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Securitizing Communicable Disease

A case study of discursive threat-construction during
the 2014 Ebola epidemic

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Abstract

The purpose of this study was to explore the securitization of communicable disease in the case of the Ebola outbreak in West Africa 2014. Applying the Copenhagen School's theory of securitization, this thesis conducted a discourse analysis of speech acts occurring at different levels of the global community in relation to the outbreak. The focus lay on two major events, namely the UN Security Council meeting on 18 September 2014 and the UN high-level meeting on Ebola a week later. Investigating to what extent the securitizing discourse apparent in Resolution 2177 which identified Ebola as a "threat to international peace and security" was upheld and justified by the speakers at these events, this study determined that Ebola virus disease has been "successfully" securitized on all levels of global governance. Despite the incredible amount of human suffering which the Ebola outbreak provoked in West Africa, the discourse employed by global governance identified the referent object nearly exclusively at the state-level. Further research is suggested in the concluding parts of this thesis that can build upon the findings of this study.

Key words: Securitization, global health, Ebola virus disease, Copenhagen School, securitizing actors

Word count: 16,496

List of abbreviations

CDC = Centre for Disease Control and Prevention

EVD = Ebola virus disease

HDI = Human Development Index

HIV = Human immunodeficiency virus infection

AIDS = Acquired immune deficiency syndrome

H5N1 = Avian influenza virus subtype

MSF = Médecins sans frontières / Doctors without borders

SARS = Severe acute respiratory syndrome

SG = Secretary-General

UK = United Kingdom

UN = United Nations Organisation

UNDP = United Nations Development Programme

UNMEER = United Nations Mission for Ebola Emergency Response

UNSC = United Nations Security Council

US = United States of America

WBG = World Bank Group

WHO = World Health Organisation

WHO AFRO = World Health Organisation African Regional Office

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Chapter 1 Introduction

1.1 Aim and field of study

Since the Ebola virus disease (EVD) outbreak was publicly declared on 23 March 2014 by the World Health Organization (WHO), over 11,100 people died from this (to-date) incurable disease (CDC, 2015a). This is the largest and most complex EVD outbreak in its 40-year-old history, with the majority of infections and deaths occurring in the three West African countries of Guinea, Liberia, and Sierra Leone.

The international response to the 2014 Ebola outbreak raises a number of relevant questions. Why was it so difficult to control the outbreak? Is the critique of an inadequate and slow response directed at WHO and the international community (Gallagher, 2014) justified? What implications does the Ebola epidemic and response have for future public health emergencies? And why did Ebola receive such a high-profile news coverage, while other diseases, such as Tuberculosis and Malaria claim millions of lives every year but are largely ignored by Western media?

Five months into the outbreak, the WHO declared the spread of Ebola in West Africa an international health emergency. A month later, on 18 September 2014, the Security Council of the United Nations (UNSC) had its first emergency meeting on a public health crisis in history and adopted Resolution 2177 (2014), framing the outbreak of EVD in line with the international classification of diseases as a security risk, and a “threat to international peace and security” (UNSC, 2014b). Except for Security Council Resolutions on HIV/AIDS (e.g. 1308), the 2014 outbreak of Ebola in West Africa constitutes only the second time that the Security Council was lead to directly deal with a public health issue.

Framing EVD as an international security issue marks a vital step in the international response to Ebola and the eventual curbing of its infection rate. It also indicates a securitization move (Buzan et al. 1998) in an on-going process of

securitization. According to the Copenhagen School's (CS) constructivist ideas about security outlined in *A New Framework for Analysis* (Buzan et al. 1998), securitization is a process in which security issues are *produced*, rather than objectively identified, eventually resulting in the persuasion of an audience to allow extraordinary measures in response to the issue identified as a "threat". Buzan and his colleagues warn that a successful securitization and permitting emergency measures often is accompanied by administering the power to legitimately break rules in the name of security, e.g. by disregarding human rights (p.23, 33). While the CS is normatively biased against securitization, others (e.g. Doty, 1998) claim that progressive ends can be reached *through* security and securitization. The aim of this thesis is therefore to explore the prescriptive potential of a securitizing discourse, by analysing *how* Ebola became securitized during the height of the outbreak in September 2014, and by whom. This study can be regarded as a point of reference for further research while simultaneously contributing to previous research on the securitization of communicable disease.

1.2 Relevance to peace and conflict studies

So, why is it socially relevant to study the presence of securitizing discourses in relation to Ebola, and how is this a research problem for Peace and Conflict Studies? The answer to these questions will become more obvious when reading the rest of this study, nonetheless, this section aims at providing a provisional answer.

First of all, the social relevance of understanding the dynamics of a securitizing discourse surrounding a public health crisis lies within securitization theory itself, as the Copenhagen School claims that securitization produces the power to undertake extraordinary measures beyond normally binding rules in dealing with such a discursively constructed threat (Buzan et al. 1998). A thorough understanding for how this securitizing discourse is constructed is conditional in order to be able to follow up on the problem, and investigate if, how, and why such extraordinary measures were in fact put into effect – and at whose expense.

Second, well-being has been found to be as much socially determined as it is a biomedical condition (McInnes, 2008), with increasingly international dimensions. Whether or not the global securitization of health has a mutually beneficial potential for both health and security, the agenda of securitizing health has so far been biased towards (inter-)national security interests while neglecting human security aspects and the promotion of a healthier world for everyone (ibid.). Furthermore, this agenda has been claimed to be dominated by the security interests of the West (McInnes, 2008; Jin & Karackattu, 2011), despite the fact that the majority of deaths from preventable illnesses occur in the poor countries outside the West (WHO, 2015d).

Third, health and peace are closely linked (Levy, 2002). Evidently, (violent) conflict and the absence of peace in a location have a negative impact on the local population's health and survival, most obviously by posing a direct threat to people's lives, but also by contributing to a deterioration of health infrastructures (see e.g. WHO, 2003). Reversely, poor health can prove destabilizing because it undermines the economic and social structures of the state, e.g. by fuelling economic decline, reducing confidence in the state and, as inequalities in health provision are highlighted, producing social disorder (McInnes & Lee 2006:16). Infectious diseases, such as HIV/AIDS, have been proven to disrupt local structures and the work force, leading to stigmatization of the infected and the possibility of civil unrest (Selgelid & Enemark, 2008) and it has been claimed that security forces (such as the police and the military) are more vulnerable to contracting sexually transmitted diseases (McInnes & Lee 2006:16). According to McInnes (2008) "the lives and livelihoods of the overwhelming majority of the people on this planet are at greater risk from disease than from war, terrorism or other forms of violent conflict" (p.275) and it is the underprivileged who are at a disproportionately higher risk to contract and die from infectious diseases, both at a national and global level (ibid.).

This research project, while exploring the intersubjective construction of Ebola as a security issue, may therefore be considered a (small) contribution to uncovering potential inequalities, when deeming a thorough understanding of a problem necessary in order for it to be effectively addressed. Since the readership for an undergraduate dissertation tends to be too limited to initiate actual change, however, such aspirations lie beyond the scope of this study. Nonetheless, this

study is timely and of high relevance to Peace and Conflict Studies as it contributes to the field by being one of the first projects to examine the securitization of EVD during the 2014 outbreak.

1.3 Purpose statement and research questions

As the introductory paragraphs have let on, the purpose of this study is to explore the phenomenon of the securitization of communicable disease in the case of the EVD outbreak in 2014, in order to develop an understanding for the potential implications of such a discourse in terms of a progressive international response. By exploring the discursive mechanisms that contributed to the international response to the disease, this thesis sets out to determine the extent to which EVD has become securitized and whether such a process can be identified at the various levels of the international community and global governance.

In order to address the issues of this aim, a series of research questions are posed which will organize and structure the research. The questions are as follows:

1. To what extent do the actors involved in propagating reaction at the UNSC meeting 7268 and at the United Nations (UN) high-level meeting on Ebola employ a grammar of security?

Through investigating the discourses which different actors of recognizable authority apply in referring to the outbreak, it will be possible to distinguish whether and how the disease became securitized.

2. If a grammar of security can be identified, what are the defining features of the threat-construction and who is the referent object?

Expanding on the first question, understanding the “nature of the threat” and who or what is seen to be threatened will allow an assessment to be made of whether Ebola is thought of in traditional or in human security terms. This is important as the framework to which such a threat construction relates may determine the features of a response.

3. In the material under investigation, what strategies are suggested in dealing with the EVD?

Investigating the extent to which emergency measures are proposed to dealing with the outbreak at hand will allow an evaluation to be made of how successfully

the securitizing discourse was employed.

The information gained from the first three questions will then be examined in the light of the existing literature, outlined in chapters three and four. This will help to evaluate the study in terms of its place in the existing literature and point to areas for future research.

1.4 Thesis outline

The overall structure of this study takes the form of seven chapters. Following this introductory chapter, chapter two comprises a short background to Ebola virus disease in terms of disease structures, the local context and the development of the 2014 outbreak, in order to familiarise the reader with the topic. Hereafter, chapter three provides an in-depth discussion of a selection of previous research touching upon the securitization of public health issues. The discussion and evaluation of securitization theory in chapter four illustrates the theoretical framework upon which this study is built. The methodological considerations underlying this research are outlined in chapter five, where discourse analysis as the relevant method to conducting this study will be explained. Applying this method while taking securitization theory into consideration, chapter six comprises the analysis of 22 different speeches held in front of different UN bodies during the height of the outbreak in autumn 2014. In the concluding chapter seven, the findings will be compared to the research questions that were posed at the onset of the study. A short evaluation of the research project, also with respect to the choice of method and theory, will be given before identifying areas of future research opportunities promoted by this study.

Chapter 2 Background to EVD

This chapter is aimed at familiarising the reader with EVD with the intention of providing a more thorough understanding for the issue at hand.

2.1 What is Ebola virus disease?

EVD, formerly known as Ebola haemorrhagic fever, is an acute and severe illness that is often fatal in humans. Case fatality rates have varied from 25% to 90% in past outbreaks and the average EVD case fatality rate lies around 50% (WHO, 2015b). So far, there is neither a proven cure nor are there licensed vaccines available for EVD, but potential treatments and vaccines are being evaluated. Methods to improve the survival of people suffering from EVD include supportive care-rehydration with oral or intravenous fluids, and the treatment of specific symptoms.

