The 2014-2015 Ebola Outbreak and Global Health Security

A critical analysis of the UNSC meeting on the Ebola outbreak

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Introduction

On the 18th of September 2014 the United Nations Security Council (UNSC) met in its first emergency meeting on a public health crisis. The reason for this meeting was to discuss and find an appropriate response to the 2014-2015 Ebola outbreak in West Africa, hereafter Ebola outbreak, which had worsened dramatically since the World Health Organization (WHO) had first reported on it on the 23rd of March 2014.[1] The Ebola outbreak largely took place in Guinea, Liberia and Sierra Leone.[2] On the 8th of August 2014, months after the notification, the WHO met in an emergency committee for the first time and declared the Ebola outbreak a Public Health Emergency of International Concern (PHEIC) under the International Health Regulations (IHR) of 2005.

The Ebola virus was first discovered in 1976 in Sudan and the Congo. Its origins remain uncertain. The disease is very difficult to contain as it spreads from person-to-person through contact with blood and/or bodily fluids. The incubation period is 2 to 21 days. The first symptoms are fever, weakness and muscle pain. It progresses to diarrhea, bleeding, vomiting and multiple organ failure. There is no proven treatment for Ebola, but there are two potential vaccines. The average case fatality rate is around 50%, but the rate varied from 25% to 90% in past outbreaks.[3]

Preceding the UNSC meeting of 18 September, the Secretary-General (SG) of the United Nations (UN) Ban Ki-moon proposed the creation of the United Nations Mission for Ebola Emergency Response (UNMEER) in an identical letter addressed to both the UNSC and the UN General Assembly (UNGA).[4] Additionally, Ban Ki-moon stressed the need to combat Ebola as he argued that the spread of Ebola constituted 'a threat to international peace and security,' and that 'the penalty for inaction is high'.[5]

To achieve this objective the UNSC adopted resolution 2177, urging immediate action to stop Ebola.[6] The following day the UNGA adopted resolution 69/1, which formalized

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[1] "Ebola virus disease in Guinea," Global Alert and Response - WHO, last modified on 23-03-2014, accessed on 19-09-2014, http://www.who.int/csr/don/2014_03_23_ebola/en/.

[2] A small amount of cases were reported in Nigeria, Mali, US, UK, Senegal and Spain.

[3] "Ebola virus disease," WHO, last modified on August 2015, accessed on 25-10-2015, http://www.who.int/mediacentre/factsheets/fs103/en/.

[4] United Nations Secretary-General, 'Identical letters dated 17 September 2014 from the Secretary-General addressed to the President of the General Assembly and the President of the Security Council,' 17 September 2014.

[5] "UN announces mission to combat Ebola, declares outbreak 'threat to peace and security'," UN News Centre, last modified 18-09-2014, accessed on 19-09-2014, http://www.un.org/apps/news/story.asp?NewsID=48746.

[6] 'United Nations Security Council Resolution 2177,' 18 September 2014.

UNMEER.[7] A mandated health crisis mission is unprecedented in international politics and can be seen as a watershed moment.[8] In 2000 and 2011 the UNSC adopted resolutions 1308 and 1983 on HIV/AIDS, but these resolutions called HIV/AIDS 'risks' and not a 'threat' as with the Ebola case.[9] Resolution 2177 is therefore setting a new precedent in international politics. It is expanding the concept of a threat to international peace and security to include health issues. Thus, the scope of the powers of the UNSC is implicitly expanded with the adoption of resolution 2177.[10]

The actions of the UNSC regarding the Ebola outbreak confirm the apparent connection between public health and security, or '(global) health security'. The UNSC meeting shows the discourse on global health security within the UN. It also raises questions why and how this idea of global health security emerged, evolved and why it is important in the human security and humanitarian discourse at the UN. This paper tries to answer the following question: '*How was the response by the UNSC to the Ebola outbreak legitimized within the larger discourse on global health security?*'

The definition of the UN in this research is broad. Richard Jolly, Louis Emmerij and Thomas Weiss distinguish between three types of UN.[11] The first and second type of UN comprise the UN member states and staff. The third UN comprises non-governmental organizations (NGOs), academics, experts, consultants and independent commissions who regularly engage the UN to influence thinking and policies.[12] The third UN therefore includes every person or organization that enters the UN arena to influence the discourse. This definition of the UN makes it possible to include statements made by NGOs related to the UN in relation to the global health security discourse.

Many actors are involved in the Ebola outbreak and the discourse on global health security. Firstly, the UN and its institutions engage in the global health security discourse, primarily through the WHO. The WHO has historically seen itself as a technical agency charged with monitoring public health.[13] This self-perception is based on the WHO's mission

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[7] 'United Nations General Assembly Resolution 69/1,' 19 September 2014.

