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Health and Security

HIV/AIDS in Post-apartheid South Africa

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Abstract

In a strange and awkward way the transition to democracy in South Africa have occurred simultaneously as the HIV/AIDS epidemic firmly and steadily have strengthen its grip around the country. HIV/AIDS have become security a process referred to as securitization. With security theory provided by the Copenhagen School a theoretical framework is constructed discussing the possibilities and pros and cons of health securitization. By studying the events in the most recent South African history dating from 1994 – 2004 the author wants to show the dynamics of the securitization process of HIV/AIDS. The study shows that HIV/AIDS has a very complex relation to the South African society. Remnants of apartheid, traditional beliefs, tensions between the developed and developing world on who has the right answers, and political scandals and inaction have all formed the South African HIV/AIDS discourse. The result of this discourse is shown in how HIV/AIDS and those infected by HIV and those with AIDS are treated by the rest of the society.

Keywords: HIV/AIDS, South Africa, Health, Securitization, Copenhagen School

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1 Introduction

Since the end of the Cold War the field for scholars and students in peace and conflict studies have widened dramatically. New areas previously not considered having anything to do with peace and security have risen on the agendas of both scholars and politicians. No longer are men in green clothes charging against you the only real threat against states in our world. Today and for the last decade more people have died of complications related to them having full developed AIDS than in wars and conflict-zones. The threats have changed character and the armed men in green clothes are replaced with microscopic viruses that have taken advantage of one of our most primitive and important needs to infect, spread, and kill. The HIV/AIDS pandemic have been a fact since the beginning of 1990's. It is however not until recent years that the issue has been given serious attention as the terrible effects of the disease are becoming visible at an increasingly high pace.

1.1 Statement of Purpose

I have chosen to study the HIV/AIDS pandemic in South Africa and applying a securitization theory to see how HIV/AIDS became securitized in South Africa. Most research written about security and HIV/AIDS have a normative approach questioning whether it is a good idea or not to securitize diseases like HIV/AIDS. Research looking into the events of and dynamics of the securitization process when HIV/AIDS becomes securitized is scarce if not totally absent. With this thesis I will take the first steps into this un-chartered territory.

The purpose of this thesis is twofold. With no previously written literature available to guide me my first task is to expand the theoretical framework of securitization so it becomes applicable to the health sector. Secondly I have to apply this newfound knowledge to my case South Africa. With this done I will be able to spot the dynamics of the securitization process. The question guiding my research is:

- How can the securitization process of HIV/AIDS in South Africa be understood?

1.2 Method

I have chosen to study a single case over the time period of 1994-2004. There are a couple of reasons for my choice of a single case study. More than one case would imply a comparison. If doing that I would first of all have to come up with a set of criteria for selection the cases and do this thoroughly to avoid what is known as selection bias (Svensson & Teorell 2006 p 222). Secondly I would have to draw generalizing conclusions from my findings otherwise there would be no point in comparing cases given that there are variations between them. I would also have to find a isolate variables for which I can find in all cases (Svensson & Teorell 2006 p 243). As the available literature, as previously mentioned, is very scarce it would be very hard to find cases and variable suitable for such a study. In other words I have nu intention of making generalizing findings of how securitization is done as it varies from case to case. The securitization process (see 2.2.2) is intersubjective and each case has it specific circumstances surrounding the process.

South Africa became a democracy in 1994 and with that started a new chapter in the countries history. With democracy came a new kind of politics and policymaking as well as new institutions and departments of the government. 1994 was also the year in which the HIV epidemic fully erupted in South Africa and became an issue on the political agenda. Studying the events for a decade is a convenient amount of time and also provides a couple of years of distance to the last years of my study. This time period also appropriately covers the events occurring in the UN Security Council in early 2000. The first time HIV/AIDS and international security was discussed in the council.

The theory of my choice is the Copenhagen School. It provides the most inclusive framework on securitization and is seen as the most influential, original and important contribution to security studies over the last decade (Elbe 2006 p 124). The Copenhagen School provides theoretical framework for securitization in 5 sectors – political, military, societal, economic, and environmental (Buzan & de Wilde & Wæver 1998). There is however nothing that says their ideas of securitization also can be applied to other sectors, such as health. To the best of my ability I will put together an agenda for health security similar to those agendas provided by the Copenhagen School for each sector they addressed.

1.3 Material

All articles, documents, and books used in this thesis used for empirical material are from 2004 – 2006. This is almost true for all material used in the thesis where it not for the material used for the theoretical framework. The material obtained through Buzan et al. (1998) constitutes the foundation on which the theoretical

framework is built upon. For the agenda for health security much material comes from Price-Smith (2002) one of the few who have written about and conducted research on health and security. To complement Price-Smith in the health agenda I have also used articles mostly deals with HIV/AIDS. The agenda for health security is therefore, I admit, slightly biased towards HIV/AIDS. I have deliberately chosen not to use hardly any statistical material about HIV/AIDS. This is because I have noticed that statistics vary depending on the source. I have also learned that comparing HIV/AIDS statistics are almost useless as states use different ways of estimating the numbers. The only statistics I have used is taken from the UNAIDS Epidemic Report for December 2006 and is only used to illustrate the situation in South Africa for the reader.