The virus causing the disease is transmitted to people from wild animals, such as the fruit bat, which is assumed to be the Ebola virus' natural host. Via direct contact with the blood, secretions or other body fluids of infected people, or contact with surfaces and material contaminated with these fluids, the virus spreads within the human population by human-to-human transmission. The risk of infection is comparatively *low*, as the disease can *only* be transmitted via direct contact with infected body fluids and is not airborne, and because the infected are only contagious once they have developed symptoms, e.g. vomiting or diarrhoea.

2.2 The 2014 Ebola outbreak locally

Ebola was first identified in 1976 in two simultaneous outbreaks in the Democratic Republic of Congo and in South Sudan (CDC, 2015b). Since then, outbreaks have occurred in different regions of equatorial Africa, mostly restricted to rural regions of DR Congo and neighbouring countries (BBC, 2015). The 2014 EVD outbreak erupted in Guinea and spread through the region to the neighbouring countries Liberia and Sierra Leone. The West African region had no previous experience with the disease and their fragile health systems – as a result of long years of conflict – were completely overwhelmed by the scope of the epidemic.

Having only recently emerged from years of civil war and unrest, the three countries remain high on the list of fragile states (The Fund for Peace, 2014). They are characterized by low human development, as data assessed by the United Nations Development Programme (UNDP) suggests: according to their human development index (HDI), Liberia ranks 176th, Guinea 179th, and Sierra Leone 183rd of the 187 countries. Accordingly, the countries' infrastructures are underdeveloped and health systems are weak, with less than one to two doctors per 100,000 population and very few hospital beds available prior to the outbreak.

All of these are factors contributing to the devastating number of deaths from EVD during the 2014 outbreak, which has claimed more lives than all the previous outbreaks combined (CDC, 2015c).

2.3 Mapping the outbreak

In retrospect, the index case of the 2014 EVD epidemic was identified as an 18-month-old boy from the Gueckedou District in Guinea that had fallen ill and died in December 2013. Ebola remained undetected in Guinea for several months while spreading to the neighbouring countries of Liberia and Sierra Leone. Within ten days of the initial alert that was issued to the WHO on 13 March 2014, a joint effort between the Ministry of Health of Guinea, WHO's Regional office for

Africa (WHO AFRO), and Doctors without borders (MSF), identified the causative agent of the disease as a filovirus from the most deadly of the Ebola family. When WHO publicly announced the outbreak of Ebola virus disease on its website on 23 March, 49 cases and 29 deaths were officially reported. What then unfolded was an Ebola epidemic of unprecedented magnitude: in little over a year, 27,015 people in 10 different countries contracted the disease (suspected, probable and confirmed), leaving more than 11,100 dead (CDC, 2015a).

More than a year later, the outbreak is still on-going in the region, with only Liberia having been declared Ebola-free on 9th May 2015 (ibid.). Although the infection rate is curbed and life is slowly returning back to normal in the three hardest-hit countries (Reuters, 2015), the region's full recovery will presumably constitute a long and unstable process, as EVD is at risk of becoming endemic to the region. The long-term effects on the disrupted societies remain to be seen, but, given the high death-toll that EVD has caused even among health workers, the lack of local medical personnel will likely be one of the major challenges that needs to be addressed when moving forward.

Chapter 3 Previous research

Several areas of research are important in order to fully understand the implications of this study. The aim of this chapter is to generate a comprehensive overview of selected literature touching upon the relation between health and security, and addressing previous instances of the securitization of public health issues. The chapter will first briefly outline the implications that the shift in the security concept towards human security has had for global health, and then turn towards the academic debate concerning the securitization of public health issues on a global level. Since this debate is to a large extent grounded in securitization theory, the concept of securitization is briefly described. For a comprehensive discussion of the theory, the reader is directed to chapter four.

3.1 Linking security to global health

Throughout the 1990s, health and human security linkages have emerged in a series of health fields. Chen and Narasimhan (2003) identify three in particular: violence and conflict, global infectious diseases, and poverty and inequity (p.183). With respect to global infectious diseases, the authors explain the emerging concern with infectious diseases on the global agenda by referring to three main events: the discovery of over a dozen new viral and bacterial agents; the spread of resistance to common antibiotics; and the devastating impact of new epidemics, such as cholera in Peru and Latin America, plague in India and Ebola virus in Africa (p.186). On a similar note, McInnes (2008) mentions the concern that was triggered in the security community by new infectious diseases such as HIV/AIDS, SARS and H5N1. Infectious diseases became important security concerns even for the West as the increased speed of movement of people and

goods that concurred with globalization, in combination with possible changes in the microbial world and the spread of previously contained diseases to the West, displayed their inherently transnational potential (ibid.). Given the possibility of such diseases to become real-life pandemics, McInnes argues that infectious diseases may cause social disruption and threaten the stability of a state, forcing economic decline and potentially increasing income inequality and poverty. Thus, a state may begin to fail due to epidemics, which threatens its own security. Furthermore, he argues that this may constitute a risk even for other states and refers to the US national security strategy which claims: “America [and the West] is threatened less by conquering states than we are by failing ones”, hence the attention that infectious diseases have received on national and international security agendas.

3.2 Securitizing health

Ebola’s appearance on the agenda of the United Nations Security Council marks an unusual event, as it indicates the securitization of an issue predominantly understood as belonging to the field of public health. However, this is not a unique or unprecedented case of securitization in a public health context. A growing body of literature is exploring non-military dimensions of security, as mentioned above (see e.g. Ullman, 1983; Buzan, 1997; Buzan 2007; King&Murray 2001-02) and the increasing securitization of public health issues has given rise to a number of relevant studies and a rich academic debate.

This debate is for the most part grounded in the theory of securitization, which derives principally from the work of Barry Buzan, Ole Weaver and Jaap de Wilde (Buzan et al., 1998), which will be extensively discussed in chapter four. The basic principle of this theory is that any kind of issue can be distinguished from the merely political by being presented as existential threats to a referent object by a securitizing actor. This actor thereby “generates endorsement of emergency measures” (p.5) which may even extend beyond legal constraints and democratic principles. Thus, undergoing a discursive process of securitization, an

issue becomes securitized which “grants the actor a right to violate rules that would otherwise bind” (Wæver, 2000:251).

Maclean (2008) argues that the securitization of health as a phenomenon predates the construction of the Westphalian state-form, and identifies the growing connections between health and security like McInnes (2008) as features of an increasingly interconnected, globalized world (p.475). She claims that bioterrorism and emerging infectious diseases are the primary health-related security concerns of today, having generated responses on both national and international levels. Maclean mentions Ebola along with other haemorrhagic fever viruses as fatal diseases that have been raising alarm outside their locations of infection, due to the implied risk of fast spread as a result of increased and facilitated international travel. With the emergence of HIV/AIDS and its rapid spread worldwide, this risk perception was reinforced. The international spread of fatal diseases far beyond the location of their index cases (e.g. as was the case with Severe Acute Respiratory Syndrome (SARS) in 2002-03), has amplified anxiety and given way to an increasingly transnational understanding of health-related risks resulting from the insight that such diseases can have a major impact on international relations and national competitiveness (Maclean, 2008:482).

Similar to Maclean, Kelle (2007) argues that the driving force behind the securitization of disease since the 1990s was an increased concern for bioterrorism or “deliberate disease” (p. 219) that had the whole population as a referent object – unlike biological warfare which was threatening only for the military. He claims that there was a need to integrate (international) public health governance in the security concerns of biological weapons in order to effectively deal with these new, large-scale threats. Kelle points to a notion of potential collaboration between the WHO – the key actor for disease prevention and mitigation on the international scale – and UNSC, as featured in the 2004 report of the UN Secretary-General High-level Panels on Threats, Challenges and Change (p. 228; UN 2004). Kelle’s research pinpoints the WHO even as a securitizing actor, although restricted to the promotion of the notion of health security in human security terms, instead of a more traditional, state-centred understanding of the security concept. He reasons that, with respect to public health, the securitizing moves have reinforced the state as an actor in the provision of international public health. Hanrieder and Kreuder-Sonnen (2014) on

the other hand argue that the securitization of international problems has led to the internationalization of emergency governance, and point to the emergency authorities which WHO has gained with respect to global health crises, especially since the SARS crisis in 2002.

3.2.1 Infectious diseases and securitization

HIV/AIDS constitutes the public health issue that received the most scholarly attention with respect to securitization. According to Maclean (2008), the security discourse around HIV/AIDS is – although not undisputed – by now “well established in both national and international security sectors” (p.483). Investigating the “legitimacy of ‘securitizing’ HIV/AIDS” (Selgelid & Enemark 2008:457), Selgelid and Enemark argue that an infectious disease may be considered a security threat when it “threatens the existence or stability of society and/or when emergency measures are required to address it” (ibid.). Referring to the UNSC Resolution 1308 (2000) as the first health issue officially framed a “threat to international peace and security” the authors discuss the effects of such a discourse. On the one hand, regarding HIV/AIDS as a threat to security has led several states to greater resource allocation towards containing the virus (e.g. the US Presidents Emergency Plan for AIDS Relief (PEPFAR) in 2003). On the other hand, a number of scholars are concerned with the implications of a security framework for the people suffering from HIV/AIDS, since the securitization of infectious diseases may involve suspending human rights and liberties. For example Elbe (2006) asserts that people living with HIV/AIDS have been “ostracized and even persecuted by some states for their illness” (p.128). He regards it therefore necessary to limit the occasions upon which extraordinary (draconian) disease measures can be implemented in the name of security.

Another reason for limiting the securitization of public health regards the nature of the security concept, which is expected to lose its meaning and usefulness in political discourse if applied too loosely (Selgelid & Enemark, 2008:458). Raising the bar for the securitization of diseases, i.e. reducing it to contexts of quick-spreading pathogens, would however rule out HIV/AIDS and

other slow-spreading, endemic diseases. Such diseases do not generate as much dread as outbreak events, although they typically result in greater levels of illness and death, as well as long-term economic and social erosion (ibid.; Price-Smith 2002:15-16). The authors point out that dread aggravates the effects of a disease by generating major societal disruption, which is why dreaded diseases are “likely to touch the security nerve of people and politicians in ways that set them apart from other health issues” (p.460). On a similar note Smith et al. (2004) remark on infectious diseases’ powerful ability to engender fear which “often leads to rapid, emotionally driven decision-making about public health policies needed to protect the community” (p.1).

