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Political discourse, military and securitization of health nexus: contemporary security challenges and the military role in public health security***

Abstract

The purpose of this paper is to provide answers to the questions why health is viewed through the lens of national and international security, and what might be the potential role of the armed forces in strategic response to health security challenges. Relying on theoretical settings of Foucault's discourse studies and securitization concept developed by the Copenhagen School of security studies, authors will try to illuminate the nexus between political discourse, military and securitization of health. The analysis of the political and academic discourse has found that with regard to security the most important health challenges are considered the occurrence and spread of infectious diseases, especially HIV/AIDS, and the ability to make use of biological agents as weapons. As the most important reasons why health is viewed through the lens of

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security are considered to be major economic losses incurred due to health crises, high mortality rates, migration, the impact of health crises on the armed forces and peacekeeping operations. The paper concluded that the armed forces play a role in the public health security through monitoring and early warning, through epidemiological and laboratory opportunities for early detection of new epidemics or pathogens, as well as through providing assistance after major natural disasters. The paper analyzes the public health and security in the Republic of Serbia, and it was concluded that it is necessary to undertake more efforts in recognizing health as a field of national security, and health risks as the risks of security.

Key words: political discourse, securitization, military, contemporary security challenges, health security, health risks, war against diseases

Introduction

One of the hallmarks of post-Cold War security environment is the emergence of new, as they are called, non-traditional or non-military security risks. According to Ulrich Beck “being at risk is the way of being and ruling in the world of modernity; being at global risk is the human condition at the beginning of the twenty-first century” (Beck 2006:330). According to Beck’s words, unsafe and risky society entered the scene, whose main characteristic is the emergence of new risks that have three basic characteristics: de-localisation (their causes and consequences of risks are present everywhere), incalculability (consequences of these risks cannot be calculated) and non-compensability (damages that occur as a result of the action of these risks are irrecoverable) (Beck 2006:333-4). The 2016 World Bank report states as well that the society is facing challenges that are different in nature, but they have common features. Firstly, they are a threat to the achievements of the society, and secondly, they do not stay within the boundaries of any state (The World Bank 2016).

Although in the context of contemporary security challenges the focus has largely been placed on the migrant crisis in Europe and terrorism, one of the challenges to security of the past 15

years, attracting attention of both policy makers and academic community are also infectious diseases (such as HIV, Ebola, etc). The basis for the consideration of infectious diseases as a security issue is provided by the theory of securitization, by means of which through “speech act” certain problems are presented as security issues. Davies states that infectious diseases can be observed from the political and apolitical aspect. The political aspect of infectious diseases is when they are used as a biological weapon, while the apolitical aspect is their independent expansion among the population (Davies 2008:300). Whatever the aspect, the emergence and spread of infectious diseases can have social, political, economic and military consequences, and thus endanger the stability and security of the country and the region (Rushton 2011, Fidler 2003). Infectious diseases have been identified as strategic documents of many developed countries in the field of security as a challenge and a threat to national and international security, and therefore the role of the armed forces in response to these challenges and health crises has become legitimate (Watterson, Kamradt-Scott 2016). Therefore, in the political and academic discourse is often present military terminology, accordingly it speaks of ‘the enemy’, ‘fight’ against the disease, a ‘war’ is being declared to specific diseases (O’Manique and Fouire 2010:243). On the other hand, in small countries such as the Republic of Serbia, health in the context of national security is devoted very little attention. In Serbia, health is exclusively discussed from a medical point of view, although rare research suggests a link between health and security, as well as the role of the Serbian Armed Forces in the sphere of public health.

In this paper, by analyzing the academic literature on the field of security, by analysis of speeches by political officials, reports by international organizations and national strategic documents, we will show why infectious diseases are considered the challenges of national and international security, and what role is played by the armed forces in response to these security challenges. At the same time, we shall examine the relationship between health and security in Serbia, and point to the necessity that in new strategic documents in the field of security, health should be devoted more attention.

A conceptual framework for health security: political discourse and securitization of health

Davis, in his analysis of securitizing perceptions of infectious diseases, stated a relatively narrow definition of the political aspect, reducing it to the use of biological weapons (Davis 2008). Our opinion is that it is, nevertheless, a much wider, less exclusive, more inclusive issue. Political aspect of health threats involves not only the use of infectious diseases as biological weapons (and the devastating implications of such act) but also segments of the Davis apolitical field. The spread of infectious diseases at the national and international level inevitably has its political implications, primarily the role of the state and its institutions in the prevention of infectious diseases, fight against the pandemic, and mitigation of the consequences of health disasters.

In order to understand the scope of political aspect and mechanism of health threats securitization (as well as preconditions for its effectiveness), it is necessary, at first, to define the terms of discourse, political discourse and securitization.