[8] "U.N. launches 'unprecedented' mission to combat Ebola," TIME Magazine, last modified on 18-09-2014, accessed on 20-09-2014, http://time.com/3399532/united-nations-ebola-mission/.

[9] "UNAIDS welcomes new UN Security Council resolution on HIV and preventing sexual violence in conflict," UNAIDS, accessed on 13-02-2015, http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2011/june/20110607apssecurit ycouncil.

[10] Gian Luca Burci, "Ebola, the Security Council and the securitization of public health," *QIL* 10 (2014): 27-39.

[11] R. Jolly, L. Emmerij and T.G. Weiss, "The Three UNs and their impact," in *UN Ideas that Changed the World*, ed. by R. Jolly, L. Emmerij and T.G. Weiss (Bloomington: Indiana University Press, 2009), 32-50.

[12] Ibidem.

[13] Gian Luca Burci, 36.

as the organization dedicated to direct and coordinate international health within the UN system.[14] The most important regulatory framework for the WHO to react to a health crisis is the IHR, signed by all 194 member states of the WHO.[15] The second of type of actor are states. Individual countries play an important role in global health security. For example, the US and its institutions, like the Centers for Disease Control and Prevention, created the *Global Health Security Agenda* to tackle global health problems.[16] Thirdly, research institutes and academia also engage in the global health security discourse. For example, Chatham House has its own Centre on Global Health Security.[17] Lastly, globally operating health issue related NGOs, like the International Committee of the Red Cross and Médecins Sans Frontières (MSF), play an important role. Specifically, MSF has played a significant part in combating the Ebola outbreak. MSF has even informed the UN about the situation on the ground and changes in the situation.[18] NGOs do not have the same constraints that states have and are often regarded as being vital to solving health crises around the world.[19] They are therefore an important player in the global health security discourse.

In order to analyze the Ebola outbreak response this research takes a post-positivist approach in the form of poststructuralism. Mainstream International Relations theories, i.e. realism and liberalism, have difficulty problematizing or understanding certain international phenomena, like health issues. Their state-centric approach limits them from asking certain questions or observing certain problems. Critical theories like poststructuralism help us to understand how global health security discourse came to be and specifically, how the response to Ebola came in the form it did and how it was legitimized.

The first chapter of this research discusses poststructuralism and the chosen method of discourse analysis. The term 'discourse' has been mentioned a few times and will be explained in this chapter. In the second chapter, we discuss the history of global health governance and the emergence of the global health security and the human security discourse. In short, we will research the history behind health issues and international politics. The third

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[14] "About WHO," WHO, accessed on 2-3-2016, http://who.int/about/en/.

[15] "About IHR," WHO, accessed on 13-02-2015, http://www.who.int/ihr/about/en/.

[16] "Why Global Health Security Matters," Centers for Disease Control and Prevention, last modified on 13-02-2014, accessed on 13-02-2015, http://www.cdc.gov/globalhealth/security/why.htm.

[17] "About Centre on Global Health Security," Chatham House, accessed on 02-07-2015, http://www.chathamhouse.org/about/structure/global-health-security/about.

[18] "United Nations Special Briefing on Ebola," Médecins Sans Frontières, accessed on 13-02-2015, http://www.doctorswithoutborders.org/news-stories/speechopen-letter/united-nations-special-briefing-ebola.

[19] "NGOs, Ebola, and the future of civil actors in international politics: five minutes with Sam Worthington," Sydney Jean Gottfried and Ian Philbrick, last modified on 11-11-2014, accessed on 13-02-2015, http://journal.georgetown.edu/ngos-ebola-and-the-future-of-civil-actors-in-international-politics-five-minutes-with-sam-worthington/.

chapter will look at the discourse at the UN by analyzing statements made by key actors in the discourse on Ebola in the UNSC meeting to find out what they are saying and what they are meaning.

A lot has been written on public health crises and how to respond to them. Most of these publications come from disciplines like medicine, public administration and international law and are featured in journals like *Nature*, *The Lancet*, *Medical Law Journal* and *Journal of Law, Medicine and Ethics* and so forth. There are also publications in the field of international relations but these are largely descriptive and focus on policy questions. Examples of these publications are *Disease Diplomacy* (2015), *Managing Global Health Security* (2015), *Routledge Handbook of Global Health Security* (2014) and *Global Health and International Relations* (2012). These books illustrate the advance of global health onto the stage of world politics. However, despite all these publications there still is a gap in the literature. A discourse analysis of the Ebola crisis within the global health security discourse and in particular of the discourse within the broader UN has been missing. This research therefore tries to add to the growing body of literature on global health security by analyzing the discourse surrounding the UNSC 2014-2015 Ebola response from a critical perspective. It therefore hopes to contribute to a more informed discussion on global health security. Moreover, it hopes to demonstrate that discourse analysis and critical theories can shed light on contemporary topics concerning international politics and law by putting these in historical context and revealing how concepts, like global health, are historically constituted.