1.4 Disposition

A large and important part of this thesis is the second chapter. It provides the thesis with the theoretical framework needed while at the same time explaining the securitization process. The chapter ends with my theory contributing part – the agenda for health security. My case, South Africa, follows and begins with a short history of HIV/AIDS in the country to help the reader understand the actual situation in South Africa. Then comes an overview of the political events in South Africa between 1994 – 2004 that has to do with HIV/AIDS policymaking. The "relationship" between South Africans and HIV/AIDS is then addressed and the third chapter ends with a look at the regional intergovernmental organization SADC's view on AIDS. Finally chapter four is dedicated to discussion and conclusion.

2 Securitization Theory

2.1 Widening the Security Agenda

During the days of the cold war the meaning of the word security in the political and academic debate was clear to everyone. It refereed to measures on how to avoid the possibility of a direct military confrontation between the two super powers and the consequence of which would most likely make the world uninhabitable. Security was only prevalent in the context of national security. In these days when the realists had monopoly on perceptions about international relations, security was a matter for the military. Military strength was seen as the solution to the security problem (Sheehan 2005 p 2, 6). The analysts working with security, or strategic studies of which security was a subfield, were in fact often from the military profession and saw, obviously, security through military eyes. This meant that they, e.g., impossibly could have seen the dangerous potential of the emerging identities in Yugoslavia during the 1980's (Sheehan 2005 s 57).

This view of what constituted security attracted critique from scholars. Scholars pointed out that security was a product that had ascended from the cultural context of the industrialized countries in the west with a Westphalian heritage. The aim of security during the Cold War era was to preserve peace and status quo. For the poor people of Africa status quo was the least of all things they wanted to preserve. They wanted justice and a chance for development. The interests of peace for first world collided with the demands of justice for the third world (Sheehan 2005 p 7). In 1970's in the economic and the environmental sectors voices were raised against this view and in the 1980's things slowly started to change (Buzan et al. 1998 p 2). Barry Buzan's book *People, States and Fear* was published in 1983 and so was also Richard Ullman's article *Redefining Security.* These two suggested that the security concept needed to be opened up or widened. Buzan takes the largest leap of the two and argues for a widening or deepening of the security concept into two directions. First, besides the military sector he wanted to put security in the political, societal, environmental, and economical sectors. And secondly he wanted to change the referent object, the thing needed to be secured, to not only be the state but also to be the international system above the state and the individual below it (Sheehan 2005 p 43f).

2.2 The Copenhagen School

"As a consequence, two views of security are now on the table, the new one of the wideners and the old military and state-centered view of the traditionalists." (Buzan et al. 1998 p 1).

It is necessary to define the levels the Copenhagen School uses in its analyses. The levels are used to show the locations of causes and effects. The largest is the *international system* (there could theoretically be more than one system at this level, which is an historical fact). The second largest level is *international subsystems*. These are distinguishable from the rest of the international system in some way or another. They can be geographically coherent and form a region (e.g. EU) but if not they are just a subsystem (e.g. OPEC). The next level is comprised of *units*. These are actors that can take a number of different forms from states, nations to transnational companies to name but a few. These are in turn made up of *subunits* that are organized groups of individuals with the potential of affecting the behavior of a unit (e.g. lobbies). And finally the fifth and last level of analysis is the individual (Buzan et al. 1998 p 5f). Securitization and the speech act (see below) are processes which involves collectives and their intersubjective decisions. It is therefore very seldom that the individual level is used in the analysis.

2.2.1 Securitization

Every public issue can be placed on a spectrum ranging from nonpoliticized to politicized to securitized. A nonpoliticized issue is in no way dealt with by the state and it is not part of the public debate, e.g. religion in the US. Compare this with Iran or Saudi Arabia where religion is politicized and thus requires government decisions, resources or even governance. A securitized issue represents something that is an existential threat to the referent object and justifies measures and actions outside of the normal political (and in some cases democratic) procedures. Culture and more specifically western culture is an example of an issue that was seen as an existential threat to the Soviet Union and therefore securitized. This was and still is obviously not the case in, for example, the UK. Where an issue ends up on the spectrum depends not only on the issue itself but also on geographical location and surrounding circumstances (Buzan et al. 1998 p 23f). The most important thing is that securitizing an issue means to place it above the normal proceedings of politics. Thus requiring extraordinary measures that would normally not be accepted or for that matter being legitimate. What truly defines the core of security in international relations is "the survival of collective units and principles [and] the politics of existential threat" (Buzan et al. 1998 p 27). Securitization has its pros and cons. What has to weighed are the consequences of "applying a mind-set of security against the possible advantages of focus, attention, and mobilization." (Buzan et al. 1998 p 29)

2.2.2 Speech Act

The process of securitization is often compared by Buzan et al. (1998) to the speech act of theoretical linguistics. A speech act is not referring to an actual event. Instead it is the speech act itself that is the event. This can be compared to giving a promise to someone. Unless you say it there is no promise. It is the act of giving the promise that is the actual event or act. For something to be security, uttering the issue and the word security in the same sentence will simply not do (Buzan et al. 1998 s 26f). It is only when an issue is presented with the logic and grammar of the speech act that we can talk about securitization. For this we need four components "(i) *securitizing actors* (such as political leaders, intelligence experts, etc.), declaring (ii) a *referent object* (such as a state) to be (iii) *existentially threatened* (e.g., by an imminent invasion), and who make a persuasive call for the adoption of (iv) *emergency measures* to counter this threat (e.g., declare war or impose a curfew)" (Elbe 2006 p 125f).
Buzan et al. claim that security is always about the future and therefore hypothetical and about counterfactuals. What will happen if we take action and what will happen if we do not?