Discourse is not simply a translation of reality into language, but rather a system that structures the way in which we perceive reality (Mils 2019: 51). Recalling Foucault's theory of discourse, Iver Neumann notes that discourse is not any written or spoken language, but rather a system of statements and practice that is fixed to certain institutions and which appears more or less as normal (Ejdus 2012: 99). Following Foucault's definition, according to which discourse should be viewed as a multi-dimensional phenomenon that is at same time general area of all statements, a group of individually identifiable statements and activity regulated by rules relating to a certain number of statements (Fuko 1998: 88), in this paper, we will focus on the last two indicated manifestations. When it comes to health threats, it is clear that this is a group of statements which have, as common denominator, anything that can endanger human health, especially in the context of the wider population. When we attach this group of statements to the intention of presenting these threats not only as health threats, but also as security threats, we are then entering the domain of political discourse, i.e. politicization of discourses, which, in this

particular case is regulated by rules of the securitization process. Just like discourse itself, political discourse could be determined in a multitude of ways. Highlighting “the reflexive and potentially ambiguous nature of the term political discourse” Wilson sees it through lenses of dualism - as discourse “which is itself political” and like political discourse which is “simply an example discourse type, without explicit reference to political content or political context” (Wilson 2003: 398). In the first case, emphasis is on the production and reproduction of power and control, while in the second case it is about discourse that belongs to one specific area of social action. However, not many authors support the view of political discourse as an umbrella term that includes all forms of discourse in which power, control and domination are present. Wilson believes that this view is too broad and that it opens the possibility of introducing almost every discourse as a political discourse (Wilson 2003: 398, 411). On the other hand, he points to certain disadvantages of the reduction of political discourse to discourse “concerned only with formal/informal political contexts and political actors” (Wilson 2003: 398, 399).¹ Nevertheless, in the absence of a better solution, most researchers use this term pragmatically in the context of “Discourse which is implemented in politics as a social activity and produced mainly by politicians in its official professional roles and institutional environment” (Vukovic 2014: 213). We will accept this, to some extent, simplified view, and extend it to people who are not professionally involved in politics (in our case, scientists and military figures) but that are linked to the discourse expressed with political intent and/or in political context (Vukovic 2014: 213).

When it comes to health threats in the context of security threats, then we are talking about a specific type of political discourse that takes on the form of securitizing discourse. According to the interpretation of the Copenhagen School, securitization is the process of translating an particular issue in the security issue through speech act, whereby securitizing actor insists that there is an existential threat to the reference object that is necessary to protect, and therefore requires the application of extraordinary measures (Buzan, Waever, de Wilde 1998: 23; Van Dijck 2006: 2;

1) E.g. Wilson raises the issue of family political debates, considering whether this is a matter of political discourse or family discourse on politics?

Ejdus 2012: 107). Accordingly, Balzacq defines securitization as “a set of interrelated practices, and the process of their production, diffusion and reception/translation that bring threats into being” (Balzacq 2011: xiii). Van Dijck notes that the consequence of this action can be seen as a form of rules violation “by which issues is moved out of the realm of normal politics into the realm of emergency politics, where it can be dealt with without the normal (democratic) rules and regulations” (Van Dijck 2006: 2).

It is important to underline that securitisation is a phenomenon that, by its scope, goes beyond the boundaries of discourse. Primarily because of its last stage, which consists in the adoption of extraordinary security measures² and that, accordingly, we can speak about successful or unsuccessfully implemented securitization.³ It is precisely at this last stage i.e. the implementation of an extraordinary measure, one can find the reason for which we can't not label every speech on security and security threats as securitization. Here is in force Foucault's principle of “rarefaction of discourse” through “rarefaction of the speaking subjects” (Fuko 2019: 18, 19, 24; Mills 2019: 57). This means that securitization implies an exclusive access to discourse, i.e. the right to speak authoritatively is not allowed to everyone and authority itself arises from the ability of “broadcaster” to put a monopoly of legitimate use of physical force into the service of securitization or at least to influence its activation in order to combat the designated threat.

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- 2) It should be noted that there are securitization theorists who believe that legitimization of the future use of special measures doesn't have to be the final outcome of this process. Juha A. Vuori lists several forms of securitization, of which one that Copenhagen school speaks of is only the first in a row. For example, Vuori identifies the form of securitization primarily focused on putting a particular issue on the agenda, which then aims to convince the audience in its security dimension (Ejdus 2012: 112).
 - 3) For example, Andrew W. Neal interprets the establishment of FRONTEX (The European Border and Coast Guard Agency) as a failure of the EU's attempt to securitize the migration issue. According to Neal, although immediately after the 9/11 terrorist attack EU tried to prevent future terrorist threats by securitizing the issue of migration, FRONTEX is not the result of emergency measures derived from securitizing discourse, but is the result of gradual political and security negotiations conducted in the institutional structures of the EU. Therefore, according to Neal, FRONTEX should be “considered in the context of the numerous other institutional, technical and legal tools being developed by the EU for the management of migration, security and indeed many other areas of policy” (Neal 2009: 333-356).

As the monopoly of force fall exclusively under the jurisdiction of the state and political authorities (Weaver 1995) then securitization can be characterized both as a political and security process. As Buzan, Weaver and de Wilde notes, “Security” is “the move that takes politics beyond the established rules of the game and frames the issue either as a special kind of politics or as above politics” (Buzan, Waever, de Wilde 1998: 23). Securitization can thus be seen as a more extreme version of politicization (Buzan, Weaver, de Wilde 1998: 23). Therefore, not every speech about security and security threats can be interpreted as securitization, but on the contrary, it can only apply to those speeches which for the “broadcasters” i.e. securitizing actors have political decision-makers and actors that can influence political decision-making process. In other words, following Weaver’s terminology, it’s all about the state and the ruling elite (Weaver 1995).