Poststructuralism and Discourse Analysis

The UN's response to the Ebola outbreak is studied from a critical angle. Critical perspectives question the ontological and epistemological foundations of mainstream International Relations theories by going beneath surface meaning, first impressions and to understand the deep meaning of what is said, written or acted upon.[20] In other words, critical perspectives question taken-for-granted notions like 'the state' and '(health) security'. To structure this critical view a post-positivist approach is taken in the form of poststructuralism. The methods used for analysis are discourse analysis and historical research. The need for theory and method in research is to guide and structure thoughts and analysis. As Lene Hansen argues: 'Without theory there is nothing but description, and without methodology there is no transformation of theory into analysis.'[21]

Although this research uses critical theory, mainstream theoretical conceptions such as the state, interests and security concerns are used. The reason for this is because the actors that are being studied believe that international politics is structured in a certain 'natural' way. Therefore, the actors uphold and believe in a certain categorization that fits with underlying assumptions, and act the way they do because of their mainstream theoretical programming. To relate this to global health security, it is necessary to discuss statements made by and actions taken by states, NGOs and international organizations simply because this is how the international system is currently organized and structured. It is important to emphasize that poststructuralism asks certain meta-theoretical questions that challenges the nature of these taken-for-granted conceptions and structures of international politics. Thus, poststructuralism wants to know how particular ways of knowing have been established over time.[22]

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[20] Meghana Nayak and Eric Selbin, *Decentering International Relations* (London & New York: Zed Books, 2010), 10,14-15.

[21] Lene Hansen, *Security as Practice: Discourse Analysis and the Bosnian War* (New York: Routledge, 2006), 1.

[22] David Campbell, "Poststructuralism," in *International Relations Theory: Discipline and Diversity,* ed. Tim Dunne, Milja Kurki and Steve Smith (Oxford: OUP, 2010), 216.

Poststructuralism

Poststructuralism is often viewed as a theory or school, but it is more of an approach, attitude or ethos.[23] As David Campbell states: 'Rather than setting out a paradigm through which everything is understood [like theories do], poststructuralism is a critical attitude, approach, or ethos that calls to attention the importance of representation, the relationship of knowledge and power and the politics of identity in an understanding of global affairs.'[24] The emphasis thus lies on representation, the relationship between knowledge and power and the politics of identity.

The strength of poststructuralism is that it tries to identify and explain how certain issues, events or actors have been problematized and how the discourse has emerged historically to frame an understanding of problems and solutions.[25] Therefore it is important to look how, historically, certain knowledge has developed through discourse. To relate this to global health security, dr. João Nunes phrased it strikingly: '(…) health security is not a fact of life, but rather a process through which disease is defined as a problem – a process that involves interaction, negotiation, and sometimes struggle between actors.'[26] Health security is not a fact that is out there, but rather a process through which health risks are represented in a discourse that defines them as a problem.

Context and texts

The 'linguistic turn' was important for all critical approaches, including poststructuralism. It criticized the belief that language is a transparent medium through which the world can be understood and communicated. Rather, it reads between the lines of what is being said and looks what is behind the language used. The scholar Jacques Derrida (1930-2004) claimed that the social world is constructed in a textual way. The social world is constituted like a text in the sense that interpreting the world is reflected in the concepts and structures of language. Following from this notion, seemingly stable and natural concepts in language are in fact constructs and unstable.[27] This is because all interpretations of the world are constructed within a certain context and from a certain position. In other words, what is the context in which something is said, what is the meaning of what is being said and what are the underlying

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[23] Ibidem, 234-235.

[24] Ibidem, 216.

[25] Ibidem, 230.

[26] João Nunes, "The politics of health security," in *Routledge Handbook of Global Health Security*, ed. by Simon Rushton and Jeremy Youde (New York: Routledge, 2015), 61.

[27] Steve Smith and Patricia Owens, "Alternative Approaches to International Theory," in *The Globalization of World Politics,* ed. John Baylis, Steve Smith and Patricia Owens (Oxford: OUP, 2008), 185-186.

assumptions and power relations.

The main source for analysis for poststructuralists are 'texts'. These are not simply linguistic in nature, but consider all forms of communication. If it conveys meaning, it can be analyzed as a text. An example of research are binary oppositions in texts. These constructions assume a sort of logic, for example developed/underdeveloped, which presuppose a form of structure or hierarchy.