Security is an arena were objective standards are practically impossible to apply. Even if tanks were to rush over your border you cannot be sure if it is a threat or not unless you know the socially constituted relationship between the tank and the referent object. Example, the tanks can be hostile but also part of peace-keeping force. For a securitization to take place the emergency measures adopted to counter the existential threat must be accepted by the referent object. If it (read they) do not accept and tolerate these emergency measures that under normal circumstances would be illegitimate there is no securitization. The final component that is needed for a successful securitization is an acceptance from the people. Securitization is therefore essentially an intersubjective process "as with all politics" (Buzan et al. 1998 p 30f). The rhetoric of securitization would therefore sound something like "if we don't take action against this threat now everything else will become unimportant". Obviously meaning that there will not be anything left as this threat threatens our very existence. It is important to underline that this in itself is only a securitizing move not a securitization. A securitization does not require that extreme measures are actually taken but that the argumentation for a securitization has created a platform from which it would be possible to legitimize emergency measures that earlier would not have been possible (Buzan et al. 1998 p 25). According to all of this there is no such thing as objective security. However certain events can aid the securitization process as facilitating conditions. Securitization is more likely to succeed on the state and nation level. This because it is on these levels we find the strongest collective identities. If a securitizing actor can convince the referent object that their identity, what makes them who they are, is threatened a securitization process is likely to succeed. This is why we rarely see successful securitization on the global level as it is very difficult to unite all of mankind to perceive a threat in the same way (Buzan et al. 1998 p 23).

2.2.3 Regionalizing, Classical Security Complex Theory and Beyond

The Copenhagen School makes the assumption that in the post-Cold War-bipolar world regionalization will gain ground at the expense of globalization. Regional security concerns will no longer be held down due to geostrategic concerns of Super Powers. Regions will therefore be allowed to follow their own agenda and more independently sort out their own problems and possibilities. The Copenhagen School has therefore adapted the Security Complex Theory to explain how security and securitization are interconnected (Buzan et al. 1998 p 9, 43). Buzan's Security Complex Theory elaborated on the assumption that international security is a relational matter, i.e., how different collectives of humans experience and relate to each other. The focus is set on regions or security complexes that fill the gap between "national security" and "global security". According to Buzan states fear their neighbors more than distant powers due to the fact that threats travel more easily over short distances than long (Buzan et al. 1998 p 10f). Buzan defines these security complexes as "a set of states whose major security perceptions and concerns are so interlinked that their national security problems cannot reasonably be analyzed or resolved apart from one another" (Buzan et al. 1998 p 12). The main characteristics of a security complex is that they consist of at least two states, the states form a geographically coherent group, the states' relationship are marked by security interdependence (that can be both positive or negative), and that security complex is profound and durable, although not necessarily permanent. Buzan limited this early work to the military and political sectors in his security complexes (Buzan et al. 1998 p 19).

The Copenhagen School has moved beyond this now called "Classical" security complex theory, CSCT, and opened it up and applied the concept of security complexes on other sectors than the military and political. In CSCT securitization of issues was only seen in the light of amity and enmity which are actor generated and not a product of an intersubjective process (Buzan et al. 1998 p 15f, 19). To create consistency about what a region is the politically defined state is used as the building-block for regions that can constellate a security complex (even though this is not necessarily according to the criteria set by the Copenhagen School). The state is also useful as a referent object as it has a strong "we" feeling about it. Rivalry with other collectives has proven useful to unite people within states and nations. This is one of the main reasons for the failures to securitize issues on the system level. These attempts have failed when they have met the dynamic of the rivalry of the middle-level collectives. In other words history has shown that it is primarily states and nations that are the most suitable for securitization processes (Buzan et al. 1998 p 36f).

2.2.4 Sectors

In Buzan et al. (1998) the Copenhagen school addresses five sectors for security to be implemented in. These are military, political, economy, societal, and environmental. They define a sector as '[a view] of the international system

through a lens that high-lights one particular aspect of the relationship and interaction among all of its constituent units' (Buzan et al. 1998 p 27). In each sector it is likely to find different actors, and different types of threats that in different ways pose a threat to survival. The securitization process will therefore not look exactly the same in every sector. An example would be global warming in the environmental sector. Here the cause is global but the effects, like the sea level rising, will only have regional or perhaps local consequences. Migration that can be seen as a threat to identity in the societal sector can have local causes, like civil war, but have regional consequences. While the referent object in the case of global warming is likely to be a state or a number of states the referent object in the case of migration is more likely to be a nation. Some units will be common in all sectors. The state, because of its special nature, is an example of a reappearing actor (Buzan et al 1998 p 17).

There is also a difference between ad hoc security and institutionalized security. If a sector has been institutionalized there is no need for drama during the securitization process. An example can be issues regarding defense. By implying that an issue is defense related the securitizing actor also implicitly says security, priority and in sense urgency to the referent object. The explanation has to be thorough and for politically reasons more dramatized if we are talking about ad hoc security (Buzan et al. 1998 p 28).

When combining sectors and security complexes one question emerges. Are there different security complexes for each sector (homogeneous complexes) or are there links between the actions in different sectors that in turn creates one security complex for all sectors (heterogeneous complexes)? The Copenhagen School leaves this choice for the analyst to make. To get the big picture of how security concerns cross and impact other sectors the answer is to go with a heterogeneous complex. For obvious reasons that would be a rather big operation and not so practical if the analyst focuses on a specific sector or issue (Buzan et al. 1998 p 16f).

