

The third side of this issue is corporations engaged in espionage against civil society groups. Many corporations have chief intelligence officers tasked with identifying threats to the corporation, including threats from non-profit civil society groups. Beyond using public sources to accumulate intelligence, corporations may hire ex-military or intelligence service members to investigate or infiltrate civil society groups. Activities that have been documented include computer hacking, wiretapping, voicemail hacking, theft of computers, disinformation campaigns and investigating activists' private lives. Consulting companies hired by the US Chamber of Commerce to combat the non-profit Chamber Watch (a public interest group monitoring the Chamber of Commerce's activities) suggested a wide range of strategies and proposed a budget of \$2 million a month to enable the work (Ruskin, 2013). Another example is Burger King's infiltration of the Student/Farmworker Alliance, which had been lobbying for a raise for migrant farm workers harvesting tomatoes bound for Burger King (Schlosser, 2008).

By their very nature, corporate espionage activities take place behind a curtain of secrecy and it is difficult to gauge their prevalence and extent. However, it is clear that corporations and state intelligence agencies do interact to monitor the activities of other corporations, states and civil societies. It is a significant element of the covert or underside of the global political economy.

Disease, pandemics and security

The detection and control of infectious diseases that might lead to pandemics have emerged as important security issues, with implications for traditional security and human security concerns. The link between health and security has been made by scholars from the human security (Curley and Thomas, 2004) and traditional security paradigms (Peterson, 2002/3). Both sets of scholars have focused on the risks posed by new diseases such as HIV/AIDS, emerging infections like severe acute respiratory syndrome (SARS) or re-emerging diseases such as drug-resistant tuberculosis or malaria.

Health is an intrinsic aspect of most definitions of human security because health is a critical component of wellbeing and poor health threatens the quality of life an individual may attain. Brower and Chalk (2003, pp. 7-10) discuss six ways in which the international transmission of disease poses a threat to human security:

1. Disease is a direct threat to human life.
2. Disease can erode a state's legitimacy by undermining public confidence if state authorities fail to respond adequately to outbreaks of disease or pandemics.
3. Disease can threaten a state's economic capacity through its impact on public health spending and the productivity of the workforce.
4. Disease can negatively impact a state's 'social order, functioning and psyche' (Brower and Chalk, 2003, p. 9).
5. Infectious diseases can promote regional volatility and instability through mass population movements, economic dislocation and defence underpreparedness.
6. Through biowarfare or bioterrorism, diseases can become a security threat.

Instead of viewing health as a human security problem, some scholars have demonstrated the compatibility of health with traditional approaches to security. From this perspective, infectious diseases are a national security issue, and can affect national security either directly or indirectly. Since health is a key component of national power, infectious diseases may undermine national power and hence alter the balance of power or contribute to socioeconomic and political instability. Moreover, infectious diseases may contribute to or exacerbate interstate conflicts. Infectious

diseases can also play a direct role in military conflict through the release of biological warfare (Peterson, 2002/3). Price-Smith (2009) combines human security and traditional perspectives in his approach to the security implications of infectious disease. He argues that there are three crucial linkages between disease and national security: disease may present a direct threat to state security by undermining state capacity; it has the potential to foster economic and political discord; and warfare gives rise to the proliferation of infectious diseases.

Whether a traditional or human security perspective is adopted, scholars locate the newfound interest in the security dimensions of health in the post-Cold War security structure. The end of the Cold War was pivotal in creating more open borders and enhancing the movement of people. But the forces of globalization – specifically trade and commerce, and travel and tourism – have contributed to the rapid spread of infectious diseases (Cecchine and Moore, 2006). For example, the rapid movement of the SARS virus in 2003 from China and Southeast Asia was facilitated by air travel. In a globalized world, national borders are incapable of fully securing individuals within the nation-state from the transnational spread of infectious diseases. While it may be argued that state borders have never been an effective barrier against the spread of disease, increased interdependence and the resultant mass movement of people have increased the risk of the spread of disease across national borders.

Much of the literature on the security implications of diseases focuses on infectious diseases rather than noncontagious diseases, since it is easier to present such diseases as a threat. Thus, variants of the influenza virus have been particularly susceptible to this treatment. Both H5N1 (avian flu) and H1N1 (swine flu) have captured media attention worldwide and governments have been forced to respond to these diseases as security threats. Clearly, not all infectious diseases pose a security concern but there is sufficient evidence concerning the security implications of diseases and epidemics to suggest their impact on national, regional and international security. Perhaps the disease that has been the subject of the greatest attention from academics and policy makers is HIV/AIDS (human immunodeficiency virus/acquired immunodeficiency syndrome) (see Box 14.8).