Discourse

The term 'discourse' has been mentioned, but inadequately explained. Discourse is the flow of knowledge through time and considers communication in all forms.[28] It refers to a specific series of representations and practices through which meanings are produced, social relations established, political and ethical outcomes made more or less possible and identities constituted.[29] Discourse shapes the world by making certain political decisions possible. It is thus important to understand that knowledge is not timeless or fixed, but historically contingent and political.

Discourses have their own history – a genealogy. In order to understand how a political development or decision came to be, it is essential to lay bare the underlying assumptions of what appears to be natural, common sense and taken-for-granted. This can be done by looking at the genealogy of a discourse, as they are historically constituted.

To sum up, discourse is about representing or giving meaning to an issue or event or as Kevin Dunn explains: 'How the object of an inquiry (X) has been represented over time and space. X can be anything at all: a country, a nation or community, a person or a concept. Societies discursively produce, circulate, and consume representations of X, constructing what are often called 'regimes of truth' or 'knowledge'. These discourses are comprised of signifying sequences that constitute more or less coherent frameworks for what can be said and done.'[30]

Discursive space

Another important concept for this research is 'discursive space'. As we have seen, poststructuralism argues that our way of understanding the world and politics is upon abstraction, representation and interpretation.[31] Whenever someone speaks of 'health crisis' or

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[28] "Video Introduction to Discourse Analysis," Florian Schneider, last modified in May 2013, accessed on 10-07-2015, http://www.politicseastasia.com/research/video-introduction-to-discourse-analysis/.
[29] Campbell, 226.
[30] Kevin C. Dunn, "Historical Representations," in *Qualitative Methods in International Relations: A Pluralist Guide,* ed. by Audie Klotz and Deepa Prakash (Basingstoke: Palgrave Macmillan, 2008), 79.
[31] Campbell, 214.

'humanitarian intervention' they are engaging in representation. [32] There are multiple representations or interpretations of an issue possible. However, some are dominant and give way to or even legitimize practices or policies that can have a real effect upon the lives of people. [33] The underlying assumption therefore is that dominant representations and interpretations are not 'the truth', but simply assumed to be true because of its dominance in a discourse. The concept of 'discursive space' comes from Michel Foucault (1926-1984). It is the ability of actors to get space to present a representation. which might oppose a dominant representation, in a discourse or not.[34] This battle of representations is present at all times in international politics. It might be the case that in a discourse there is a dominant representation and that there are no or hardly any other representations.

Dominant representations of 'the world' lead to unquestioned assumptions of what is 'true' and what is 'false'. To be able to determine what is 'true' and what is 'false' is to have power. Here we can see the so-called knowledge-power relationship or the knowledge-power nexus.[35] Foucault argued that power actually produces knowledge and that power requires knowledge production, both reinforcing each other.[36] Representations of how the world works influence decision-making and what is deemed important.[37] A dominant representation has the power to enforce a certain way of reacting to an issue, like Ebola, by giving it legitimacy as the 'right' reaction to the issue and making other actions unthinkable. This could, for example, explain why it is now legitimate to discuss health issues in the UNSC.

Discourse Analysis

Discourse analysis is conducted through the analysis of 'texts'. If we analyze 'texts' we can discover certain beliefs, habits, norms and power relations at a certain moment in time and/or place. So if we analyze the statements made during the Ebola outbreak we can see the state of the global health security discourse at this moment in time. It is important to always ask who constructs the representations or makes up the positions in a discourse.[38] In other words, who are participating in the discourse and what is their representation.

To conduct a discourse analysis an understanding of the history of the issue is required, i.e. how the issue is perceived and acted upon in the past. This can we achieved via

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[32] Ibidem.
[33] Smith and Owens, 185-186.
[34] Dunn, 84.
[35] Smith and Owens, 185-186.
[36] Ibidem.
[37] Campbell, 214.
[38] Dunn, 81.

historical research. Once this knowledge is obtained, a wide varying amount of sources within a specified timeframe are needed. These can then be analyzed to reveal representations of the issue, underlying assumptions and/or positions within a discourse. Moreover, analysis reveals whether there is discursive space in the discourse and how action is legitimized.[39]

The value of conducting a discourse analysis, according to Neumann, is: 'Discourse analysis is eminently useful for such [policy] analysis, because it says something about why state Y was considered an enemy in state X, how war emerged as a political option, and how other options were shunted aside. Because a discourse maintains a degree of regularity in social relations, it produces preconditions for action. It constrains how the stuff that the world consists of is ordered, and so how people categorize and think about the world. It constrains what is thought of at all, what is thought of as possible, and what is thought of as the 'natural thing' to do in a given situation.'[40] In this lengthy quote, Neumann rather beautifully argues the usefulness of discourse analysis as a way to understand how certain actions were taken, which other options were on the table, and how decisions were made to be rational.