The Copenhagen School devotes a passage to the different roles of the analyst and the actor. It is the analyst that decides through an analysis whether or not an issue has become securitized and become security. An issue is not security just because an actor says it is and in the same way an issue can become security even if it is not claimed to be security by an actor. What definitely will tell the analyst if an issue has become security is to see if policy has taken the form of "politics of existential threats" (Buzan et al. 1998 p 33).

2.3 An Agenda for Health Security

Health is a word that covers a wide spectrum of issues. All possible complaints that are taken care of at hospitals are naturally not of the character that they can be connected to international security relations. Sour throats and broken wrists are not relevant. Infectious diseases on the other hand are definitely relevant. These have plagued humans throughout the course of history and posed a greater threat

to mankind than wars and conflicts. What caused these diseases remained unknown until the 19th century when knowledge of bacteria began to emerge. Since then mankind has known that it is possible to protect itself from various kinds of diseases and modern healthcare was born. Healthcare is more or less available everywhere and under more or less control by politicians. The issue of health is definitely politicized and has been so for a long time. What we are faced against today are diseases that the normal routines of healthcare cannot manage. The spread of HIV and the increasing number of persons developing AIDS has placed HIV/AIDS and securitization in the spotlight.

Price-Smith says that the reason for the newfound connection between infectious diseases and its implications on national security is because humans have a short generational memory. Up until the 19th century diseases like tuberculosis, smallpox and polio were very common all over the world. These diseases killed and disfigured millions. Then came the vaccines and antibiotics and for a while it looked like humans were winning the battle against the microbes. Hence, diseases and their terrible consequences that people had learned to live with and accept become forgotten (Price-Smith 2002 p 2f). Evans has a different approach as he says that it is the borderless and globalized world that has shifted focus towards the individual and universal human rights that has put health in the spotlight (Evans 2004 p 7-9). States are traditionally responsible for the health of its population. But as the expenses for healthcare and pharmaceuticals have risen and the economic interests of the pharmaceutical companies now prevail over the interests of populations the obligation of the state towards its population is not easily fulfilled. To receive economic aid from international institutions, like the World Bank, states have to wholeheartedly comply with an ideology of economic development and growth that supersedes the socioeconomic claims of human rights. There is in other words a conflict between the obligation of the state towards its population and the structures and practices of economic globalization (Evans 2004 p 19ff) The patents belonging to western pharmaceutical companies sort of embodies this conflict. Not only does intellectual property rights limit the availability of drugs to poor countries it also focuses research and development of the pharmaceutical companies on drugs with potential profit. Today Africa accounts for approximately 1.3 % of the global health market so it is financially better to develop drugs against baldness than against tropical diseases (Thomas 2004 p 67ff).

2.3.1 Advantages of Securitization

Budgets are always limited and the competition for funds is tough between different sectors. Issues that are securitized are obviously in a better position to receive adequate funding than nonsecuritized issues. An example is South Africa that in 2001 spent $4 billion on rearmament at a time when there is no present military threat to South Africa and at the same time saying that it lacks resources to expand its HIV/AIDS programmes (Heywood 2004 p 30). In the same spirit Prins emphasizes that securitizing an issue is the same as playing the trump card

of priority but also that over the last two decades an "uneasy relationship between the claim that an issue is important and the claim that it is a 'security issue'" has emerged (Prins 2004 p 939f). In many African states the ministries of health are usually the most under funded ministries with very little political clout. Securitizing lifts issues like HIV/AIDS from these ministries to higher levels in the government with substantially more clout. Pharmaceutical patents are also possible to override if the patents are seen as threats to national security. The World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property (TRIPS) that bars countries from producing or importing cheaper made medicine has an article that allows for breaking the agreement if it is for protecting essential security interests. No dispute has yet occurred under this article 73 but voices are raised within the WTO and the UN to change that. India has lobbied in the Security Council for having AIDS declared as a threat to international peace and security, which is something that will be necessary for invoking article 73 (Elbe 2006 p 131ff). Securitization also has the benefit of giving attention to an issue. This can lead to increased international aid and most importantly alerting governments in concerned countries. Elbe quotes de Waal about African governments: "that [they] act when they perceive real threats to their power." (Elbe 2006 p 134). Securitization can in other words provoke governments to respond. Highlighting the implications of HIV in the armed forces has proved to be a trigger for placing HIV/AIDS on the political agenda. When that is done it is much harder for politicians to deny the implications of HIV/AIDS on the rest of the society (Elbe 2006 p 135).

2.3.2 Disadvantages of Securitizing Health

It is the disadvantages that have caused parts of the academic world to react against the ongoing securitization process. Elbe reacts against absence of a normative debate of what will happen when an issue like HIV/AIDS becomes securitized and emphasizes that what the Copenhagen School thinks that all states are like the liberal-democratic states found in the west. Third world states, Elbe says, do not have the same distinction between state, society, and security. If implementing a rhetoric of existential threats the chances are high that the response would not be confined to the civil society but involve forceful military action against e.g. the ill or infected creating a situation where human rights are put a side to stop the spread of a disease. (Elbe 2006 p 131). Timing is essential to securitizing health as with securitizing environment. Securitization requires that a clear and present danger is presented to the referent object. This was done in the early 1990's in attempts to securitize climate change. Back then the issue was about "water wars" that as we know did not happen. Skeptics, both politicians and scholars, then quickly took control over the issue and dismissed the entire thesis and climate change became a nonissue for most of the 1990's. Both climate change and diseases like HIV/AIDS have things in common. They both progress slowly and their respective causes are in their own ways controversial (Prins 2004 p 940). If seen as emergencies the actions against these threats are likely to be

what is thought to be the best in the short term. This is not always what is best in the long term and it might even worsen the situation (Barnett & Prins 2006 p 361).