To summarize, the initial phase of the securitization process implies the intention of political actors to present a particular issue as a security threat of existential significance. Then, by discursive instruments they move this issue into the sphere of security, portraying it as a threat whose solution requires the urgent engagement of the state apparatus. It is easy to see that a key link in a chain that connects political nomenclature (as a securitizing actor) and wider population (as a securitizing message recipient) is a speech act. It acts as discursive agent in the process of transformation of a particular social problem into the category of security threat. However, as we shall show in the text below, speech act, as the fundamental segment of securitization, is not the only way to take part in a securitizing discourse. The way in which military is tackling the challenge of infectious diseases gives us an example of how it is possible, outside the narrative, to be the carrier of securitizing discourse.

As an example of the transformation of political discourse on health issues into the securitization of health threats, we will use US government’s attitude towards the spread of HIV/AIDS, which has gradually changed from viewing HIV/AIDS as “challenge” to treating them as “threats to stability and security”.⁴

4) Although the terms “challenge” and “threat” are often used as synonyms, there is a significant and not so subtle difference between them. Under the term “challenge” we can identify processes, changes, or activities in a particular sphere (political,

Health issues as security issues

Back in the early 90s of the 20th century the National Intelligence Council in the report 'The Global AIDS Disaster', described AIDS as a "time bomb" with serious economic, political and military consequences (United States Department of State 1992:1). Although, in this document, AIDS was treated as a "challenge", already in 1995 US strategy on HIV/AIDS emphasized that "HIV directly impacts military readiness and manpower, causing loss of trained soldiers and military leaders and shrinkage of recruit and conscript pools" (United States Department of State 1995:40). The following year, the then US President Clinton, issued a directive NSTC-7 confirming that infectious diseases such as Ebola, tuberculosis and HIV/AIDS present one of the most significant health and security challenges facing the global community (Rokvić, Jeftić 2015: 60, Rokvić 2016:230). The National Intelligence Council published a new report in 1999 (declassified in 2000), titled 'The global infectious disease threat and its implications for the United States', stating that HIV/AIDS has significant consequences on the military (including peacekeepers), affects social cohesion and potential conflicts, but it can also affect the relationships between the developed and developing countries due to restrictions in terms of travel and immigration policy (The US National Intelligence Council 2000, Rokvić, Jeftić 2015: 60). The efforts by the US to present HIV/AIDS as a security issue, led to the fact that in 2000, the UN Security Council adopted Resolution 1308, designating HIV as a threat to stability and security, a threat which greatly endangers peacekeepers and their operations, the threat to which is declared a 'peaceful war' (Security Council 4087th Meeting 2000).

In addition to HIV/AIDS, in the focus of securitization there are also other infectious diseases, especially after the SARS epidemic in 2003 and influenza A H5N1 (bird flu) in 2004. So in 2005 the United States adopted the 'National Strategy for Pandemic

social, ecological, etc.) that require a specific reaction or activity "which will be a test of strength, skill or ability of certain actors cope with the resulting change or process" (Stanarević, 2018: 12). On the other hand, the notion of "threats" is very complex, and in defining it it is difficult to determine whether it is only about the dangers of human activities or we suppose to take into account all the dangers that one or something can endanger (Stanarević, 2018: 12). In the continuation of this paper, we will be more inclined to this later "threats" term interpretation.

Influenza’, in which it was emphasized that pandemics could have “significant implications for the economy, national security, and the basic functioning of society” (Homeland Security Council 2005: ix, Rokvić, Jeftić 2015: 60). The report of the National Intelligence Council from 2008 titled ‘Strategic Implications of Global Health’, states that “virulent infectious diseases-including HIV/AIDS, a potential influenza pandemic, and ‘mystery’ illnesses such as the 2003 outbreak of severe acute respiratory syndrome (SARS) - remain the most direct health-related threats to the United States” (The US National Intelligence Council 2008:5). The report said that the above-mentioned infectious diseases pose a threat to the health of American citizens; a threat to military operations; it brings about a slowdown in socio-economic development of countries of particular interest to the United States; thus jeopardizing relations because of the travel ban and immigration policy; as well as it leads to the possibility of bioterrorist attacks. After the outbreak of Ebola in 2014 in West Africa, President Obama has declared the epidemic a “national security priority” of the US and the UN Security Council securitized Ebola through Resolution 2177. In this resolution Ebola has been marked as “a threat to international peace and security” (UN Security Council Resolution 2177 2014).

