the Foreign and Commonwealth Office at http://collections.europarchive.org/tna/20080205132101/www.fco.gov.uk/Files/kfile/MissionStatement91.3MB.pdf. The Department for International Development's document *Taking Action* (July 2004, at http://www.dfid.gov.uk/pubs/files/hivaidstakingaction.pdf -- illustrated on the cover with a Gideon Mendel photograph) is the UK government's major statement on HIV/AIDS, and positions the pandemic in the context of development and the Millennium Development Goals. However, although then Prime Minister Blair's introductory statement refrained from an explicit linkage with security, the theme was implicit when he wrote (p. iii) that it is "not just our strong moral duty to help but how it was in our national interest. Only coordinated and decisive action can prevent the effects of worsening poverty and instability spilling across our borders. You can't pull up the drawbridge in the modern world." In contrast, none of the current candidates for the US presidency link HIV/AIDS and security explicitly. Both Hilary Clinton and Barack Obama discuss the issue on their campaign sites in the category of healthcare rather than foreign affairs or national security, while John McCain presents only a press release for World AIDS Day 2007. For an overview of the position of these candidates see Kaiser Family Foundation, "2008 Presidential Candidate Spotlight: Global Health and HIV/AIDS," at http://www.health08.org/issue_globalhealth_hivaids.cfm (all sites accessed 27 March 2008). For a recent strategic report that pays attention to the threat of global disease pandemics, see Kearns and Gude (2008).

[3] See Garrett (2005: 29) for mention of the elite circulation of antiretroviral drugs in some militaries.