3.2.2 Who controls the agenda?

Some public health analysts argue that by limiting the security concept to infectious diseases which have the potential to move from the developed to the industrialised world – such as the West Nile Virus, Ebola and SARS – the global public health agenda risks becoming “inappropriately skewed in favour of the interests of certain populations over others” (McInnes & Lee, 2006:11). In this context, Jin and Karackattu (2011) point to an inherent dilemma that the WHO as a securitizing actor faces in securitizing infectious diseases which is caused by the fact that “securitization is not a win-win strategy in its current manifestation” (p.186) due to conflicting interests between developing and developed countries. While securitization may enhance WHO’s position in the global control over infectious diseases and may bring the organization greater political commitment from developed countries, there are several disadvantages to applying a securitizing discourse. Jin and Karackattu maintain that securitizing infectious diseases could “intensify the collective action problem in global health cooperation” (p.186) while giving rise to political conflicts within WHO and undermining WHO’s political neutrality and humanitarian mission. The public health gap between the developing and developed countries is compared to “a kind of ‘structural violence’” (Jin & Karackattu 2011:186; Farmer 1997) and the fact that the developed countries are dominating the discourse on securitization is

seen as a reason for why developing countries have difficulties to identify with the securitization moves.

On a similar note, the conflicting interests between the developing and the developed countries in relation to global health governance became salient as an effect of the securitization of H5N1 in the 2000's, which had "fateful consequences" (Elbe, 2010:477). To be more explicit, seeing a window of opportunity to negotiate benefits for the developing countries, Indonesia decided to cease sharing its H5N1 Avian flu virus samples with the WHO which led to a four-year-lasting dispute now known as the "virus sharing controversy" (ibid.:479) and considered a major set-back in global health governance.

3.3 Summarizing the literature and identifying a gap

As the literature review has shown, the research field concerned with public health and security has explored a broad variety of issues. Previous research has e.g. studied whether a securitizing discourse may improve health outcomes or not, and found that securitization has in the past contributed to greater resource allocation towards containing HIV/AIDS while also leading to an infringement of people's rights (Elbe, 2010). Furthermore, researchers have investigated what makes certain diseases more fit to become securitized than others and pointed out that the fear which they evoke (Smith et al. 2004), as well as the more objective risk they pose to the stability of a society (Selgelid & Enemark) are decisive features for the securitization of diseases. Moreover, there is a trend to identify the growing connections between health and security as features of an increasingly globalized world due to the transnational nature of health-related threats. Despite all this, except for on the case of HIV/AIDS little research has been conducted with respect to the (discursive) mechanisms which actually raise such health issues or "threats" above the realms of "normal politics" (Buzan et al., 1998).

With respect to the securitization of international public health, Kelle (2007), and Jin and Karackattu (2011) identify WHO as a securitizing actor, but do not comment upon *how* WHO acts as such. Kelle (2007) does however point out that

WHO works primarily to promote health security in human security terms, and that such securitization moves have reinforced the state as an actor in the provision of international public health. While the importance of International Organizations in governing supranational health crises is mentioned, it remains to be understood how such crises become international security concerns and gain enough momentum to be treated with extraordinary measures. This is especially true for the case of EVD, since its “securitization” has not been researched yet, as became evident when scanning the internet and Malmö and Lund Universities’ Libraries for peer-reviewed articles written on EVD and the 2014 EVD outbreak. This research project can therefore contribute to filling the research gap that still exists with respect to the securitization of EVD by exploring how the outbreak was securitized both on behalf of IOs and supranational governance as well as on the state-level and by civil society. Concerning WHO, a particularly interesting finding will be whether their securitizing discourse corresponds to the human security framework even in the case of EVD.

Chapter 4 Theory

Taking an interdisciplinary approach and bringing securitization theory to bear directly on the international response to the Ebola outbreak is useful in that EVD became widely perceived as a pressing existential threat in international policy circles, as the UNSC Resolutions 2176 and 2177 manifest (UNSC 2014a, 2014b). In this chapter, the Copenhagen Schools' theory of securitization is discussed as a framework to comprehend how we can understand and interpret the discourses surrounding the 2014 EVD outbreak. Furthermore, the theoretical model is evaluated in terms of important critique and shortcomings in relation to studying the securitization of Ebola. Summarizing the results of this theoretical discussion, an explicit framework to guide the analysis is outlined, which concludes the chapter.

4.1 The Copenhagen School's theory of securitization

The theoretical concept underlying this study stems from the Copenhagen School (CS). The school has focused upon how security is given meaning through intersubjective processes, and (to a lesser extent) what political effects these security constructions have (McDonald, 2008:68). As an important scholar of the CS, Buzan (1997) describes security as a particular type of politics defined by reference to existential threats and calling for emergency action in a particular sector. Securitization theory was put forward in *Security: A New Framework for Analysis* by Buzan, Weaver, and de Wilde (1998), as an attempt to address the need for a reassessment of security within security studies. This need originated in

the end of the Cold War, after which attempts have been made to widen the security agenda by claiming security status for issues and referent objects outside the traditional military-political security agenda (Buzan et al. 1998). Securitization theory aims at detecting how issues are responded to differently in national and international policy circles when they become framed as pressing existential threats (Elbe, 2010). Since it is a constructivist social theory it does not attempt to determine whether a particular issue indeed constitutes a security threat or not. Instead, it often comes into play once an issue has undergone the process of securitization and “forms a useful conceptual tool for studying the political consequences of such a securitization process” (ibid:478). Significant for the broader framework are the concepts of “sectors”, i.e. arenas entailing particular types of security interaction such as military, political, economic fields (Buzan et al. 1998:7-8), and “regional security complexes”, i.e. inextricably linked sets of units in terms of security processes and dynamics (ibid: 201). These concepts are substantial as either sites for securitizing practices or as dynamics conditioning the success or failure of such practices in particular geographic areas (McDonald, 2008:69). In this study, West Africa will be regarded as a regional security complex and the sectors to which the securitizing practices relate – whether they are military, political, societal, economic or other – shall be determined in the analysis. But what is actually securitization?

Securitization, as first outlined by Ole Wæver in 1995, is a discursive process in which a particular issue, dynamic or actor is declared to constitute a threat to a particular referent object. More explicitly, an issue becomes securitized by being “presented as an existential threat, requiring emergency measures and justifying actions outside the normal bounds of political procedure” (Buzan et al. 1998: 23), thus prioritizing the issue over others by assigning a status of supreme importance. Following the ontology of constructivism this discursive process is known as the *speech act* (as inspired by language theory): an act which *creates* and brings something – in this case a threat – into being.

According to Buzan and his colleagues, in theory, any public issue could end up anywhere on the spectrum from non-politicized, through politicized, to securitized (see Figure 1), and potentially be designated as an (international) security threat, if the right conditions are met.

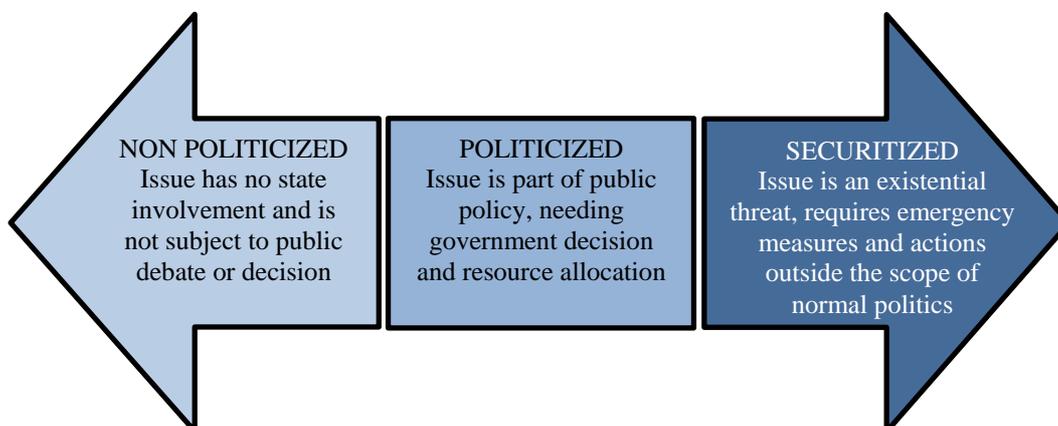


Figure 1: Classification of issues according to securitization theory, Source: Nyman (2013: 54).

However, simply *speaking security* does not guarantee a successful securitization. The speech act is only the beginning of the process of securitization, as McInnes and Rushton (2011) emphasize, adding that “persuading the audience to accept that the issue is an existential threat is the key to successful securitization” (p.119). In that regard, the Copenhagen School is explicit, stating that “a successful speech act is a combination of language and society, of both intrinsic features of speech and the group that authorizes and recognizes that speech” (Buzan et al. 1998:32).

In Buzan et al.’s *New Framework for Analysis* (1998:33) three “facilitating conditions” for an effective security speech act are outlined:

1. the internal condition that the speech act must follow the grammar of security; constructing a plot that includes existential threat, point of no return, and a possible way out.
2. the social condition that the securitizing actor needs to hold a position of authority as recognized by the audience.
3. the condition that features of the alleged threat are generally held to be threatening.

Securitization is considered a “powerful political tool in claiming attention for priority items in the competition for government attention” (Buzan, 1991:370) and establishing a consciousness of the importance of the “threats” within the population. Yet, security in the CS’s original framework is understood as “a failure to deal with issues as normal politics” (Buzan et al., 1998:29), because securitization follows the same logic of security, which is associated with secrecy, urgency and “panic politics” (Buzan et al., 1998:34; McDonald, 2008). Consequently there exists a “normative bias” (McInnes & Rushton, 2011) against securitization. As the CS argues, even if the content of security can consist of nearly anything, the effects of securitization will essentially always be the same “panic politics” (Buzan et al., 1998).

Since the concept of securitization was first outlined, its “framework for analysis” has become rather popular and effectively been applied to empirical research in numerous studies (see e.g. Balzacq et al., 2014). Yet, the theory upon which these studies are based is, in fact, not one single “securitization theory”, but a variety of different theories coexisting in the literature while referring to the same concept of securitization (Balzacq et al., 2014:8). Conducting a content analysis of the main trends of securitization scholarship, Balzacq put forward a sociological theory of securitization as an *ideal type* (see e.g. Hekman, 1983) of securitization, which will function as a point of reference and framework for analysis to this research to avoid confusion.