The United States in 2009, published the first National Health Security Strategy, and epidemics of infectious diseases are classified as top strategic risks that threaten US interests by the National Security Strategy of the United States. National Security Strategy of the United States also emphasized that the United States are “the world leader in fighting pandemics, including HIV/AIDS, and improving global health security” (The White House 2015:14). In order to provide adequate responses to the health challenges of security, after a bioterrorist anthrax attack in 2001, the Global Health Security Initiative was founded which brings together several countries in order to strengthen the preparation and response to the global threats of biological, chemical, radio-nuclear terrorism and pandemic influenza (Rokvić 2016:231). As part of the US Department of Homeland Security the National Biosurveillance Integration Center (NBIC) was established with the aim of collecting, analyzing and disseminating information on infectious

diseases, so that the national response to such diseases could be as efficient as possible.⁵

The US is not the only country to recognize infectious diseases as a threat to security. After the bird flu pandemic British officials held a similar view, believing that the “bird flu is as much of a danger to Britain as terrorism” (Lean 2005). The National Risk Register UK edition of 2015 has recognized influenza pandemics as the highest priority risks: “influenza pandemic continues to represent the most significant civil emergency risk” (Cabinet Office 2015:14). Attention to infectious diseases as security challenges was also paid by the Russians. In 2006, the President of Russia has gathered the National Security Council to discuss the epidemic of HIV/AIDS in Russia and necessary measures to be taken to prevent further spread of HIV/AIDS (Sjöstedt, 2008). In his opening address to the National Security Council, President Putin said that “HIV infection is having a negative impact on the country’s demographic situation” and needed “more than words; we need action, and the whole of Russian society must get involved” (The Kremlin 2006). At Russia’s request the topic of AIDS is included in the agenda of the G8 summit held in 2006 in St. Petersburg. The summit adopted the document confirming that “major diseases such as HIV/AIDS, tuberculosis, malaria and measles continue to exact a heavy toll on economies and societies around the world, particularly in developing countries” (Levin 2006). Russian National Security Strategy to 2020, as the most important challenge in the field of health and national security has recognized a mass spread of HIV infection (Указ Президента Российской Федерации 2015).

From the foregoing, one can easily see how political discourse focused on infectious diseases, at first treating them as challenges, takes the form of securitizing discourse, and begins to treat them as a security threat. The international community has crossed the path from “global AIDS Disaster” and “AIDS time bomb” as political discourse in the USA in the early 1990s, to HIV/AIDS as a “threat to stability and security” against which “peace war” should be launched, at the beginning of the XXI century. In other words, the process of securitization began in the United

5) For more information on National Biosurveillance Integration Center see: <https://www.dhs.gov/national-biosurveillance-integration-center>

States and thanks to their efforts UN has made step towards global securitization of infectious diseases, which led other major nations to identify public health threats as “a threat greater than terrorism” (UK) and “most significant emergency risk” (Russia).

Securitization of health has found its place in the political but also in the academic discourse. In the last 15 years a large number of research papers in the field of international relations and security, is dedicated to the observation of health through the lens of security.

Health threats as contemporary security challenges – Academic Discourse

Maclean states that the issues of globalization, threats of bioterrorism and mass and rapid spread of infectious diseases are interrelated and that as such have attracted the attention of scientists in the field of international relations (Maclean 2008:475). Moreover, Fidler in his work as ‘Health Foreign Policy: Between Principle and Power’, talks about “political revolution” in the relationships between health, foreign policy and international relations (Fidler 2005:179). Therefore, the themes of health security are largely represented in journals on international relations, such as the journal *International Relations*, *International Affairs*, *European Journal of International Relations*, as well as the leading journal in the field of security - *Security Dialogue*. Health has become an unavoidable issue, and in many other publications in the field of security. For the purpose of this paper we have analyzed: *The Routledge Handbook of Security Studies*; *The Routledge Handbook of New Security Studies*; *Security Studies A Reader*; *Critical Security Studies An introduction*, 2nd edition; *Security Studies: An Introduction*. In the publication, *The Routledge Handbook of Security Studies*, among contemporary security challenges are also studied challenges in the field of health (Cavelty, MMauer 2010), while *The Routledge Handbook of New Security Studies* deals with a new area of security, including the security of pandemics and biological security (Burgess, 2010). *Security Studies: A Reader* deals with dimensions and security issues, such as HIV/AIDS (Hughes, Meng 2011) and *Security Studies: An Introduction*,

talks about the key concepts in the field of security, among which is health (Vilijams 2012). About health, as a security issue, also deals with the Critical Security Studies An introduction, 2nd edition (Peoples, Vaughan-Williams 2015). There is a growing number of publications dedicated exclusively to health security, such as Securing Health (2016), Disease Diplomacy - International Norms and Global Health Security (2015), The Routledge Handbook of Global Health Security (2014), Security and Global Health (2010) and others.

These facts are important for the reasons beyond the strictly academic framework. Although the academic community is not directly involved in the process of political decision-making, it can be one of the bearers of political and therefore security discourse. The sensitivity of issues such as the issue of health security dictates imperative of the competence of actors who are the carriers of its discourse. Here we have in effect, already mentioned, Foucault's principle of "rarefaction of the speaking subjects" which makes it impossible, for those who did not meet certain requirements or from the beginning was qualified for it, to enter the discourse order (Fuko 2019:24). The question of health security fits perfectly in Foucault's claim that not all areas of discourse are equally open and accessible, on the contrary - that some of them are largely prohibited (Fuko 2019: 24). In this case, scientific competence represents entry ticket for the participation of academics in the health threats discourse. At the same time, it is the basis of authority that allows entry into the order of discourse and the source of authority of that discourse itself. Although the academic community cannot independently be the carrier of the securitization, it can be, with its scientific credibility, a pillar of support for the securitization of health threats.