2.3.3 Vulnerabilities

Infectious diseases strike indiscriminately at all parts of society and affects all levels from the individual to the system-level. The effects of infectious diseases vary on different parts of society. They struck individuals, families, companies, and states economically and indiscriminately. They decrease the working capability, thus lowering production, profit and income while at the same time increasing the expenditure of the state. This affects poor people the most and widens the gab between the rich and the poor. This may lead to growing tensions within a state and can potentially lead to state-collapse (Price-Smith 2002 p 120).
Price-Smith presents data for twenty randomly selected countries over a time period from 1951 to 1991 which shows significant correlation between state capacity and ERIDs (emerging and re-emerging infectious diseases). Countries with low state capacity are poor and even though there is no evidence that suggests that poor states are more likely to experience internal violence there are evidence that suggests a higher frequency of internal violence within states that experiences declining state capacity (Price-Smith 2002 p 50).

Diseases tend to hamper world trade and in number of ways. Even though diseases do not only affect underdeveloped states these are harder hit due to lacking healthcare and weaker state functions. This may place affected states in a chronic underdevelopment which will exert a negative net drag on the world economy and impair prosperity. Diseases also affect travel and tourism and export and import of goods that may be infected (Price-Smith 2002 p 14). When things turn to the extreme and a significant part a countries population are infected and disabled the economy on both state and regional level are at a high risk of becoming destabilized (Price-Smith p 120). Some regions of the world are undoubtedly more affected than others. The most prosperous and developed countries are found in the temperate climate zone. Countries in the tropic climate zone are the most underdeveloped (except the oil producing states around the Arabic peninsula). It is in the tropical climate zones ERIDs are most common. The word ‘tropical disease’ is a hint about this (Price-Smith 2002 p 114). Impact of HIV/AIDS is visible in areas such as economic growth, poverty and agricultural production. Countries with a large portion of HIV infected have shown little but none rise in per capita income and GDP. The reason for this is that people with AIDS are less productive and that sick leave, supervisory time, disability, medical benefits, and death increases the expenditures for companies (Whiteside 2004 p 10-13). Increased poverty is not only an effect of HIV/AIDS it is also a cause of it. Girls and women are forced into prostitution to earn income and are therefore at high risk of both spreading and receiving HIV. Poverty also forces people to be mobile in search of work. Jobs in agriculture, mining, transportation, and trading forces people to leave their home vicinity for longer periods of time. This puts people in situations where it is more likely that they will

engage in casual sex. Studies show that migrants have a higher HIV prevalence independently of the prevalence rates at the site of departure or destination. AIDS is also significant as the mortality rate is unusually high, even for infectious diseases, and that it in particular strike the part of the population that is the most economically active in the society (Poku & Whiteside 2004 p. xxf). Barnett distinguishes HIV/AIDS which he calls a long-wave event from short-wave events, which we usually respond to in emergencies. He pinpoints the following characteristics of these long-wave events. We do usually not know when they started. When we are aware of the problem it takes a long time to stop it and sometimes they are unstoppable. It required long-term thinking to tackle the implications which differ from our way of tackling short-wave events. It is very hard to get people in power, i.e. politicians, to react constructively as long-wave events can cover decades which is far beyond the time-horizon of most politicians. We are not good at managing problem that requires novel responses (Barnett 2006 p 302f).

2.3.4 Actors and Referent Objects

The steps in the securitization move of HIV/AIDS are made visible by Prins. According to Prins the move started after the American ambassador to the UN, Richard Holbrook, had visited southern Africa in December of 1999. After having seen AIDS orphans in a day center he called the Secretary-General Annan and told him that they needed to have a meeting in the Security Council about AIDS. Annan responded by saying that AIDS was not a security issue and therefore not a matter for the council. However, when Vice-President Gore was preceding over the first Security-Council meeting of the new millennium Gore brought what, Prins sees as three basic points to the table regarding AIDS. “The heart of the security agenda is protecting lives; When a single disease threatens everything from economic strength to peacekeeping, we clearly face a security threat of the greatest magnitude; It is a security crisis because it threatens not just the individual citizen, but the very institutions that define and defend the character of society” (Prins 2004 p 941). The first point follows Secretary-General Annan’s line that the rights of men and women should have precedence over those of states. The second and third points were reiterated in Security Council Resolution 1308. This the first and so far only resolution about AIDS addressed the dilemma of HIV-positive peacekeeping personnel and the possibility that they were in fact spreading HIV to the people they were sent to protect. Member states were therefore urged to test their military personnel working in blue helmets. Furthermore the council also recognized that the “HIV/AIDS pandemic is also exacerbated by conditions of violence and instability” and “that the HIV/AIDS pandemic, if unchecked may pose a risk to stability and security” (Prins 2004 p 942). This securitization move on the global level is yet to succeed. McInnes says that it is likely that the securitization move was mere an attempt to gain political attention for HIV/AIDS around the world (McInnes 2006 p 326) and to move the issue from the non-politicized sphere to the politicized sphere (Elbe 2006 p132).