According to his analysis, the securitizing moves (or *speech acts*) are central to the ideal type of securitization theory. They are engraved in social mechanisms, such as socialization or propaganda, and are driven by knowledge claims about an existential threat to a referent object. These threats are *social* realities, intersubjectively constructed between an audience and a securitizing actor. Consequently, securitizing moves and context are co-dependent, and both the processes of securitizing moves and their outcomes are structured by power relations among stakeholders. Securitization ascribes responsibility, meaning that someone needs to deal with the “threat”, and puts (exceptional or other) policy changes into effect (Balzacq et al., 2014:11).

4.2 Critique

Given its popularity, the concept has been thoroughly scrutinized for its theoretical value, which has given rise to some substantial criticism. This section aims at revealing some of the identified weaknesses of the concept, and outlining ways to attend to this critique.

A major point of criticism is that securitization theory is thought to be too state-centric in its level of analysis, since the concept has most frequently been applied to states (McDonald, 2008). Wæver argues however that this is not a normative choice, but a logical conclusion from the assumption that “at the heart of the (security) concept we still find something to do with defence and the state” (Wæver 1995:47). Securitization theory has further been criticised as biased toward the West, e.g. in the way it describes a politicized issue which is dealt with in terms of “normal politics”. These normal politics are in the concept defined in terms that are “suggestive of a Western liberal democratic state” (McDonald, 2008:69f). Given the nature of this study, these points of critique can be disregarded for two reasons: firstly, because the concept will be applied to a multitude of stakeholders within the international community and global governance instead of to a single state; and secondly because this study does not aim at uncovering the actual effects of policy, be it politicized or securitized.

Moreover, according to McDonald (2008), several questions are left unanswered by the theory: Whom does the securitizing move have to convince exactly? When can it be claimed that an issue is successfully securitized? Do the securitizing moves consist only of speech acts, or can even other modes of discourse – such as images – act as such? In accordance with the study, the following provisional answers to these questions are provided: The audience that needs to be convinced is the international community, i.e. the UN body and the states represented by it. Ebola will be regarded as successfully securitized if this securitizing discourse is reproduced in several instances and repeated by several actors, and when extraordinary measures are put in place *by the international community*. Lastly, given the material analysed in this study (as will be explained in chapter five), the question of which modes of discourse can act as securitizing moves can be omitted as this study will be limited to analysing speech acts.

An objection more relevant for this study comes from emancipatory critical security theorists, e.g. Roxanne Lynn Doty or Pinar Bilgin, who are sceptical about the automatic classification of securitization and its inherent logic of security as a negative development, which the CS proposes. Instead, they suggest that security can operate through a different logic, namely that progressive ends can be achieved *through* security rather than outside it (McDonald, 2008; Doty, 1998). This is an interesting suggestion, which the study of securitization in the case of Ebola benefit from as it helps to reduce bias. Perhaps applying the logic of security to EVD was in fact the fastest way of achieving progressive ends and taking the required measures to contain the spread of the virus. Such an explicit evaluation lies however outside the scope of this study, but could be assessed during further research based on the knowledge that will be gained here.

4.3 Applying the framework

In spite of the weaknesses identified above, the CS's framework for analysis of securitization has proven useful in illustrating how discursive threat productions (within liberal democratic states) serve to "give meaning and content to security and enable emergency responses" (McDonald, 2008:70). The theoretical concept will therefore function as a framework for analysis in this study.

Reviewing the Copenhagen School theory of securitization and relevant critique has outlined the vital aspects which need to be focused upon when applying the concept. The necessary aspects to consider when analysing the discursive construction of a threat within a CS framework of securitization are therefore the following:

1. Securitization moves are central to securitization, and engraved in social mechanisms, driven by knowledge claims about an existential threat to a referent object (e.g. a state).

In the analysis, particular focus will lie on the knowledge claims of the different actors under scrutiny, and the social mechanisms which the actors employ when referring to the EVD outbreak.

2. Securitizing actors (political leaders, intelligence experts) declare a referent object (e.g. a state) to be existentially threatened (e.g. by an imminent invasion) (Buzan, Waever, & de Wilde, 1998:24,36).

The actors whose speeches will be analysed are all political leaders or experts of some sort. Aimed at answering research question two, the analysis will outline whether a referent object is declared to be existentially threatened by the disease.

3. The securitizing actor needs to hold a position of authority which is recognized by a relevant audience.

Since the actors were all invited to remark on the events at the different UN-meetings, their authority can be held to be recognized, which constitutes a facilitating condition for the success of securitization. However, the analysis will try to identify the extent to which speakers uphold or reinforce their authority.

4. The speech act must follow the grammar of security, i.e. “existential threat, point of no return, possible way out”.

As outlined by research question one, the grammar of security will be central to the analysis as a base for evaluating the extent to which the speakers employ a securitizing discourse. Moreover, if a grammar of security is employed, it aids the securitization process, constituting a facilitating condition.

5. Threats are intersubjectively constructed and regarded as social realities. It is not the aim of securitization theory to establish whether they really constitute a threat or not (Elbe 2010).

Whether EVD is a frightening disease with the potential to evoke incredible amounts of suffering and death is not important to the objective of this study. What is essential to this study is whether EVD is perceived, produced and reproduced as an existential threat. This will present a main focus in the analysis.

6. Securitization ascribes responsibility for someone to deal with the threat and puts policy changes into effect.

This relates to research question three, since analysing the extent to which responsibility is ascribed and policy changes are put into effect allows an assessment of the success of the securitization process to be made.

7. It helps (but may not be necessary) if the features of the issue to be securitized are generally dreaded.

If EVD can be found to be generally dreaded, all three facilitating are met.

With these central aspects in mind, we shall now turn to the methodological considerations.

Chapter 5 Methodology

Like Fierke (2004:36) claims, it is important to understand the basic assumptions about the world we study that lie at the bottom of each research. This study embraces the ontological and epistemological propositions of social constructivism (also referred to as social constructionism, c.f. Jørgensen & Phillips, 2002) and fits therefore firmly into the traditions of qualitative research (Creswell, 2009:8). It considers social reality as actively constructed through human activity and largely influenced by ideational factors (McDonald, 2008). It thus assumes the position of Crotty (1998), who claims that meanings are constructed by human beings as they engage with the world they are interpreting, and that the basic generation of meaning is always social. This is in line with the theoretical conceptualization of this research. The following chapter comprises a description of the choice of research design upon which an in-depth discussion of the chosen method for analysis is given. Furthermore, the material to be analysed will be accounted for, followed by an outline of delimitations.

5.1 Research design

In recognition of the theory-driven nature of this research, this study uses a case study approach to explore the securitization of communicable disease as illustrated by the EVD outbreak 2014. Explicitly naming this research project a case study might be considered a bold step with respect to the general confusion surrounding the concept (Swanborn, 2010:10-11). In order to avoid such confusion, the following working-definition of a case study shall be advocated, suggesting a correct operationalization of the concept: a case study will be

regarded as the study of a social phenomenon or process as it develops within a bounded system (ibid.). As explained by Yin (1981) the distinguishing characteristic of the case study as a research strategy is that it attempts to examine a contemporary phenomenon within its real-life context, and it proves particularly useful when the boundaries between phenomenon and context are not clearly evident (p.59). In the study at hand an intensive approach will be applied, where the focus lies only on the “*one* specific instance of the phenomenon to be studied” (Swanborn 2010:2, italics original). The phenomenon to be studied is thus the process of the securitization of EVD. The bounded system within which it unfolds is bounded in time and place by the instances in which the speeches that will be examined were held. The cases are identified at the levels of global governance, national governments and civil society. These cases may consist of one or several actors. This study is therefore to be considered a case study of the securitization of EVD in the cases of the levels of governance identified above, as it unfolds within the bounded system of the UN meetings in autumn 2014 at which the speeches are held.

5.2 Method

The field of social sciences, including – but not limited to – political science and Peace and Conflict Studies, has increasingly become interested in the connections between language, discourse and power (see e.g. Alker & Sylvan, 1994; Hopf, 2009; Brock-Utne & Garbo, 2009). Today, discourse analysis is one of the most widely used approaches within constructivism (Jørgensen & Phillips, 2002). As mentioned above, securitization is a social constructivist theory whose “framework for analysis” includes common elements of discourse analysis which is why discourse analysis is considered the most effective tool for analysis when focusing on securitization.

According to Jørgensen and Phillips (2002), discourse has been a “fashionable” term for over a decennium, although they claim that it remains ill-

defined in many scientific debates. Drawing upon Michel Foucault, a central figure in the development of discourse analysis, this research employs the working-definition of discourse as *a group of statements that produce a particular way of describing, referring to and understanding the world, through which meaning is given to physical and social realities* (see e.g. Foucault, 1972; Jørgensen and Phillips 2002). Founded on a social constructivist epistemology, discourse analysis aims at studying how the objects and concepts that occur in social reality come into being. When regarding discourses as interrelated bodies of texts that “bring new ideas, objects and practices into the world” (Hardy, Harley, & Phillips, 2004; Parker, 1992)) it follows that discourse analysis involves the systematic study of texts to find evidence of the meaning created by discourses, and to explore how this meaning translates into a social reality (Phillips & Hardy, 2002). Discourse analysis is thus a qualitative, interpretive, constructivist method for analyzing social phenomena and therefore a natural choice for this type of research, since it synergizes well with both the research design and the research problem.

5.2.1 Building a discourse analytical framework

There are many different approaches to the actual discourse *analysis*, similar to one another in some aspects but opposing each other in different aspects. Moreover, in many of the social science publications drawing upon discourse analysis, the concrete strategies used for analysing discourse in text are not explicitly articulated (Jørgensen & Phillips, 2002:147). In order to increase transparency and to render this study somewhat replicable, a detailed description for the analysing strategies applied to advance internal validity follows.

The analysis conducted in this study is based upon a multiperspectival framework relying to a great extent upon Fairclough’s Critical Discourse Analysis (CDA) (Fairclough, 2010), while also making use of some analytical tools that are typical for Laclau and Mouffe’s approach to discourse analysis and merging these in order to fit the framework for analysis of securitization theory. One reason for mainly concentrating on Fairclough’s CDA in conducting the analysis is that his

approach is highly compatible with the theoretical considerations of the securitization concept, to the extent that its research focus lies on both the discursive practices which construct representations of the world, and the role that these practices play in the maintenance of the social world (Jørgensen & Phillips 2002:64). The second motivation for employing Fairclough's method is that he has outlined methodological tools which make a systematic textual analysis feasible, drawing not only upon the field of linguistics, but also upon the interpretative tradition of sociology (ibid.:65). Fairclough proposes that the researcher should analyse two dimensions: the *communicative event*, which, given the study's theoretical framework of securitization theory can be called the *speech act*, and the *order of discourse*. That is, when analysing the speech act, the structure to which it relates needs to be considered as a background for it (ibid:140). Therefore, focus will not only lie upon the securitizing discourses but also on other discourses that are present to investigate how these inform each other.