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[39] Iver B. Neumann, "Discourse Analysis," in *Qualitative Methods in International Relations: A Pluralist Guide,* ed. by Audie Klotz and Deepa Prakash (Basingstoke: Palgrave Macmillan, 2008), 63-74.
[40] Neumann, 62-63.

A History of the Global Health Security Discourse

Global health security links together two fields: 'security' and 'health'. These two fields used to be separate policy areas.[41] According to the WHO: 'Global health security is defined as the activities required, both proactive and reactive, to minimize vulnerability to acute public health events that endanger the collective health of populations living across geographical regions and international boundaries.'[42] The definition implies the security dimension. A different definition comes from Colin McInnes, UNESCO professor of HIV/AIDS, who argues that global health security is concerned with health promotion on a global scale, motivated by the belief that risks to the public have been globalized which require a response that go beyond the capabilities of individual states.[43] Here again we see the implicit link to security risks.

The Ebola outbreak and the subsequent UN response follow the logic that due to globalization health issues are increasingly becoming regional and global issues. The interconnectedness of the world allows for the more rapid spread of dangerous diseases and viruses.[44] Examples in the recent past are the 2002-2004 SARS epidemic and the 2009 influenza A/H1N1. However, there have been numerous historical accounts of fatal diseases disregarding country borders. Just take the 1918 Spanish Flu or the Black Plague.[45] This development is therefore not new, but what is new is the global sense of responsibility. Historically, health crises were regarded as a domestic concern for states.[46] The state should safeguard its citizens from health threats. It has only been a recent development that the international community started to take global responsibility.

In history there have been developments and institutions that deal with national and regional health governance, but these do not mention the link with international security as it is used today. An important initiative in *global* health governance is the creation of the WHO in 1946. The WHO did in fact present health as a core principle of the security of all peoples.[47] However, the term 'global health security' only started to appear in documents in the 1990s and 2000s.

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[41] Lorna Weir, "Inventing Global Health Security, 1994-2005," in *Routledge Handbook of Global Health Security*, ed. by Simon Rushton and Jeremy Youde (New York: Routledge, 2015), 18.

[42] Colin McInnes, "The Many Meanings of Health Securities," in *Handbook of Global Health Security,* ed. by Simon Rushton and Jeremy Youde (New York: Routledge, 2015), 11.

[43] Ibidem, 15.

[44] Jeremy Youde and Simon Rushton, "Introduction," in *Routledge Handbook of Global Health Security*, ed. by Simon Rushton and Jeremy Youde (New York: Routledge, 2015), 1.

[45] Yanzhong Huang, "Pandemics and Security," in *Routledge Handbook of Global Health Security*, ed. by Simon Rushton and Jeremy Youde (New York: Routledge, 2015), 83.

[46] "Foreign Policy and Health Security," WHO, last modified in 2015, accessed on 13-02-2015, http://www.who.int/trade/glossary/story030/en/.

[47] Nunes, 60.

The representation of global health issues as security threats is such a seemingly self-evident matter that it is often not considered how security and health are actually linked and how political this security-health nexus is.[48] As Kezia Barker argues: 'A growing body of scholarship across a number of disciplines interrogates the emergence of emerging infectious diseases as a pre-eminent health concern and the convergence of this with contemporary security discourses.'[49] Barker thus claims that the link is not as self-evident as it is often considered.

There are four development phases observable in the health security discourse. First there is the phase where health governance is largely a domestic concern. Then there is the phase where there is regional cooperation, initiatives and conventions. Followed by the post-WWII phase with the creation of the WHO as the global organization with its international regulations. Finally, we observe a post-Cold War phase with the emergence of ideas like 'globalization' and 'human security'.

Phase I

The first phase does not have a clear starting point. In this phase health threats are largely a domestic concern for the governing entity of an area. There is no real regional cooperation. However, the knowledge that diseases in one place in the world pose health threats to other places far away, by going across borders, was known.[50] The most famous example in European history took place in the 14th century, the Black Plague. In this case, the city-state of Venice quarantined the entire city to stop the spread of the bubonic plague.[51] This can be seen as the first modern response to a health crisis.[52] Real cooperation between governments first began in the mid-19th century because of concerns over infectious diseases, especially cholera.[53]

Phase II

The second phase began with cooperation between European countries, which resulted in the first International Sanitary Convention in 1851. Their aim was to stop the spread of infectious diseases.[54] The cholera epidemics that had swept through Europe in the 19th century compelled

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[48] Ibidem, 60.

[49] Kezia Barker, "Infectious Insecurities: H1N1 and the politics of emerging infectious disease," *Health and Place* 18 (2012): 695-700.