To securitize an issue on the global level is fairly difficult. Attempts can on the other hand attract the attention of regions and states to the issue and these can later make a securitizing move with the state as the referent object. Health is mostly a national issue, even if disease tend t ignore state borders and have effects on a regional level. The roles of NGOs are not to be underestimated. NGOs working with HIV/AIDS related matters have bloomed in sub-Saharan Africa especially. This is mainly due to neglect and silence from many states to HIV/AIDS in this region (Webb 2004 p 20). The silence from governments has created a vacuum that is filled by NGOs that has taken the advocacy roll and provided shelter and medicine for the ill. Even though their claim of legitimacy as representatives for the people have been contested by many 'silence' governments their voice in the debate is heard (Webb 2004 p 24, 31).

3 South Africa

3.1 HIV in South Africa

The first cases of HIV were discovered in South Africa in 1980's. The group worst affected were as in the rest of the world at the time white gay men but also migrant miners from Malawi (Marks 2002 p 17). In the mid-1980's the disease started to affected a broader part of the society. Despite this no actions were taken from the apartheid government and instead the initiative to create a national health plan came from ANC and health and welfare NGOs. In 1994, right in the middle of the transition, HIV/AIDS erupted. In 1992 the very unusual alliance of ANC and the Department of Health held a joint conference on AIDS and the National AIDS Committee of South Africa (NACOSA) was formed. NACOSA developed an AIDS plan that proposed a holistic and multisectoral response. It would include education, prevention, counseling, healthcare, welfare, and research. The responsibility to lead, fund and implement the plan would fall on a new national coordinating structure in the presidential office (Johnson 2004 p 113f). The HIV prevalence rates began to skyrocket in 1994 and an estimated 10% of the population was infected. In 1998-99 the prevalence rate reached slightly above 20% and has remained there since. AIDS kills slowly and the number of deaths is increasing rapidly. From 1997 – 2004 the official mortality rate increased by 79%. Today 5.5 million South African are HIV positive and it estimated that 2 million of them are unaware their condition. 240 000 of them are children under the age of 15 (UNAIDS 2006 p 11).

3.2 The New South Africa

After democratization ANC that had worked in exile against the apartheid regime was merged with internal democratic movements. The democratic forces working inside South Africa had a tradition of open, decentralized organizations, and responsive style of leadership. This was in sharp contrast to the ANC. As a militant organization the ANC had a secretive, authoritarian and hierarchal leadership style. This was later passed on to the government when the ANC won the first free elections in 1994. The transition to a democratic society that immediately began after the installment of the new government created a virtual

brain-drain of NGOs as many persons received new employment inside the new government. Financial resources from international donors that previously had gone to the NGOs now went directly to the state. NGOs and other popular organizations in the civil society lost both capacity and influence. The ANC elite that was used to top-down decision-making, a centralized organization and most important tight internal discipline looked upon civil society organizations with large skepticism and if they criticized the government the organizations were simply neglected (Johnson 2004 p 120f). This made the situation for NGOs in South Africa harsher as they were lacking funds and were opposed by the government (Butler 2005 p 601). Many in the government saw it as their exclusive role to provide knowledge, develop policy, and to set the agenda in the new South Africa (Johnson 2004 p 121). One thing that united the National Party of the apartheid era and the ANC was their conservatism. Xenophobia, homosexuality, sexually transmitted diseases, and male power were issues that were not discussed by either the pre- or post-1994 governments. The national AIDS plan contained very predictable projections on how HIV/AIDS would spread during the 1990's. However as with many plans of that time in South Africa the economic and human resources available to implement the new strategies were overestimated (Butler 2005 p 593). Conflicts between old apartheid-era and new civil servants and the enormous bureaucratic restructuring and transition to form democratic institutions created a very slow working government. Health was also an issue for the provincial authorities and therefore not under direct national control. When directives finally left the Department of Health a new level of bureaucracy waited with the same kind of problems. Even if the NACOSA plan was ambitious the plan failed in the implementation phase. A national review of the AIDS plan in 1997 concluded that the commitment was very weak outside the Department of Health and that it was too narrowly focused on the health sector (Johnson 2004 p 113). The provincial departments of health were very ill-suited for inter-sectoral challenges (Butler 2005 p 600).

1996 saw the eruption of the Sarafina II scandal. Sarafina II was a educational musical aimed at the South African youth. It was funded by the Department of Health with funds received from the European Union to battle HIV/AIDS. The story behind the scandal was that the Department of Health did not consult other actors on the national and provincial level before granting the big budget of R14 million. The scandal was also fueled by the media with accusations of corruption in the development of the play. The next scandal did not wait to long. The Virodene drug was a domestically developed drug that was endorsed by the government after the 1997 AIDS review. However, the limited testing of the drug raised questions within the Medicines' Control Council and Medical Research Council. Both councils wanted further testing of the drug before approval. NGOs supported the medical opinion and when the politicians did not change their opinion a new war of allegations between the government and NGOs erupted. In the end the Virodene drug turned out to be nothing more than an industrial solvent and media once again launched attacks on the Department of Health. The department responded with defensiveness and hostility against the accusers and the affair harmed the entire South African AIDS programme (Johnson 2004 p

122). The Sarafina II and the Virodene scandal created a political context that completely came to overshadow the HIV/AIDS programme (Parkhurst & Lush 2004 p 1917).