In the academic literature is currently in progress a debate over the question of whether health and security should be linked at all, then which issues in the field of health should be viewed as a security threat, and further why certain issues in the field of health are considered security threat and also what are the positive and negative effects of health securitization? In this article we shall deal with issues of what in the area of health is considered a threat to security and why it is considered a threat to security.

Fidler argue that the concept of health security is associated with mass spreading of infectious diseases, particularly HIV/AIDS; as well as with the fact that pathogenic microorganisms can be used as a biological weapon (Fidler 2003:791-2). In fact, most of the works in the field of securitization of health is dedicated to HIV/AIDS. Due to the consequences entailed by HIV/AIDS, Fouire states that health is now seen as “exemplar of humanity’s new collective insecurity” (Fouire 2014:43). Altman even considers that the HIV/AIDS is even bigger security threat than terrorism, since it destabilizes “the social and economic order to the extent that the very survival of entire nations is at stake” (Altman 2003:417). In his works on securitization HIV/AIDS, Elbe pointed out that HIV/AIDS significantly influences the conflicts in Africa (Elbe 2002), as well as the security sector (Elbe 2005).

In addition to HIV/AIDS, as the issues of national and international security are also viewed influenza pandemics, as well as the possibility of using a biological weapon for terrorist purposes - bioterrorism. Kamradt-Scott and McInnes believe that securitization of pandemic flu is not a new phenomenon and that the Spanish flu pandemic of 1918, represents a milestone in the securitization of infectious disease (Kamradt-Scott and McInnes 2012). However, only with the spread of SARS in 2003, the securitisation of respiratory diseases is paid special attention. After the SARS pandemic, Elbe thinks that it is “legitimately possible to view any disease with the potential to cause significant mortality and economic damage as a national security threat” (Elbe 2010:46). A special place in the securitization of health represents the analysis of infectious diseases having in mind their political point of view, or the possibility that they are used as a biological weapon. The development and use of a biological weapon, as Kellman states, represents “the dark side of globalization” and requires a global response to this threat to security (Kellman 2010:241).

The analysis of the political and academic discourse showed that health issues are viewed through the lens of security. But it certainly lacks a complete answer to the question of why health has become an issue of national and international security?

Why health issue is constructed as threats to national and international security?

McInnes states several reasons that might endanger the health of national and international security: a high mortality rate, a negative impact on the economy, migration, the impact on the armed forces and peacekeeping operations (McInnes 2014:9-10). And thus, according to Makinis, because of the impact on the economy, high rates of infection among the security forces, the consequences for the peacekeeping and fear that conflicts may contribute to the spread of the virus, HIV/AIDS has become a matter of national security (Makinis 2012:364-366). The similar viewpoint have O'Manique and Fouire, who, as the main threats that originate from HIV, consider economic problems, increased violence, migrations, the possibility of spread of the virus because of low intensity conflicts and others (O'Manique and Fouire 2010:250). Singer believes that HIV can have significant consequences for national and international security, endangering primarily armed forces and creating a new generation of fighters who are ready to fight – “new children of war” (Singer 2002:141-2). Price-Smith also points to the link between AIDS and conflict, believing that AIDS undermines political and economic stability which creates a fertile ground for the outbreak of the conflicts (Price-Smith 2002).

When it comes to the mortality rate, WHO Global Health Observatory (GHO) data show that only in 2017 AIDS killed 940.000 people (WHO Global Health Observatory Data, 2019), while up to 650 000 deaths annually are associated with respiratory diseases (World Health Organization 2017). However, the analysis of literature and relevant reports showed that among the most important reasons for the securitization of health are stated the effects of health crises on the national and global economy. High costs are set aside in the preparation, as well as to respond to the pandemic. Thus, the British government in 2009 spent \$ 708 million for the drug Tamiflu to combat swine flu, while sales of the drug in 2009 reached as much as \$ 3 billion (Frangoul 2014). According to World Bank estimates, the economic impact of the epidemic of Ebola Guinea, Liberia and Sierra Leone reached 2.8 billion dollars. Also, the World Bank estimates that there is a high

probability that in the next 10 to 15 years the world is supposed to experience a pandemic of some infectious disease that can destabilize society and economy. It is estimated that the annual costs of the pandemics could amount to 570 billion, or 0.7% of GDP, while the cost of severe pandemic like the Spanish fever that hit the world in 1918 might amount to 5% of global GDP (The World Bank 2017).

Contribution to the expansion and the emergence of new infectious diseases is also brought about by greater people's mobility - migrations. Given that Europe is currently facing a large migrant crisis, one of the issues that is in focus is the impact of migration on public health. This is of particular importance because most migrants come from poor and war-affected areas. Some European officials claimed that migrants can bring "possible epidemics" (Ferguson 2015) so that the EU and WHO took the unique position that "the risk of an outbreak of infectious diseases resulting from the current influx of migrant populations is extremely low" (Scholz 2016). On the other hand, the national health system and the economy is under pressure, since it needs to respond to the health needs of migrants and enable them access to health facilities.