[50] David P. Fidler, "The globalization of public health: the first 100 years of international health diplomacy," *Bulletin of the World Health Organization 79: 9* (2001): 842.

[51] David L. Heymann and Alison West, "Emering Infections: Threats to Health and Economic Security," in *Routledge Handbook of Global Health Security*, ed. by Simon Rushton and Jeremy Youde (New York: Routledge, 2015), 99-103.

[52] Fidler, 842.

[53] Heymann and West, 99.

[54] H. Markel, "Worldly approaches to global health: 1851 to the present," *Public Health* 128 (2014): 124-128.

governments to cooperate. Also, technological advances, like the development of railways and the construction of faster ships, also increased pressure on national health systems. [55]

The first convention was followed by nine more and in 1892 the International Sanitary Regulations were adopted by the participating states, which by now included the US and the South American states, to control the spread of cholera, plague, yellow fever, smallpox typhoid and typhus.[56] The conventions discussed the manner in which quarantine could be put in place between countries to ensure diseases could not spread, whilst safeguarding economic interests.[57] Moreover, scientific discoveries, like the germ theory by Koch and Pasteur, allowed for the production of more informed policies and rules.[58]

In the 20th century international sanitary bureaus were created in both America and Europe.[59] In total there were four organizations: the Pan-American Sanitary Bureau (1902), the Office International de l'Hygiène Publique (1907), the Health Organization of the League of Nations (1923) and the WHO in 1946.[60] Overall, the second phase is characterized by regional and cross-continent cooperation and conventions to respond to health crises and attempts to minimize the risk of public health crises.

Phase III

The third phase starts after WWII with the creation of the WHO. By 1951 the WHO produced the International Sanitary Regulations (ISR), a single set of international legal rules on infectious disease control.[61] In 1969 the IHR were adopted by the WHO, which went beyond the ISR by providing a legal framework for global surveillance and response to control the spread of infectious diseases.[62] The IHR thus revised and strengthened the ISR. The IHR is an important tool and a global framework agreement for all WHO member states.[63] The IHR is designed to limit spread of international public health emergencies, with minimal interruption to travel and trade.[64] In this sense the IHR is in line with the spirit of the earlier Sanitary Conventions. In reality, however, the IHR did little to curb the persistence of international

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[55] Fidler, 843.

[56] Adam Kamradt-Scott, "Health, Security, and Diplomacy in Historical Perspective," in *Routledge Handbook of Global Health Security,* ed. by Simon Rushton and Jeremy Youde (New York: Routledge, 2015), 189-191.

[57] Markel, 125.

[58] Fidler, 843.

[59] Markel,125.

[60] Fidler, 844.

[61] Ibidem, 843.

[62] Heymann and West, 101.

[63] Ibidem, 99-101.

[64] "Strengthening health security by implementing the International Health Regulations (2005)," WHO, accessed on 22-08-2015, http://www.who.int/ihr/about/en/.

health threats, as it only monitored smallpox, yellow fever, cholera and plague.[65] The most notorious example where IHR 1969 fell short is the HIV/AIDS pandemic at the end of the 20th century, which posed an enormous challenge to global health.[66]

Although we see a lot of internationalization of health governance in the third phase, health was less important than it seems. The Cold War overshadowed international health governance by diverting the majority of states' resources to national defensive capabilities.[67] Therefore, the political climate put global health lower on the agenda and it drained resources.

Phase IV

The end of the Cold War and the AIDS pandemic in 1980s opened up the political space needed to put 'health' higher on the international agenda. In this phase we see a few developments taking place. Firstly, the emergence of 'human security' and 'globalization'. These ideas contributed to the introduction of global health security as an idea in public health governance. Coinciding with these developments we see the WHO head its first health mission. Consequently, the WHO requests a revision of the IHR.

Human Security

The 1990s gave way to a new understanding of 'security' in the form of 'human security'. The idea of human security is essential in order to understand the current global health security discourse. In 1994 the United Nations Development Programme promoted the concept of human security as part of preparation for the United Nations' World Summit for Social Development in the *Human Development Report* (HDR).[68] The call of the HDR team was for a fundamental and radical switch from the state as the referent object of security to the individual. Human beings should be protected rather than the state. The UN has since the introduction of human security widened and deepened its concept of 'security' to include more humanitarian goals, including protection from health threats. Health security is one of the seven components of human security and disease is specifically mentioned in the HDR as a threat to human security.[69] In other words, non-military sources of insecurity are now tackled as well.[70] The UN's response to the Ebola outbreak supports the idea of 'human security', since it

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[65] "The International Health Regulations (1969)," WHO, accessed on 24-08-2015,
http://www.who.int/ihr/current/en/.
[66] J.K. Andrus *et al*, "Global health security and the International Health Regulations," *BMC Public Health* 10 suppl 1 (2010): 1-4.
[67] Kamradt-Scott, 193.
[68] Kristen Timothy, "Human Security Discourse at the United Nations," *Peace Review 16,* no. 1 (March, 2004): 19.
[69] Colin McInnes, 13.
[70] Andrew Heywood, *Politics* (Basingstoke: Palgrave Macmillan, 2013), 418-419.

legitimizes a health crisis as a threat to human security.[71] However, many states still view the state as the main referent object that needs to be securitized.