Even though this research does not aim at conducting a qualitative content analysis, certain themes and codes will be identified when first engaging with the material. This is in line with the assumption that certain words – such as risk, threat, emergency, urgency and responsibility – are indicators for bigger things (McInnes & Rushton, 2011). When it comes to the actual analysis, Fairclough recommends to analyse the material with respect to interactional control, i.e. the relationship between speakers, and metaphors. He further suggests to uncover discourse in the empirical analysis by employing tools such as comparison, substitution, exaggeration of detail and multivocality. These methods will therefore – to varying degrees – be applied to the analysis of the material, which shall be outlined below.

5.3 Material

Several factors need to be taken into account when selecting the material from which to gather data (Jørgensen & Phillips, 2002). First, the choice of material should avoid selection bias, while aiming for material as rich in providing data

and as relevant to the research as possible. Second, it is important that there is a point of reference between the sources so as to be able to draw valid conclusions in the analysis. Third, the material needs to be accessible in order for it to be analysed.

The material which will be analysed in chapter six consists exclusively of speeches held in front of the same audience, namely different bodies of the United Nations. The transcriptions of the majority of these speeches are accessible online. However, for some speeches the official text was unavailable, which is why those speeches had to be transcribed from UN Web TV (UN Web TV, 2014), where they were available as a video source. Except for the first WHO speech in Geneva, all speeches were given at the same two instances, namely the UNSC meeting on 18th September 2014 and at the UN summit on 25th September 2014 which was held by the Secretary-General at the level of heads of state and government. The exception has been applied to WHO in order to have a wider range of data from which to identify the nature of the organization's securitizing moves as informed by previous research (Kelle, 2007; Jin & Karackattu, 2011; Hanrieder & Kreuder-Sonnen, 2014).

In order to conduct a triangular analysis of the construction of EVD as a security issue of international concern, the speeches were chosen to represent civil society actors involved in responding to the outbreak, the states affected, the states responding, and global governance. On behalf of global governance, four important actors were identified: the UN Secretary-General Ban Ki-moon representing the overarching UN system (UNSC 2014c, Ban, 2014); Dr David Nabarro as the Secretary-General's Special Envoy on Ebola since 23rd September (UN, 2014; UNSC 2014c); Jim Yong Kim as the President of the World Bank Group (WBG; (The World Bank Group, 2014)); and Dr Margaret Chan as the Director-General of the WHO (WHO, 2014a; UNSC 2014c; WHO 2014b), representing global health governance. With respect to the donor countries, the US, the UK, China and Cuba were picked to represent a diverse selection of the responding countries while still focusing on the most important ones (UNSC 2014c; The White House, 2014b; Rodriguez Parrilla, 2014; Yi, 2014). When weighing the importance of the different countries involved in the Ebola response, focus was not on the absolute or even relative amount of help distributed on their behalf, but how much mention these countries received within the rest of the

analysed speeches, in order to take the *order of discourse* into account. At the level of the countries affected, the speeches held by country representatives of Guinea, Liberia and Sierra Leone are analysed (UNSC 2014c; Bai Koroma, 2014; UN Web TV 2014). Lastly, to take into account the level of those directly involved in fighting the outbreak, the speeches held by representatives of the civil society organization Doctors without borders (MSF) are analysed (UNSC 2014c; MSF 2014). The international, independent, medical humanitarian organisation MSF was selected because of its huge involvement in working to contain the EVD epidemic. The non-profit organization delivers emergency aid to people affected by armed conflict, epidemics and other natural disasters as well as to those excluded from healthcare. It is a politically neutral and impartial agency whose actions are guided by medical ethics. MSF may however speak out publicly to “bring a forgotten crisis to public attention, to alert the public to abuses occurring beyond the headlines, to criticise the inadequacies of the aid system, or to challenge the diversion of humanitarian aid for political interests” (MSF, 2015). The speeches analysed in this study can be regarded as such instances of speaking out in public in order to draw attention to the EVD outbreak.

The material was chosen on the basis of securitization theory, which claims that speech acts are conducted by powerful actors in front of a relevant audience who needs to accept the speech act. The powerful actors in this case are those world-leaders, and directors of international bodies as well as the international NGO MSF. The relevant audience are those UN member states which supported Resolution 2177 and which have actively engaged in aiding the affected countries.

5.4 Limitations and delimitations

Regarding the limitations and delimitations of this study, a number of issues need to be raised. First, the case study design of this research does not further the generalizability of the findings, but limit them to this particular case. Second, as perhaps has become evident by now, it is beyond the scope of this study to comprehensively analyse the securitization of EVD by examining the entirety of speech acts that have been uttered as a means of inducing political momentum.

Neither does this study attempt to analyse change over time or the actual effects that Ebola's securitization had on polity. Rather, the focus is limited to the four different levels of influence which the securitizing actors exert and how these actors relate to each other or differ from each other in employing a securitizing discourse.

One might wonder why the majority of the speeches that are considered in this study are held *after* the adoption of Resolution 2177 and not leading up to its adoption. The answer to this musing is two-fold. First, while the adoption of Resolution 2177 may be regarded as an important step in the Ebola response, it can only be recognized as the means to an end. This end is not the adoption of a Security Council Resolution but to trigger a reaction from the international community that will help to contain the outbreak. In order for emergency measures to be put into effect, they need to be justified in front of and accepted by the relevant audience. The two meetings at which the speeches were held constitute the exact arena in which such justifications and appeals occur and are therefore of considerable significance when wanting to explore the securitizing discourse. Second, the speeches which are analysed are held at the height of the outbreak, under the exact same conditions at each respective instance, which enables for a more valid comparison. This should also be kept in mind when questioning that the speech by Obama at the Centers for Disease Control and Prevention (CDC) was disregarded despite its potential significance for the international response to EVD. The speech was not included in the analysis because it was not delivered in front of a UN body and thus had a somewhat different audience to convince.

Chapter 6 Analysis

The following chapter contains a multi-levelled analysis of the identified material, aimed at answering the research questions posed at the onset of this study. The analysis investigates the discourses employed by the speakers in front of the UN with respect to the linguistic construction of the securitizing discourses and their social contextualisation. To this end the speeches of the different actors will be analysed according to the category within the system of global governance to which the actors fit. More explicitly, the UN-system, the responding countries, the affected countries and civil society will form the four overarching categories of this analysis. These sections will then be further sub-divided into two parts, namely 1) identifying a grammar of security and 2) outlining the actors' perception of measures necessary to contain the outbreak. With respect to these findings, a summarizing discussion aims at shedding light into which other concomitant discourses or trends have been identified. Lastly, the findings will be compared to the previous research which has been discussed in chapter three.

6.1 A grammar of security: the UN-system

As outlined in chapter five, the speech acts that are analysed representing the level of global governance are uttered by four different actors: the UN Secretary-General Ban Ki-moon in his function as “chief administrative officer” (UN, 1945) of the United Nations Organization; the Secretary-General's Senior Coordinator for Ebola, Dr David Nabarro; the President of the WBG, Jim Yong Kim; and Dr Margaret Chan in her position as Director-General for WHO. All of these actors outline – with high affinity to their claims – the unprecedented challenge that Ebola poses, the seriousness of the epidemic with its local and global

repercussions, and the need for an urgent and extraordinary response that the entire global community needs to deliver.

In her “Briefing to the United Nations on the Ebola outbreak and response in Guinea, Liberia, Nigeria and Sierra Leone” in Geneva, Switzerland, in August 2014, WHO Director-General Chan gets right to the point: “We are facing a public health emergency of international concern”. She justifies this claim by explaining the nature of the outbreak of EVD as a crisis for the affected countries and their neighbours (i.e. West Africa), the African continent, and the international community. Interestingly, she applies a parallelism in her sentence structure, which suggests an increase in magnitude where the climax lies on the last-named, i.e. the international community, and thus instantly directing attention to the global implications of the outbreak. According to the WHO website (WHO, 2015c), that briefing is the first of WHO’s speeches on Ebola and can therefore be framed as the WHO’s first try to gain international attention and support for the EVD outbreak response, which may explain why the focus lies on the potentially global repercussions. In a later statement to the UNSC on their emergency meeting on Ebola, Chan claims that the EVD outbreak in West Africa is “likely the greatest peacetime challenge that the United Nations and its agencies have ever faced”. Applying another parallelism in the form of a climax she states: “This is not just an outbreak. This is not just a public health crisis. This is a social crisis, a humanitarian crisis, an economic crisis, and a threat to national security well beyond the outbreak zones”, again directing focus to the impact which EVD has beyond the direct impact on human security.

Throughout the different speeches, the personification of Ebola as a terrifying existential threat is discernible. Chan is very specific about the threatening nature of the virus as she calls it “deadly and dreaded” and “one of the most horrific diseases on this planet” – an indication for the *facilitating condition* for successful securitization that the issue is commonly regarded as threatening (Buzan et al. 1998). When examining the transitivity of the verbs in the different speeches, an absence of passive voice becomes apparent. Everyone seems to be active, especially the Ebola virus, as it becomes personified. Particularly in Ban’s speech at the high-level meeting, EVD emerges as an active, destructive agent. He frames the virus as “raging”; it “consumes more than 200 lives a day”, and it “draws oxygen away from basic services”. The strong level of commitment to his

statements is indicated by his factual account of the challenge, which the international community has come together to discuss at the two occasions. “Ebola matters to us all” he claims at the 7268th meeting of the UNSC, and underlines the gravity of the situation and the need for an increased response by implying that, despite the wide-ranging efforts on behalf of the UN System, the spread of the disease is “outpacing the response”.

However, since Ban Ki-moon is not an expert in public health, his factual account of events – or *knowledge claims* – are of a somewhat different nature than the knowledge claims in Dr Nabarro’s speech at the same meeting of the UNSC. Being appointed Senior Coordinator for Ebola and having a background in medicine, he clearly is an expert in infectious disease management, which justifies the more illustrative nature of his knowledge claims in that respect, as explained below. Nabarro emphasizes his *position of authority* as an expert by summarizing the actions he undertook since having been appointed, which essentially include visiting the affected countries and briefing heads of state and other authorities in the global governance system, such as the President of the WBG and the President of the African Development Bank. Thus, seeing as Nabarro is in the position to brief those important people it becomes obvious that he is just as important.