Next link between health and security is reflected in the fact that the military may be at higher risk of certain diseases, especially HIV/AIDS, which affects its operational capacity. It is believed that the rate of sexually transmitted diseases among soldiers is 2 to 5 times higher than among civilians (UNAIDS 1998:2). By HIV/AIDS are the most affected the armed forces of African countries, where the prevalence is moving up to 60% (The U.S. National Intelligence Council 2000). However, this problem is not only confined to African countries. The big problem with HIV/AIDS has Russia. It is estimated that over a period of five years, 9,000 young people could not serve in the army because they were HIV positive (Feldbaum H, Lee K, Patel P 2006:0775). Ambrosio in his work 'The geopolitics of demographic decay: HIV / AIDS and Russia's great-power status', raises the question whether the HIV/AIDS impacts on the ability of Russia "to restore and maintain its global standing" (Ambrosio 2006:10), while Sjöstedt in her work 'The Securitization of HIV/AIDS in Russia', claims that Russia is a clear case of how HIV/AIDS affects the military, the econo-

my and demographics, and thus the national security of the state (Sjöstedt 2008).

Members of the military can play a role in the spread of HIV, especially during peacekeeping operations. Thus, it is estimated that among Nigerian peacekeepers HIV prevalence increased from 7% to 15% during the three years of service in the mission in Sierra Leone (Feldbaum H, Lee K, Patel P 2006: 0776). The spread of HIV/AIDS in a particular area can influence the decision of some countries whether to send their forces to peacekeeping operations, but also on the other side of a recipient country's willingness to accept peacekeepers if there is a risk that the troops contribute to the spread of the disease.

In addition to the armed forces being directly affected by certain diseases or contributing to the spread of such diseases, they have a role in combating health threats to national and international security.

The military role in public health security

Since the armed forces may be directly affected by certain diseases, their main role in the field of health is "medical force protection" (Licina 2006:6-8). In accordance with the 'NATO Allied Joint Medical Support Doctrine', force protection in medical terms means "the conservation of the fighting potential of a force so that it is healthy, fully combat capable, and can be applied at the decisive time and place" (NATO 2002:23). In addition to medical care, the armed forces have other roles in the field of health. Kamradt-Scott McInnes believe that some armed forces "have been complicit in framing pandemic influenza as a security threat" (Kamradt-Scott and McInnes 2012). As an example, they cite the formation of Global Laboratory-based Influenza Surveillance Program in 1997, by the US Department of Defense. The main function of this program, which was further expanded in 1998, by formation of the Global Emerging Infections Surveillance and Response System, is conducting the control of "influenza-like febrile or respiratory illnesses" (Sueker et al. 2010:156). This system had a significant role in the detection and control of bird flu pandemic, as well as early detection and response to the swine flu in 2009. Watterson

and Kamradt-Scott believe that the military is a potentially powerful tool for the preparation and response to a possible pandemic of infectious diseases (Watterson & Kamradt-Scott 2016), in particular through the surveillance system and early warning, as well as through epidemiological and laboratory opportunities for early detection of new epidemics or pathogens both among the civilian and military population (WHO 2013).

The army plays a significant role in the field of public health after major natural disasters. Thus, the various states provided military aid to Pakistan after the earthquake in 2005 and the major floods of 2010, aid to Haiti after the devastating 2010 earthquake, but also to many other countries that have been affected by large-scale natural disasters. Help related to the transport and delivery of water and food, and other humanitarian assistance, as well as the establishment of military field hospitals (Licina 2012).

The role of the military in the field of public health is brought into focus after the epidemic of Ebola in 2014, when the US President Obama declared “war” against Ebola and announced to send 3,000 members of the armed forces in the “war”. According to the U.S. Department of Defence until 2015, the role of the armed forces in the fight against Ebola related to the provision of logistical support and training of health workers, as well as the construction of laboratories. It is estimated that the cost of the US in this battle amounted to 384.9 million dollars. Other countries, such as France, Great Britain and Norway sent the members of their armed forces, which significantly influenced the increased military presence in Ebola-affected African countries. People’s Republic of China for the first time also sent 480 members of the medical military personnel beyond the borders of the state, and Lin Songtian, director general of the Ministry’s Department of African Affairs, said that “China’s assistance will not stop until the Ebola epidemic is eradicated in West Africa” (Taylor 2015:41). And local security forces (police and military) had a significant role in the fight against Ebola, which referred to the house search and detection of people infected with Ebola, and their referral to medical institutions (Schröder 2015). In response to the Ebola outbreak, based on General Assembly Resolution (A / RES / 69/1) and UNSC Resolution 2177 the UN established for the first time a medical mission UNMEER

(UN Mission for Ebola Emergency Response), in order to prevent further spread of the disease, treatment of infected people as well as providing basic services and preserve stability.⁶