Globalization

The term 'globalization' has only been used in analyses of global affairs since the end of the Cold War.[72] Globalization is defined by the WHO as: 'the increased interconnectedness and interdependence of peoples and countries.'[73] Although the WHO and scholars agree that the word 'globalization' is new, the idea of 'globalization' is not new. Globalization did have a profound influence on the health security discourse in the fourth phase, as experts emphasize the global nature of public health threats in modern times.[74] Especially due to the increased interconnectedness of the world the risks of public health threats have been stressed. Human security and globalization have both strongly influenced the global health security discourse.

Global Health Security

In the 2007 World Health Report 'A Safer Future: Global Public Health Security in 21st century' the term global health security is used and strongly linked to the revised IHR.[75] Where did the term 'global health security' originate? Lorna Weir explicitly states that 'global health security' was invented by the US and other North/Western countries through the WHO in the 1990s and that the term itself was first introduced into official WHO reports from 2000 onwards.[76] Weir identifies a discourse chain from several official reports in the early 1990s that reframed emerging infectious diseases, a term introduced by the US, from a North/Western health policy into an international WHO health policy.[77] She adds: 'Global health security in its early programmatic form was not on record integrated with international security.'[78] Here once again the not so self-evident relationship between health and security is emphasized. Additionally, Weir detects a strong connection between North-South relations in the development of the global health security discourse. The representation by the global North differed from the representation of the global South in terms of what global health

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[71] "Will AFRICOM's Ebola response be watershed moment for international action on human security?" Maryam Zarnegar Deloffre, The Washington Post, last modified on 29-09-2014, accessed on 10-10-2014, http://www.washingtonpost.com/blogs/monkey-cage/wp/2014/09/29/will-africoms-ebola-response-be-watershed-moment-for-international-action-on-human-security/.

[72] Fidler, 842.

[73] "Globalization," WHO, accessed on 17-10-2015, http://www.who.int/trade/glossary/story043/en/.

[74] Fidler, 846.

[75] WHO, *The World Health Report 2007. A Safer Future: Global Public Health Security in the 21st century* (Geneva: WHO Press, 2007), Overview.

[76] Weir, 18.

[77] Ibidem, 18-20.

[78] Ibidem, 20.

security should entail.[79] Weir's genealogy concludes by stating that the genealogy of global health security is shaped by the geopolitical division between the global North and the global South.[80] It represents a novel division of world order that reiterates the North-South divide.[81] Although her view is postcolonial, it does offer insight in how global health security as a discourse was constructed.

Revision of the IHR

In 1995 the WHO headed its first global and coordinated response to an emerging health threat.[82] Coincidently, this threat was an outbreak of Ebola in Congo, Africa. The response in addition to other responses by the WHO in the 1990s led to the WHO declaring the IHR 1969 as being obsolete and requested a revision. The revision process started in 1995, but with the SARS outbreak in 2003 the process of revising the IHR was accelerated. In 2005, after a process of ten years, the revised IHR were published.[83]

The aims of the IHR 2005 are explained in the second article: 'to prevent, to protect against, control, and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.'[84] The main differences between the IHR 2005 and the 1969 IHR are: shift from containment at the border to containment at the source of the event, shift from rather small disease list required to be reported to all public health risks, including chemical and radio nuclear threats, shift from preset measured to tailored responses with more flexibility to deal with the local situations on the ground and the advice of the emergency committee.[85] The aims of the IHR 2005 clearly are in line with the emergence of the paradigm of human security and the idea of globalization. It represents an encroachment of state sovereignty by the international community to safeguard the wellbeing of the individual.

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[79] Ibidem, 18.

[80] Ibidem, 26.

[81] Ibidem, 26-27.

[82] Andrus *et al*, 1-4.

[83] "Strengthening health security by implementing the International Health Regulations (2005)," WHO.

[84] WHO, *International Health Regulations (2005): second edition* (Geneva: WHO Press, 2008), 10.

[85] Andrus *et al*, 2.