Unlike Ban Ki-moon’s speech is the structure Nabarro’s speech not predominated by main clauses but contains many subordinate clauses, and Nabarro is more clarifying in his assertions. As a result, his speech appears very cohesive and coherent, but also rather pedagogical. E.g. when explaining that the outbreak is advancing in an exponential fashion, he adds: “that means it is doubling at a particular time interval” and describes what this would look like plotted on a graph. This gives the impression that Nabarro does not expect his audience to know what “exponential” means, which simultaneously strengthens his status as an expert and a recognized authority figure – a *facilitating condition* for a successful securitization (see chapter four). Nabarro, too, emphasizes that the outbreak is accelerating faster than the response is increasing and requests a “massive scale-up” of the response.

As the president of the WBG, Mr Kim is also a recognized authority figure, and an expert in economics and the global economic repercussions of crises and emergencies. He even is an expert in medicine, which he makes obvious by revealing his background as an infectious disease doctor. Justifying his claim for

the requirement of a speedy response, he states that he has “never seen anything close to the challenge that we’re facing”. As the president of the World Bank, his speech focuses on the potential implications of EVD on development and economics. He emphasizes the “great success story Africa” which is at risk now, and the “potential meltdown of this continent” if the CDC scenarios come true. Despite economics not being her natural field of expertise as a public health professional, even Chan asserts that the outbreak is “already having serious economic consequences” and “threatens to push these countries backwards”.

All actors construct a framework of a *point of no return*, where inaction or the lack of an immediate up-scaling of the international response will have catastrophic consequences, for the people affected, the affected countries, the African continent and the entire world (see e.g. Nabarro, UNSC:4). The outbreak is said to be “accelerating away from the control effort” (Nabarro), as Chan calls the confirmation of the first case in Nigeria a “wake-up call” (WHO, 2014a), proving that EVD’s possibility to spread by international travel puts “every city with an international airport at risk of an imported case” (ibid.). And the UN Secretary-General claims at the UNSC meeting that “we cannot afford delays” and “the penalty for inaction is high”.

Summarizing the findings in a framework of securitization theory shows that the four actors have, from a position of authority, made knowledge claims about Ebola as a horrifying threat which, besides claiming many lives, has “significant political, social, economic, humanitarian, and security dimensions” (Ban, 2014), and identifying the referent object predominantly at the state level. Thus, a securitizing actor – with a significant amount of recognized authority – has made claims about an existential threat to a particular referent object, and it can be said that EVD has been securitized at the level of the UN system. In the following section, the remaining parts of the puzzle, i.e. *a way out* as argued by these same actors is defined by examining the *extraordinary measures* which they claim are necessary to contain the virus, and by outlining to whom the actors assign *responsibility* for addressing the outbreak.

6.1.1 Identifying “a way out”: the UN-system

In the speeches it is evident that *responsibility* for affirmative action is framed to lie within the international community, i.e. all countries of the world. While positive that the outbreak can be controlled in a joint effort, Chan states that “this is an extraordinary outbreak that requires extraordinary measures to contain it” (WHO, 2014). “This requires the whole world” asserts Nabarro (UNSC), and the Secretary-General highlights that “the UN cannot do it alone” and “countries need to contribute more”. The effectiveness of the measures already taken by the UN are said to depend crucially on the support of the international community, and all those in a position to help (Ban, UNSC).

Addressing Ebola requires “unprecedented steps to save lives and safeguard peace and security” (Ban, UNSC). The UN leadership mentions a scale-up of response by a factor of 20 (Nabarro), totalling “almost \$1 billion over the next six months” (Ban, UNSC). Measures that have already been taken include e.g. the establishment of adoption of Resolutions 2176 and 2177 on behalf of the UNSC, as well as the adoption of resolution A/RES/69/1 passed by the General Assembly (UN General Assembly 2015). Furthermore, the United Nations Mission for Ebola Emergency Response (UNMEER) was established on the Secretary-General’s initiative, and the WBG made a commitment of \$400 million, of which \$105 were disbursed within nine days – which Kim claims is “almost a miracle”. The WHO is committed to coordinating the incoming aid and mobilizing further international support. Chan demands that the international community come together to “give [the affected countries] the resources they need”. She maintains that closing the intersecting borders in the epicentre of transmission is “critical for stopping the reinfection of areas via the cross-border movement of people” (WHO, 2014), but warns against isolating the disease-ridden countries as such measures are counterproductive. All actors agree that preventive efforts will stop the outbreak and that the most immediate priority is stopping transmission. WHO and WBG also assert that some of the finances mobilized to contain the outbreak should go towards strengthening health systems in order to prevent future catastrophes of a similar scale. To that same objective, Ban suggests to consider

the initiation of “international health-keepers – a standby corps of medical professionals”.

Taking the above findings into account, the grammar of security in the discourse employed at the UN-system level is maintained even with respect to assigning responsibility for dealing with the identified “threat” and the (extraordinary) measures that need to be taken in addressing it.

6.2 A grammar of security: the responding countries

As was outlined in the material section of chapter five, the speeches that were analysed on behalf of the donor countries came from the USA and the UK, as well as from China and Cuba. All four countries are at the time of the delivery of their speeches actively involved in the response to Ebola, but emphasize the urgency for an up-scaled and coordinated international response. The countries’ representatives hold a *position of authority* as recognized by the UN audience, since they are either chosen delegates or leaders of their countries. They all show a high affinity with their statements when making *knowledge claims* in outlining the urgency for a combined effort to contain Ebola, as a factual account of “reality” is given. When outlining the *grammar of security* which is employed in all the eight different speeches, the US speeches will be described in a little more detail for two reasons: first, because securitizing discourses by the US have proven to be rather powerful in constructing a threat-perception and producing extraordinary measures (think Iraq 2003), and second, because the two US speeches analysed for this study are illustrative examples of a speech act.

As a major political power and a dominant global actor, the US have been leading the global response to Ebola, which Obama emphasized at the CDC (The White House, 2014a) and repeats in front of the UN member states (The White House, 2014b). Concurrently, the country’s representatives have greatly contributed to the securitization of EVD, which is evident both in the statement from Samantha Power in her capacity as the representative of the US at the

UNSC, and even more so in President Obama's speech at the occasion of the UN high-level meeting on Ebola a week later. Without thoroughly having analysed Obama's speech at the CDC previous to those two UN meetings as it lies outside the scope of this study, it can be argued that even at that instance a securitizing discourse was employed, as key terms such as "threat to regional security", "potential threat to global security", "global threat" and American "national security priority" indicate (McInnes & Rushton, 2011:119). Seeing as the construction of discourse draws upon previous discourses (Fairclough, 2010) it is not surprising that these terms are echoed in later speeches on behalf of the US, but also other agents and agencies (e.g. the UK, the UNSC in Resolution 2177).

Speaking as a representative of the US, Power picks up on the recurring theme of an unprecedented situation that the EVD outbreak constitutes. She highlights the circumstance that the UNSC is – for the first time in history – holding an emergency meeting on a public health crisis (UNSC, 2014c:7), and that "today's resolution has (...) the most sponsors ever" for any UNSC resolution in UN history. She echoes an earlier assessment of the US-based CDC director, who had "never seen an infectious disease of this lethality spread this fast" and emphasizes the lack of knowledge of the countries in dealing with Ebola as "West Africa had never been hit by Ebola before". Both she and Obama are painting a grim picture of what is outplaying itself in the affected countries and, emphasizing the "threat" which Ebola poses, they outline the need for collaborative action. Obama's speech from 25th September is cleverly constructed for the purpose of initiating collaborative action. He pushes "all the right buttons" to convince his audience of the truth behind the reality he describes and the urgent need for them to react quickly, as well as the need to advance the Global Security Agenda. His speech gives the impression of a somewhat stern narrative by an older brother who is so sure of his unquestionable position of authority that there is no need for him to employ formal speech. To be more explicit, it is mostly the recurring use of contractions, such as "don't", "we'll", "I've", "that's", and "there's", which gives the whole statement, while conveying a serious and urgent message, a somewhat informal tone. This is very efficient because it makes the issue more palpable and "real", in the otherwise abstract world of diplomacy.

In his speech in front of the UN assembly at 25th September he conveys the message he wants to get across right at the beginning of his speech, and justifies

his assertions throughout the rest of his statement. Thanking the SG for convening the high-level meeting, he claims EVD to be a “threat to the people of West Africa, and a potential threat to the world”. This is later repeated as a threat to regional and global security and, essentially, to everybody. Drawing upon his earlier statement at the CDC, Obama emphasizes that Ebola is “as important a national security priority for my team as anything else that’s out there” and that “the world could count on America to lead” as they have done in previous crises. As can be seen in the UN webcast (UN Web TV, 2014), Obama puts considerable emphasis into the statement “if ever there were a public health emergency deserving an urgent, strong and coordinated international response, this is it”. Obama’s speech from 25th September 2014 can therefore be regarded as a classic example of a *speech act* where an issue is framed to be an extraordinary threat to a referent object – in this case a state.

Like the US, the other donating countries see the need for an urgent response and appreciate the convening of the UN-meetings. On behalf of China, which experienced an outbreak of SARS in 2003 Mr Wang Min expresses his sympathies to the people who are suffering from the Ebola epidemic and unveils the “deep importance” which the Chinese leadership and Government attach to the EVD outbreak in West Africa. Yi mentions that the virus has not only jeopardized economic growth and social stability in the affected countries but also “imposed a real threat to global public health security” (Yi, 2014). Cuba underlines the “need to prevent this from turning into a humanitarian crisis with unpredictable consequences” (Moreno, UNSC), and the UK, illustrating a *point of no return*, claim that “if we fail to act now, it threatens to become a catastrophe” and “there is simply no time to waste” (Grant, UNSC). “Time is life”, says also Yi for China (Yi, 2014). The Ebola disease seems to be *generally held as threatening* as it is claimed to be a “merciless epidemic” (Yi), a “horrific disease” (Obama), “plaguing West African countries” (Rodriguez Parrilla), and constituting a “threat to international peace and security” (Grant). Thus, in accordance with securitization theory a “grammar of security” could be identified on the level of the responding countries and all facilitating conditions were met for a successful securitization (Buzan et al., 1998).