Butler says that there were two competing response models on how to best effectively tackle HIV/AIDS. The medical establishment supported by many NGOs called for a clear national political leadership and mobilization to publicly fund contraceptives, to introduce extensive use of anti-retroviral drugs (ARVs) to prevent mother-to-child transmission and to drastically scale-up the public ARV programmes. The other response policy is the one most endorsed by the government, especially after 2000. This policy consists of two parts. The first involving preventive care in form prioritized anti-poverty programmes and social grants in especially rural communities. The other part is palliative care with nutrition and traditional medicine. Notable is that western medicine and ARVs are almost entirely absent (Butler 2005 p 596). This is mainly attributed to African nationalism. As the leader of the African continent South Africa is setting an example by moving away from Western dependency and dictations on what to do (Parkhurst & Lush 2004 p 1916f). In 2000 president Mbeki launched what Butler calls "broadsides" against the entire intellectual community when he questioned the causal link between HIV and AIDS and claiming (with "own" experience) that ARVs could be toxic. Instead of medical solutions he opted for further research in what way socio-economic causes could lead to AIDS. A new composition of the National AIDS Committee was presented with no leading medical expert in it. A new strategic HIV/AIDS/STD plan was launched by the government without any reference to ARVs. Under enormous pressure from both internationally and domestically the government caved and in 2002 a task team was set up to look into "various treatment options including anti-retroviral treatment." (Butler 2005 p 594f).

3.3 Public Awareness

Denial of AIDS is widespread in the South Africa and biomedical denialism is a popular label given too many groupings in the South African community. First of all it is given to people questioning the link between HIV and AIDS. Then there are those seeing poverty as the primary cause of AIDS and those who think that AIDS is actually caused by ARVs and finally those accusing medical science and scientists for being part of a capitalist and racist conspiracy. "Othering" or claiming that AIDS is a problem of others and not something that exists here is common. South Africans and other Africans as well therefore see AIDS as something that comes from Western homosexuals and from them spread to Africans, from whites to blacks and from the rich to the poor. The still living legacy of the public healthcare system of the apartheid era that used science as an instrument for enforcement of apartheid is not forgotten by the black community. Research was conducted on how to control the black reproduction while trying to increase the white. Chemical and biological weapons were also used to assassinate

black leaders. Evidence also suggests that scientific research on possible ways to induce sterility on the black population was conducted and also that HIV positive prostitutes were used to deliberately spread the virus among the blacks. Mbeki therefore once famously called theories about African or Haitian origins of AIDS as "insulting" (Butler 2005 p 604). African nationalism (Parkhurst & Lush 2004 p 1916f) has resulted in the seeking of African solutions instead of listening to the scientific opinion of the West. In 2002 papers circulating at the ANC headquarter were saying that the thesis of HIV/AIDS is nothing more than centuries-old white racism and that all it does is to further project these ideas on Africans and black people (Butler 2005 p 605f). This has also been publicly admitted by Mbeki as he gave a speech, which Prins paraphrases. "To accept that aetiology of the African pandemic was – as we now are sure that it was – overwhelmingly via hetero-sexual intercourse in the presence of STD co-factors, with some role for iatrogenic transmission via dirty needles, seemed to concede the apartheid stereo-type of unclean Africans, 'human of the lower order, unable to subject passion to reason … natural-born, promiscuous carriers of germs … doomed to an inevitable mortal end because of our unconquerable devotion to the sin of lust'." (Prins 2004 p 935).

It is also important to bear in mind that the common thing to do in South Africa if you seek medical advice is to visit Western doctors and consult traditional medicine. Polls show that as many as 80 % of the South Africans consult traditional healers for one reason or another despite that Western medicine is available (Walker et al. 2004 p 93f). The stigma most associated with AIDS is witchcraft. Young people suddenly dying for no apparent reason are fuel for these kinds of beliefs. Breaking sexual taboos and breaking up with traditions and living a Western lifestyle can also make you receptive to witchcraft. Witchcraft is feared and it is therefore very unlikely, if not impossible, for a person with HIV/AIDS to be open about it (Walker & Reid & Cornell 2004 p 100f). It is common that people diagnosed with HIV do not even tell their partner about it. Many carry the opinion that HIV positives should be thrown out from the community. This pushed people into doing terrible things for a cure. Thriving myths like having sex with a virgin is thought to be the reason for the dramatic rise in child rape (Walker et al 2004 p 102) and violence against schoolgirls (Marks 2002 p 21). Even if things are progressing forward on how to prevent transmission of HIV there is still a high degree of stigmatization associated with HIV/AIDS in the communities and behavioral changes are still to be seen (Parkhurst & Lush 2004 p 1921).

3.4 The Regional Context

The Southern African Development Community (SADC) is an intergovernmental organization that works as one of the pillars of the African Union. SADC consists of 14 southern African states stretching from the Democratic Republic of the Congo and Tanzania in the north to South Africa in the south. The first summit

communiqués that addresses AIDS are from the summits in 1997 and 1998. HIV/AIDS is not a separate issue but seen as a challenge when it comes to fulfilling the aspirations and hopes of the youth (Summit Communiqués 2004 p 81, 94). The following years the issue of HIV/AIDS grew bigger and the summit in Lesotho in 2003 was solely dedicated to HIV/AIDS. The Executive Secretary of the SADC, Dr. Ramsamy, said that the frighteningly increasing HIV prevalence rates had "resulted in millions of orphans and declines in life expectancy" and that "the battle against HIV/AIDS was getting more difficult and complex [but] that the battle has to be won however difficult it is." (Summit Communiqués 2004 p 157). The summit also concluded that the best practices for implementation in their HIV/AIDS programmes would include prevented mother-to-child transmissions by using ARV therapy and that the SADC members should jointly buy bulk ARVs to reduce the costs (Summit Communiques 2004 p 158). Throughout the summit communiqué it is the problems HIV/AIDS poses on the socio-economic development that attracts most attention. It is also noted that HIV/AIDS seriously undermine the attempts of achieving the UN's Millenium Development Goals on reducing global poverty by half by 2015 (Summit Communique p 156-159).