The role of the military in the fight against infectious diseases can be seen beyond the triangle of prevention, suppression and rehabilitation. An army, just like academic community, with its authority can provide additional legitimacy for efforts of the state authorities to treat infectious diseases as security threats. Just like in the case of academic community, the military can not be the direct bearer of securitization, because of the construction of civil-military relations in democratic societies which grants the right of speech act as an instrument of securitization exclusively to civil authorities (in autocracies things are essentially different, but they are not the subject of this consideration). However, actions such as launching Global Laboratory-based Influenza Surveillance Program in 1997. can make military indirectly part of a securitizing discourse, and even position it as its inspirer, both at national and international level. When we say this, we have in mind the assumption that discourse, and, consequently, securitizing discourse, is also made not only from statements (that is, spoken or written narrative) but that its order, as Neumann observes, is also constituted of other forms that include “non-spoken language, such as visual symbols, as well as established social practices, such as body language or military exercises” (Ejdus 2012: 99). Therefore, the act of launching the influenza surveillance program by the institution in charge of security at the symbolic level can be a strong message (both to the civilian authorities and to the wider population) that issue of influenza should be securitized. This way, the military becomes part of the securitizing discourse behind the front lines of narratives.

While to securitization of health and observation of infectious diseases as security challenges, in developed countries is devoted due attention to the question of how much this theme is represented in the political and academic discourse of small countries such as the Republic of Serbia.

6) For more information on UNAMEER see: <https://ebolaresponse.un.org/un-mission-ebola-emergency-response-unmeer>

Public health security in the Republic of Serbia

To health in the context of national security in the Republic of Serbia has been given little attention both in the political and academic discourse. Insufficiently are also represented research and evaluation capacity of the civil and military sectors in the early detection, prevention of and combating potential infectious diseases, cooperation between these two sectors, as well as the role of armed forces in the field of public health. On health is mainly discussed from a medical viewpoint. Thus, for example, in the than Prime Minister Vučić expose of 2016, in the ‘Health comes first: a new plan for health care for you and your family’ is discussed exclusively about health care reform and the improvement of healthcare services.⁷

The current National Security Strategy covers the health risks to security, but it is thought that they actually represent “a security risk that could be growing in the future” (National Security Strategy of the Republic of Serbia 2009:13). However, in the work ‘Public Health in Serbia Through the Lens of Security’, Rokvić et al., through the analysis of significant events in the 20 and 21 century suggest that the health crises in the past significantly affected the security of the country so that the consequences of these crises are still being felt today, and it will definitely pose a security risk in the future (Rokvić et al. 2016). As an example, they cite an epidemic of typhus in 1915, which claimed about 135.000 lives, among them more than 35.000 soldiers. The epidemic was successfully halted thanks to the capacity of the army. Another big epidemic befell Serbia (then Yugoslavia) in 1972. It was an epidemic of smallpox, which was considered the largest epidemic of smallpox ever in Europe. The total capacity of the country, including security, were engaged to contain the epidemic that led to the closing borders and declaring a state of emergency. This epidemic has claimed 35 lives and caused economic losses of 600 million dollars. The research conducted by Rokvić et al., subsequently underscores the tremendous consequences for the public health in the aftermath of economic sanctions, wars and NATO bombing in 1999. The research indicates that since the 90s until today there

7) The Prime Minister of Serbia Aleksandar Vucic’s exposé (9 August 2016) [online] Available at: <https://www.vreme.com/cms/view.php?id=1418818>

has been an evident increase in mortality rate, population decline, the rise in suicides, the increase of malignant diseases, the increase in infectious diseases, and in recent years the evident increase in HIV-infected persons. At the same time, in the period from 2005 to 2009, there was an increase in the number of patients suffering from infectious diseases, which are viruses classified in the A category of potential biological agents such as anthrax, botulism and tularaemia. Every year there is an evident increase in patients suffering from respiratory diseases, while the swine flu pandemic of 2009, in addition to a large number of infected persons, left in its wake significant economic losses in production and trade which according to estimates amounted to 8.2 billion euro. In 2009, in an irrational way were purchased large amounts of the Tamiflu drug, which made damage to the state budget of about 1.25 million euro (Rokvić et al. 2016). At the same time, the costs of health care in Serbia are very high. It is estimated that the health care consumes about 10 percent of GDP, or 3.5 billion euro every year.⁸

According to the data of the Institute of Public Health of Serbia, on the territory of the Republic of Serbia (without data from Kosovo and Metohija) in 2015 were reported a total of 261,919 persons suffering from infectious diseases (Институт за јавно здравље Србије “Др Милан Јовановић Батут” 2016:i). In Serbia were also registered cases of West Nile fever, which is why the Institute of Public Health of Serbia on 01 June 2016, sent ‘Recommendations for control of West Nile fever in the human population on the territory of the Republic of Serbia’. Based on the Recommendation were registered 41 confirmed cases of the presence of the West Nile fever, including two deaths (Institut za Javno zdravlje Srbije „Dr Milan Jovanović Batut“ 2016a). In 2018 there were 213 confirmed cases of the presence of the West Nile fever, including 21 death cases (Institut za Javno zdravlje Srbije „Dr Milan Jovanović Batut“ 2018). According to available data, currently living in Serbia are 2239 people infected with HIV, and it is believed that there are about 1100 people not knowing to have been infected. Only in the period from January to November 2016 were registered 124 new cases of infection (Institut za Javno zdravlje Srbije „Dr Milan Jovanović Batut“ 2016b)

8) [accessed on 16 December 2016].