6.2.1 Identifying “a way out”: the responding countries

As has become apparent in the above section, all four countries outline *a way out* while assigning *responsibility* to the international community. There is however a differing focus in the countries’ reasoning for why the international community should come to aid differs. Cuba and China underline the “values of solidarity” with the less fortunate (Moreno, UNSC), that “all lives are equal, and it is the shared mission of mankind to uphold the dignity of all human lives” (Yi, 2014), and that “humanity owes a debt to the people of Africa” (Moreno, UNSC). While also applying a humanitarian discourse in referring to the unacceptable suffering that is occurring in the affected countries, the US and the UK are more explicit in their threat-construction, and focus on what would happen if the international community failed to respond. For example, Obama points out that “in an era where regional crises can quickly become global threats, stopping Ebola is in the interest of all of us”. The following section will outline in better detail the *way out* which the four countries are identifying, and the way in which responsibility is assigned.

“The problem is solvable” asserts Power (UNSC), and “Ebola is a preventable and containable disease” echoes UK representative Grant – “but only if we all work together to stop it”. The collective responsibility is specified by Grant as he claims that it is “time for united action” and calls for “an immediate and concerted global push” to prevent the disastrous predictions from coming into being. This is also what Obama asserts at the high-level meeting: filling the “significant gap between where we are and where we need to be” is only possible if “every nation and every organization takes this seriously” and repeats “everybody here as to do more”. Yin utters confidently that “as long as the international community stands united in mind and in action, the Ebola epidemic will be defeated at an early date”. Rodriguez Parrilla for Cuba is equally convinced that “a collective response, with contributions from all countries *especially those with resources* will enable us to successfully overcome this serious challenge” (Rodriguez Parrilla, 2014 italics added).

When outlining the explicit (extraordinary) measures required to addressing the outbreak, all countries emphasize the contributions which they have already

made and/or point to further actions which they are committed to taking. They all appreciate the leading role which the UN has taken on, especially with reference to the establishment of UNMEER. As mentioned above, the US claims to be leading the international response, “[providing] capabilities that only we have” (Obama, UN). Aside from the financial, human, and material resources that the US have contributed, supportive measures already undertaken include the establishment of a military command in Liberia (upon the country’s request (The White House, 2014a)). The UK is also “playing its part” (Grant, UNSC), e.g. by committing support to partners such as the WHO, the WBG and other parts of the UN system, by building a health centre, and by sending military experts into the region. Cuba stresses that they have been “present in this battle since the beginning” and engaged in an assistance initiative under the leadership of the WHO, “ready to work alongside other countries, including those with which we do not maintain diplomatic relations” because of their on-going solidarity and cooperation with Africa. Yin recounts the contribution that his country has made, that includes Chinese medical workers working “side by side with the local people”, but also the donation of medical equipment and supplies, monetary support, mobile laboratories, and epidemic experts. He commits to a continuous support to address further needs of the affected areas.

In the speeches of the four countries, it could therefore be constituted that *extraordinary measures* such as budgetary shifts for greater resource allocation or military involvement in containing the outbreak have already been employed, which indicates the audience’s acceptance of the security discourse.

However, in both the Chinese speeches it is furthermore emphasized that both the “symptom and the root cause” of the outbreak need to be addressed, and that developed countries should increase their input in Africa to enhance its public health capacity and achieve greater development – for “this is the fundamental answer to preventing any future outbreak”. Like China, Cuba states that “Africa’s development is required as well” (Rodriguez Parrilla, 2014) and Obama admits that “it’s clear that our nations have to do more to prevent, detect and respond to future biological threats”. Thus, EVD is not only regarded as a threat to the countries and the world today, but an issue that needs to be addressed sustainably so as to decrease the possibility of future outbreaks turning into similar threats.

6.3 A grammar of the security: the affected countries

In the speeches delivered on behalf of the three most affected countries Guinea, Liberia and Sierra Leone, a securitizing discourse is easily identified. There is evidence for the construction of an enemy image and a military discourse surrounding Ebola, as the disease becomes personified in the different statements. A clear example is the metaphor of a military invasion which the Liberian Minister of Foreign Affairs Mr Ngafuan draws upon in front of the UNSC: the EVD “invaded our country and began to wreak havoc” (UNSC 2014c). He speaks of a “battle” and claims that Ebola has now “extended its deadly embrace”. The same military discourse is apparent in the speeches from Sierra Leone. Ebola is described as a disease “worse than terrorism” whose defeat requires the “heavy aerial and ground support of the world” (Bai Koroma, 2014). The president of Sierra Leone compares the struggle which the country is facing to a “battlefront of one of the biggest life and death challenges facing the global human community”. The Liberian president Ellen Johnson Sirleaf frames Ebola as an “enemy disease” threatening to claim “over 100 000 of our innocent citizens” lives (UN Web TV, 2014). She speaks of an “unknown enemy” that has taken the lives of over 1700 people and describes it as a threat to livelihoods and the economy, putting price increases into effect and deteriorating health services as well as limiting the free movement of the people. President Alpha Condé of Guinea calls containing Ebola a “matter of collective security” (UN Web TV, 2014) and his Minister for Foreign Affairs and Guineans Abroad, François Louncény Fall speaks of the EVD outbreak as an “unprecedented scourge that truly *threatens peace and security* in the entire West African region” (UNSC 2014, my italics). The three countries are therefore clearly framing Ebola as an existential threat to the “entire fabric of the three countries concerned” (Kamara, UNSC), the “very future of some of our states” (Fall, UNSC) and a “potential threat to global security” (Ngafuan, UNSC), which is in line with what the CS has outlined (see chapter four). All three countries frame the referent object of this existential threat to reside at the state-level, particularly with respect to the economy. As Ngafuan describes the multidimensional impact which EVD has had on the country, he emphasizes that

while the current losses are tragic, there is an increasing concern about the “long-term socioeconomic difficulties” that EVD will occasion (UNSC, 2014).

With regard to the *point of no return* which securitization theory underlines, many references can be found in the speeches. For example the Liberian Minister for Foreign Affairs speaks of “apocalyptic predictions” if the international community fails to take bigger timely action. This sense of urgency is repeated by his Sierra Leonean colleague who emphasizes that “speed is of the essence” in financing and implementing the resolution. And Condé adds that “urgent and immediate measures are needed” to tackle this major challenge (UN Web TV 2014).

6.3.1 Identifying “a way out”: the affected countries

In addressing the measures needed to effectively curb the outbreak, all three countries emphasize the steps which they have already undertaken. To name a few, they have all declared a state of emergency, with Sierra Leone even “shutting down the country for three days” (Koroma), issued restrictions on movements of individuals (Guinea, UNSC), and dedicated “significant amounts of our own paltry resources to the fight” (Liberia, UNSC), i.e. reallocated “millions of dollars to this life and death struggle” (Sierra Leone, UNSC). As Kamara frames it at the UNSC meeting – in a literal demonstration of the securitization of Ebola – the disease has precipitated “extraordinary actions by Sierra Leone. (...) That is not to our liking, but since Ebola is an extraordinary disease, it requires extraordinary steps” (Sierra Leone, UNSC).

However, the countries agree on the fact that many challenges remain and outline the “urgent need for a global, comprehensive solution” (Guinea, UNSC). In terms of responsibility for action against EVD, Liberia indicates that the “global community cannot remain passive” and that “countries, institutions and individuals of good conscience across the globe (...) can affect the ultimate outcome”. All three countries outline concretely which gaps need to be filled by the international aid, e.g. the needs in terms of human, financial and material resources and essential equipment. Sierra Leone goes even further and expresses

the urgent wish for a centre for disease control like “all other developed countries have” which Kamara refers to as their “challenge going forward”. Kamara therefore asks the UNSC to join their appeal to China for support.

6.4 A grammar of security: civil society actors

As outlined in chapter five, the speeches which were analysed in order to gain insight into how civil society constructs the 2014 EVD outbreak when calling for an increased response come from actors within the international non-governmental organisation MSF.

The MSF representative who is briefing the Security Council on the Ebola situation in West Africa is Mr Jackson K.P. Niamah, a Liberian, who works as a physician’s assistant in MSF’s Ebola management centre in Monrovia. Previous to joining the MSF Ebola Emergency mission in August 2014 he worked for Liberia’s ministry of health and social welfare. Speaking in front of the UNSC on 18th September, he gives a very personal account of his experiences when fighting the EVD. His narrative focuses on the tragedy that the epidemic has brought upon the people of Liberia who are “literally begging for life” at the gates of the overflowing treatment centres which do not have the capacities to treat more patients. He tells the heart-breaking story of having to turn away a boy who was already showing signs of haemorrhage and whose father had died of Ebola a week earlier. Such stories outline the severity of the situation, since all the sick that are turned away will inevitably infect their families and neighbours. Dr Joanne Liu, the international president of MSF repeats this narrative when addressing the UN member states at the high-level meeting a week later (MSF, 2014). She describes how only a few people are admitted to the 150-bed facility in Monrovia to “fill the beds made empty by those who died overnight”, and that those who are turned away will return home and spread the virus.

Whereas Mr Niamah’s briefing seems more like a cry for help appealing to the humanity of his audience while outlining needs and pleading for equipment, Dr Liu’s speech is of an imperative nature. She is one of the last to speak at the high-level meeting. Her speech consists of very few subordinate clauses but is

mainly constructed with main clauses consisting of the modal verbs “must”, “cannot” and “will”, emphasizing her high affinity with what she is saying and creating a sense of truth behind her claims. In her factual delivery of instructions, the construction of a sense of urgency with no room for alternative action underlines the content of her speech. As such, her speech can be categorized as consisting of *knowledge claims*, and thus classic “drivers of securitization moves” (Balzacq et al., 2014:11) as identified in chapter four.

Moreover, in both speeches there are obvious signs of a *grammar of security*, as the Ebola virus is framed as an “enemy” (MSF, 2014) and the response to the outbreak a “fight” and a “battle” against Ebola (UNSC, 2014c). Ebola is personified as “Ebola is winning” (Liu) and the construction of a *point of no return* is apparent when Niamah claims that “[if] the international community does not stand up, we will be wiped out” and “the fate of my country, the future of my country, is hanging in the balance” (UNSC, 2014c).