In the SADC's Strategic Indicative Plan for the Organ of Politics, Defence and Security Cooperation signed in 2004 by the SADC members HIV/AIDS is mentioned several times. The foreword begins with "Peace, security and political stability are the linchpins for socio-economic development" and that the protocol is "to serve as an instrument for dealing with the Southern African region's political, defence and security challenges." (SADC 2004 p 5). And that the objective is to "create a peaceful and stable political and security environment". HIV and AIDS is first mentioned in between demining and "combating of illicit trafficking in small arms and light weapons" in a list of activities requiring cooperation (SADC 2004 p 6). The Strategic Indicative Plan for the Organ (SIPO) deals with four different sectors. The political, defence, state security and public security sectors. The document lists challenges for the sectors and how to tackle eight preset objectives within the respective sector. All sectors have HIV and AIDS in their lists of challenges. All challenges are numbered (i, ii, iii…) but if the numbering has a real purpose is unclear the same goes for the strategies. Objective 1 ("To protect the people and safeguard the development of Region against instability arising from the breakdown of law and order, intra-state and inter-state conflicts and aggression."(SADC 2004 p 17)) is the only objective that has measures against HIV and AIDS in the strategies. The political sector lists "Device measures to Combat the HIV and AIDS pandemic" last of five strategies (SADC 2004 p 18). The state security sector has "Prevent the spread of the HIV and AIDS pandemic through public awareness and advocacy campaigns" and "Undertake HIV and AIDS education against stigmatisation and discrimination" listed as strategies number ix and xi of xii (SADC 2004 p 32f). The public security sector has "Devise effective measures to address the HIV and AIDS pandemic in the law enforcement agencies" (SADC 2004 p 38).

4 Conclusion

4.1 The Complexity of HIV/AIDS in South Africa

What I have come to understand is that South Africa with all of its history, different peoples and, traditions create a very complex society. Just as South Africa struggles with the West and struggles on the African continent to show that it is the leading nation it also struggles within. It is only been a little more than 10 years since democratization and memories of apartheid are still very much alive. As South African politics and policy on HIV/AIDS have experienced scandal after scandal it has been unsuccessful in reaching out to people. The focus of the political efforts to fight HIV/AIDS has been preventive and education and information campaigns have made people somewhat aware of how HIV spreads. The reluctance to discuss the problems facing those infected and suspiciousness about Western medicine underpinned the public opinion that AIDS was caused by witchcraft. Memories of the white mans oppression of the past and the experiences of the attempts of the white man's Western world to enforce white man solutions and way of thinking on African people have resulted in African nationalism and the promotion of African solutions

The way ordinary people in South Africa behave against those infected with HIV and with fully developed AIDS tell an interesting story. A securitizing actor seems to be found not in the profane but in the sacred world. The role of traditional medicine and religion cannot be disregarded. For a large part of the people of South Africa HIV positive persons are seen as dangerous and cursed. That traditional belief could inadvertently impose such sentiments that forces people to silence and neglect of their disease of fear of becoming expelled from society and from their own families was nothing I expected to find. Instead of the virus it is the people that are seen as the threat. Extraordinary measures allowing for breaking the normal rules of law have been imposed. How traditional religion is a part of the process is something that neither I nor the Copenhagen School can provide explanations for. Once again are we faced with the fact that applying theories, no matter how open and wide they tend to be, that are created by people of from America and Europe will always take for granted that they know how the world works. The depths and dynamics of HIV/AIDS in South Africa cannot be fully explained by such theories as they are limited to a Western way of thinking.

If we look on how the government is acting in the process we see that they quite early on saw HIV/AIDS as a problem and the issue became part of the political agenda. Both the government and NGOs worked as securitizing actors in

the early 1990's. The government saw HIV/AIDS as an existential threat as it threatened social and economic development and HIV/AIDS became closely connected to poverty. The referent object, the South African state represented by its people, accepted this view and what now remained to complete the securitization were extraordinary measures or the laying of a foundation that makes it possible to use such measures. It is here that complexity takes over. The actions of the government were clouded by scandals and media outrage. HIV/AIDS was a threat but without a clear and firm response. The people were left to deal with the threat on their own and traditional beliefs provided answers that politicians did not have. The securitization moves on the international arena have increased the pressure on South Africa and other African states to increase the usage of ARVs to help people infected with HIV. This group have, strangely enough, been absent from the political HIV/AIDS discourse in South Africa.

4.2 Future Research

I mentioned in the introduction that I am with this thesis taking the first steps in un-chartered territory. This "territory" is truly multi- and definitely inter-disciplinary. The number of different approaches seems to be unlimited.

We have not seen the end or the full potential of HIV/AIDS. Regardless of the stable and somewhat decreasing prevalence rates in some states it is not until now that those infected during the middle-late 1990's are passing away. It is not until now and the years to come that we can start to make out the effects of this disease on communities, states, regions and perhaps continents. South Africa and many other African states are facing problems of enormous proportions that we actually know too little of.

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