Since the Republic of Serbia is on the path of a large migrant wave, and that on its territory are reception transit centers and centers for asylum, attention is paid to the health dimension of migrations. According to the available data, among the migrants in Serbia, are mostly registered respiratory infections. In detention centers and asylum centers were also registered body lice, but far more public attention was attracted by news of the registered cases of malaria among migrants. As malaria is eradicated in our country in 1964, due to a large area of water at the Sava riverside, the WHO has declared this area susceptible to malaria, and the Institute of Public Health of Serbia in 2016 published 'Guidelines for surveillance, prevention and control of malaria, especially within the migrant population in the territory of the Republic of Serbia' (Institut za Javno zdravlje Srbije „Dr Milan Jovanović Batut“ 2016c). In addition to the Institute's announcements and the media releases of the infected migrants and possible malaria epidemic, the reaction of political officials was not evident.

Although in the Republic of Serbia there are a number of cases of infectious diseases, including HIV, cases of West Nile fever and malaria, as well as cases of infection by viruses that are classified as A category of potential biological agents, and significant economic losses caused by infectious diseases, health is not viewed from the standpoint of security. The question then arises whether the Serbian Armed Forces (SAF) plays a role in the area of public health?

By the analysis of the basic missions and tasks of the SAF it can be concluded that the military plays an important role in the security sphere of public health. The defence system and the Serbia have significant medical and sanitary facilities available for combating the spread and treatment of infectious diseases. This can be illustrated by the example of the III mission of the SAF (civil-military cooperation) and its role in biological decontamination of buildings and land and to preventing the emergence and spread of infection after major floods in 2014. By July 2014, the decontamination of 353 facilities and of 538 090 m² of land (Влада РС 2014:37) was carried out. Also, within the III mission the action "Military Physicians in the Countryside" is carried out with the goal of providing medical care for the population in remote

areas, as well as the affirmation of the partnership of the civil and military sectors. There are also significant capacities of the Military Medical Academy (MMA) in the treatment of infectious diseases, especially of the Clinic for Infectious and Tropical Diseases of the MMA. The clinic is also the national reference center for the treatment of patients with hepatitis C and hepatitis B virus infections. In the context of the Mission II (participation in building and maintaining peace in the region and the world), the SAF by its medical and medical teams is participating in the UN and EU peacekeeping operations thus and contributes to building and maintaining international peace and security (Jeftić, Ristanović, Rokvić 2015).

Conclusion

At the end of the 90s of the 20th century health risks are being recognized as a serious challenge to national and international security, and for the last 15 years in terms of health security, and security of public health, they have been dominating the political and academic circles. The bases for the consideration of health as an issue of security provides the securitization theory, while the US government, as well as numerous international organizations, are considered the main actors of the securitization of health. With regard to security as the most important challenges in the field of health are considered the occurrence and spread of infectious diseases, pandemics of HIV/AIDS and the ability to take advantage of biological agents for terrorist purposes. Recognizing health as security issues has led to the adoption of a series of strategic documents, the publication of reports, formation of initiatives and departments within the relevant ministries aimed at collecting, analyzing and distributing information about the diseases, so as to respond to them more efficiently. As one of the most important issues in the field of securitization of health is raised the question why health, or certain diseases, are considered the threat to security in general? As the most significant reasons are huge economic losses, high mortality rates, migration, the impact on the armed forces and peacekeeping operations.

Since infectious diseases are considered the threats to national and international security, as confirmed by the resolutions of

the Security Council in the case of HIV/AIDS and Ebola, as well as strategic documents in the field of security of many developed countries, inevitably raises the question of whether the armed forces play a role in the fight against these threats and preservation of both the national and international security? It was found that the armed forces play an important role, in particular through a system of monitoring and early warning, through epidemiological and laboratory opportunities for early detection of new epidemics, and providing assistance after major natural disasters.

While the health security is the dominant concept in Western literature and political discourse, as such it is not represented in the political and academic discourse of small countries, such as Serbia. The sparse research and papers on the subject of securitization of health in Serbia show that health and security were connected in the past, that their relationship is evident at present, and as stated in the National Security Strategy of Serbia, it will be reflected in the future. Bearing in mind that Serbia has a large number of cases of infectious diseases (including HIV, West Nile fever, malaria, infection with viruses that are classified as A category of potential biological agents); that the extremely high costs of health care, and that certain infectious diseases cause significant economic losses, such health security should be given more attention. Namely, in the future we should be prepared adequately for a new epidemic / pandemic in its early detection and timely response, so as to undertake more efforts to recognize health as a field of national security, health and security risks as well as risks. Although the defense system and the SAF are participating in the preservation of public health, it is necessary to do research and evaluation of both military and civilian capacities for the early detection, prevention, response and remediation of potentially major health crises, such as the smallpox epidemic of 1972. The study should include the manner and level of communication and cooperation between the civil and military sectors in the event of potential health crises. Otherwise, in the future Serbia may face a serious deficiency capacity for the prevention and remediation of epidemic / pandemic and other health threats.

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