6.4.1 Identifying “a way out”: civil society actors

Further typical signs of securitization are found regarding *a possible way out* and the assignation of *responsibility*. Both speakers for the MSF describe a *possible way out* by laying the *responsibility* with the international community, or more explicitly the UN member states. In his speech, Niamah calls upon the UN member states to mobilize their capacities and repeats the need for help over and over: “We need the international community; the international community must help us. (...) We need the Council’s help. (...) We need Member States’ help”. Dr Liu, who got to hear many “generous pledges of aid” on the part of UN member states at the high-level meeting, stresses the importance of their translation into immediate action. “The isolation centers you have promised must be established NOW” (original capitals). When stating the need for a joint effort she warns that “other countries must not let a few states carry the load” because “complacency is a worse enemy than the virus”. Her instructions for the required response are explicit: “Massive, direct action is the *only way*” (italics added) she claims. Both Niamah and Dr Liu are clear about what actions are required and what gaps need

to be filled; such as more treatment centres, more staff, increased contact tracing, a scaling up of the response which “the UN cannot fail in coordinating and leading” (Liu), the need for a vaccine and simultaneously a renewed model of vaccine development.

Thus, MSF outlines a course for action and assigns responsibility to the UN-system, the international community and all UN member states.

6.5 Concluding findings

The analysis has shed light into the discursive threat construction of EVD on behalf of all the actors under investigation. Several other results of the analysis are worth mentioning. First and foremost, the discourse analysis has shown that while Ebola is constructed as an existential threat at all levels, the referent object identified differs between the categories. Whereas the international NGO MSF speaks exclusively in human security terms and refers solely to the humanitarian dimensions of the outbreak, all other actors stretch the framework further, or apply a completely different focus. Throughout the other speeches, the referent object lies beyond the human suffering and the “number of infected individuals” (Ban, UNSC) namely at the state level, as economic repercussions are outlined and potentially global consequences are emphasized. Furthermore, a military discourse in dealing with Ebola as the personified “enemy” was noticeable, making the somewhat abstract phenomenon of an epidemic concrete and comprehensible. A possible side-effect of such a discourse could be that it even influences the thought process surrounding an effective response, which might limit the thinking to military alternatives and state-led interventions.

Second, in the speeches of the representatives of the three countries, there are reoccurring discourses surrounding the history of long periods of domestic crisis and the “tremendous progress” (Kamara, UNSC) which has been made since emerging from this regional war. Guinea (UNSC 2014c) claims that it is “important to stress that the three countries are all on the agenda of the Peacebuilding Commission”. These discourses are presumably employed to outline what is at stake: Ebola is repeatedly framed as a threat to the “stability

won at great cost”, risking the advancements that have been made in addressing the “legacy of socioeconomic devastation” (Ngafuan, UNSC). This framework of Ebola putting hard-earned progress at risk is also prevalent at the UN-system level. For example Ban (UNSC) remarks that the situation is “especially tragic given the remarkable strides that Liberia and Sierra Leone have made in putting conflict behind them”. Similarly, Nabarro articulates the need for an accelerated control effort to enable the people of the affected countries to “return to the prosperity and development they have been enjoying so much in the past 10 years”. The UK as a donor-country also express concern about the Ebola epidemic “neutralizing post-conflict gains” if unchecked, whereas Cuba outlines the (development-) aid which they have been distributing to Africa over the years. All countries emphasize the need for a heightened focus on the development of African countries.

Third, it was noticeable that the affected countries emphasized their “innocence” in contracting Ebola. Especially the speakers for Sierra Leone and Liberia underline that the EVD outbreak was not a problem which they brought upon themselves: “Ebola was not the making of the tree countries” says Karama (UNSC), and President Johnson Sirleaf refers to the “innocent citizens” of her country who die from a disease that they “did not start and do not understand”. On a similar note, these countries stressed the sense of fear and “widespread panic that has gripped our peoples” (Guinea, UNSC) and the ignorance, denial and misinformation that is predominant in the respective populations as the people “do not understand” (Sierra Leone, UNSC; Liberia UN Web TV) what is going on. This is also recognizable in Chan’s speeches, who sees tradition and traditional practices in the three countries as fuelling further transmission (Chan, UNOG).

Chapter 7 Conclusion

This research set out to identify the discursive mechanisms which were employed in the securitization of EVD. In order to address the issues of this aim, a number of questions were posed that organized the analysis and operationalized the research problem: To what extent do the actors involved in propagating reaction employ a grammar of security? If a grammar of security can be identified, what are the defining features of the threat-construction and who is the referent object? What strategies do these actors suggest in dealing with the EVD outbreak?

This chapter will summarize the findings to show how this aim was achieved. The findings will then be discussed in terms of their implications for their field of study and how they compare to the existing body of literature. Following this, the study will be evaluated in terms of the theoretical and methodological choices and how these affected the outcome of the study. The chapter concludes by identifying areas of future research that could address the shortcomings and successes of this study and fill the remaining gaps.

7.1 Answering the research questions

The analysis has highlighted the securitizing discourses which were employed at the different levels of the international. As became evident, a securitizing discourse has clearly been employed by all international agents. These *speech acts* were uttered from *actors* holding a significant amount of *authority* as *recognized* by the UN audience. The securitizing moves consisted of *knowledge claims* and assigned *responsibility* for action to the global community. EVD was framed as an *existential threat* to the *referent object* of the states affected, while outlining potentially global repercussions, and a *point of no return* was illustrated by e.g.

referring to “apocalyptic” outcomes if the “international community fail[ed] to take bigger timely action” (Ngafuan, UNSC). The *extraordinary measures* that were outlined by the various actors – either on-going or planned – underline that the securitizing moves were or had already been *accepted by the relevant audience* and had *put policy changes into effect* as particularly the passing of the relevant resolutions and the explicit appreciation of the instalment of the UN emergency mission, UNMEER, by all actors of the UN body signals. Given the horrifying nature of EVD – which in its final stages leads to terrible haemorrhages; which leaves the infected to die in isolation “without their loved ones at their side” (Niamah, UNSC); which infects even health workers and “knows no borders” (Yi, 2014); and which does not have a cure – it can be said that all three facilitating conditions as described by Buzan et al. (1998) have been met: The speech acts have followed a grammar of security, they came from actors with a recognized position of authority and the issue that was securitized, namely EVD, appears to be generally held as frightening and threatening.

With respect to how this analysis compares to previous research as discussed in chapter three, a couple of interesting aspects can be addressed. First, regarding the proposition that diseases can be considered security threats when perceived as threatening the existence and/or stability of society, or if emergency measures are required to deal with them (Selgelid & Enemark, 2008) it can be stated that the analysis has shown that all of the components of this proposition hold true for EVD. Furthermore, signs of the interconnectedness of today’s world could be identified, since repeated references to the transnational understanding for the perceived threat which Ebola poses were evident, especially regarding the global repercussions of the economic implications of the outbreak event. Contrary to Kelle’s findings (2007), in the case of EVD the WHO did not limit its function as a securitizing actor to promoting human security, but also engaged in discursive threat construction beyond the individual as a referent object. Further research could be useful in identifying whether this was a single instance or if it is representative for a changing trend in the role of the WHO as a supranational governing agent, as suggest by Hanrieder and Kreuder-Sonnen (2014). Regarding the diverging interests in securitizing public health between the developing and developed countries (Elbe, 2010) which may pose a dilemma for the WHO in securitizing global health as Jin and Karackattu (2011) pointed out, this study was

unable to find convincing proof of such a disparity, as all countries shared the same immediate goal of containing the outbreak. The speeches investigated indicated simply that China and Cuba stressed solidarity and the need for development to a greater extent than the US and the UK, with Cuba even directly urging the developing countries for bigger investments into Africa's development (Moreno, UNSC 2014c; Rodriguez Parrilla 2014). This could suggest differing motives for coming to aid, but research of a different nature is needed to provide validity for such claims.

7.2 Critical evaluation

The strength of this thesis lies in the strong connection between the method applied and the theoretical framework, as each supported the other. Thus, the research was able to provide a thick description of the discursive processes surrounding the security issue at hand, while at the same time illustrating the theoretical concept. Furthermore, as this case study was based on a contemporary and so far unexplored topic, it is able to contribute new knowledge to the fields of global health security and security studies. With respect to peace and conflict studies, the knowledge that was gained during the course of this project may be considered a starting point for further research on the effects of a securitizing discourse on the individuals affected. Suggestions will be made in section 7.3 "Further research".

While it was interesting to explore the similarities and differences between the discourses of the different actors, this study could have benefitted from limiting the analysis to only one actor, e.g. the WHO. Identifying a change in discourse over time for a single actor would have provided a simpler, deeper and more coherent analysis. Furthermore, it would have been beneficial to extend the analysis further and investigate whether the extraordinary measures that were put into effect to contain Ebola resulted in infringements of people's rights and enhanced the suffering. Finally, this research is of very little significance to the people who continue to die as the result of an incurable disease. Regardless of whether or not Ebola became securitized by all levels of international governance

during the course of the 2014 outbreak, the disease remains a hazard to human life and poses impossible challenges to the fragile states and weak health systems of West Africa. One cannot but hope that the gaps which the Ebola outbreak exposed in these health systems and in international governance, in combination with the grammar of security which this research identified, will lead to a sustainable effort for reducing the potential of such a crisis to repeat itself, not only with respect to Ebola but also other neglected tropical diseases.

7.3 Further research

The global health crisis which the EVD outbreak in 2014 constituted is a very complex issue with many opportunities for further research in a variety of research fields. Further research could e.g. engage with the research question that was not addressed here, namely *why* Ebola became securitized, i.e. how come it could not be (or was not) dealt with within “normal” politics. Second, opposing CS’s normative bias against securitization it could be fruitful to research whether in the case of Ebola progressive means were reached *through* security, as Doty (1998) claims possible. Third, it could be investigated who the winners and losers of such a discursive threat construction were, as discourse is held to further the interests of some over others, contributing to the “creation and reproduction of unequal power relations” (Jørgensen & Phillips, 2002) between different groups. From a peace and conflict studies perspective, situating this sort of research within the field setting while employing an ethnographic approach to such a research question would be recommendable, in order to ensure that the people directly affected by the disease and by such discourses are not marginalized. Exploring the experiences of the Liberians, Guineans and Sierra Leoneans during the 2014 outbreak would also pinpoint to what the affected individuals considered the most pressing issues and injustices to be addressed. On a similar note, it would be of importance to investigate the narratives of MSF field workers, as they represent international civil society, and function between the people they have come to aid and international governance.

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