Box
14.8

The securitization of HIV/AIDS

In 2001, HIV/AIDS expanded from a health issue to also being a security issue when the UN General Assembly and the UN Security Council held special sessions on the pandemic. It was the first time in history that a health issue had been placed on the Security Council's agenda. The speech of James Wolfensohn, then World Bank president, to the UN Security Council encapsulates the securitization of HIV/AIDS. Wolfensohn (cited in Brower and Chalk, 2003, p. 31) informed delegates:

Many of us used to think of AIDS as a health issue. We were wrong. AIDS can no longer be confined to the health or social sector portfolios. Across Africa, AIDS is turning back the clock on development. Nothing we have seen is a greater challenge to the peace and stabilities of African societies than the epidemic of AIDS ... We face a major development crisis, and more than that a security crisis. For without economic and social hope we will not have peace, and AIDS surely undermines both.

Singer (2002) presents a conventional and alarming interpretation of HIV/AIDS as a security threat. He posits a number of security implications of AIDS, including:

- a direct weakening of the military
- increased state vulnerability as the result of declining state capacity
- state failure
- an upsurge in new combatants and renewed civil conflict
- a hollowing out of the capacity of international peacekeepers.

The security implications of disease and the problems created for international cooperation were highlighted by the SARS crisis of 2003. In late 2002, SARS broke out in China and created a national health emergency as well as a global health crisis. The Chinese government failed to deal adequately with the crisis. The disease was first notified to the Chinese Ministry of Health in January 2003 but the government failed to notify the WHO. When cases were reported in late February and early March in Canada, Singapore, Thailand and Vietnam, the Chinese government remained silent, but was finally forced to admit the scale of the crisis as the result of international pressure, especially the activities of the WHO. The spread of the virus not only threatened the health of individuals in Southeast Asia; it also had detrimental impacts on the stability and prosperity of these countries. This episode demonstrated the security implications of disease. As two commentators noted: 'the impact of SARS quickly moved beyond a health issue, to become a political and economic threat as well as a major foreign policy challenge' (Curley and Thomas, 2004, p. 23).

In 2014, an Ebola outbreak in West Africa once again raised the issue of global security and the political economy of health. The WHO was slow to respond to the epidemic, leaving the task to overwhelmed NGOs such as Médecins Sans Frontières. Europeans and Americans expressed concern as cases threatened to move into their territory. One of the reasons why the disease proved to be so threatening is that the public health systems at the centre of the disease in Sierra Leone, Guinea and Liberia had been devastated by years of structural adjustment. IMF programmes demanded the cutting of government services, reduction of government workers' salaries and decentralization of healthcare systems. When Ebola arrived, the local health systems were too weak to adequately respond (Kentikelenis et al., 2015). The IMF reacted to Ebola by promising additional funding, but the damage had been done.

For only the second time in its history, the UN Security Council considered a public health issue on its agenda. At the conclusion of its discussion, the link between infectious disease and security was clearly expressed in UN Security Resolution 2177 (UN, 2014). The resolution (UN, 2014, p. 1) recognized that the Ebola crisis was

undermining the stability of the most affected countries concerned and, unless contained, may lead to further instances of civil unrest, social tensions and a deterioration of the political and security climate, [and] the unprecedented extent of the Ebola outbreak in Africa constitutes a threat to international peace and security.

The securitizing of health can bring a higher profile to the problems of disease and pandemic. However, this process also carries risks. If the security threat is perceived in traditional terms, there is the possibility that responses will also be traditional. Military responses may edge out public health responses. Patients could become targets, compassion replaced by violence.

Conclusion

Chapter 1 noted how various disciplines have tended to evolve without much reference to developments in other fields. Some approaches to security and international political economy have been equally insular. Despite this, many theoretical approaches have noted the intersection of security and economic issues. At the broadest level, the international security system limits the free exchange of goods and services because of interstate and intrastate conflict. Political economy developments also influence the relative security of various national and subnational populations. The introduction of new concepts of security, such as human security, has encouraged analysts to think about the multiple threats to individuals. Issues of disease, hunger and environmental degradation (see Chapter 12) pose equally serious physical and psychological threats to human survival as direct physical violence. In these areas, political economy variables, which