We described four phases in the history of (global) health governance. Global health security as a term only emerged in the fourth phase. It is the relationship between the idea of 'globalization' and the human security paradigm which makes global health security a new phenomenon. It is in the fourth phase that security and health are linked. The health-security nexus therefore is not 'natural', but rather socially constructed. The main advocates for this connection are the Western states. Through the WHO, global health security was eventually broadly accepted within the UN and international politics.

The Ebola Response

In the UNSC meeting of 18 September 2014 resolution 2177 was adopted, accepting the initiative by the SG to establish UNMEER and declaring a health crisis 'a threat to international peace and security'. The next day, the UNGA passed resolution 69/1, which formalized UNMEER. With 134 co-sponsors, no other resolution has received so much support.

Resolution 2177 was the third resolution by the UNSC ever to address a health concern, the others being HIV/AIDS resolutions.[86] However, resolution 2177 goes far beyond the mandate of the HIV/AIDS resolutions. Health issues are thus becoming more 'securitized', which fits in the human security paradigm.

We shall now analyze the texts related to the UNSC meeting. The texts, mostly statements, press releases and official reports, are all selected in the month leading up to and shortly after the UNSC meeting. Texts from the following actors are analyzed: UN SG Ban Ki-moon, WHO Director-General (DG) Dr. Margaret Chan, MSF President Joanne Lui, President of the US Barack Obama and UNSC member states.

When analyzing discourses, it is important to remember that not all actors are equally influential or powerful. Some states or individuals exert more influence than others. The same is true for certain positions in a discourse or representations of an issue. Additionally, texts are openly published and therefore phrased in a certain way. We focus on the knowledge-power relationship, underlying assumptions, representations and discursive space.

UNSG Ban Ki-Moon

In the two identical letters sent by the SG to the UNSC and UNGA on 17 September 2014, Ban Ki-moon, as the most influential UN official, voiced the need for an immediate response to the rapidly worsening situation in West-Africa. The SG frames the issue as following:

> 'It is clear that the Ebola crisis is no longer just a public health crisis, but has become multidimensional, with significant political, social, economic, humanitarian, logistical and security dimension.'[87]

Ban Ki-moon, through the use of adjectives, stresses the importance of a quick response and uses the full potential of his office to bring about action. He also defines the Ebola outbreak

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[86] "Security Council response to Ebola paves way for future action," Michael R. Snyder, The Global Observatory, last modified on 04-12-2014, accessed 28-12-2015, http://theglobalobservatory.org/2014/12/security-council-response-ebola-action/.
[87] 'Identical letters dated 17 September 2014 from the Secretary-General addressed to the President of the General Assembly and the President of the Security Council.'

as not only a health crisis, but a multidimensional crisis. This is an argument which legitimizes the UNSC meeting. The SG concludes in his letter:

> 'I intend to make maximum use of the authority provided to me, including in the area of human resources, in order to promote the timely and effective response to the Ebola crisis.
>
> No one country, no one organization has the resources to stem the tide of the Ebola crisis. (…) The Governments and the people of West Africa have asked for our help. We must come together as one United Nations, and we call upon Member States to join us in answering their call.'[88]

In this conclusion, the SG stresses not only the moral obligation to help people, but also the UN as an international organization designed to react to and solve crises. Ban Ki-moon represents the Ebola outbreak as affecting all people and the UN as the only capable actor of mustering a response. The UN's role in responding to the crisis is further set out by the SG in his opening statement at the UNSC meeting:

> 'Only twice before has the Security Council met to discuss the security implications of a public health issue -- both times on the AIDS epidemic. Like those meetings, today's session on the outbreak of Ebola in West Africa is timely and clearly warranted.'[89]

In this remark the SG argues that a meeting on health issues is rare, but not uncommon. By stating this the SG legitimizes the meeting, but also underpins its significance. It can be interpreted as an attempt to 'naturalize' the discussion of health issues in the UNSC.

> 'The Ebola crisis has evolved into a complex emergency, with significant political, social, economic, humanitarian and security dimensions. The suffering and spillover effects in the region and beyond demand the attention of the entire world. Ebola matters to us all.'[90]

The SG argues that Ebola is a significant threat that goes beyond the means of single states. Implicit to this statement, the SG believes the UN is the platform in the world to address the crisis. Not only does Ebola affect the health systems, it also interrupts economic and social life in the affected countries which leads to insecurity. Here the link between health issues and security threats is openly established.

> 'The gravity and scale of the situation now require a level of international action unprecedented for a health emergency.'[91]

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[88] Ibidem.

[89] "Secretary-General's Remarks to the Security Council on Ebola," United Nations Secretary-General Ban Ki-moon, accessed on 20-09-2015, http://www.un.org/sg/statements/index.asp?nid=7999.

[90] Ibidem.

[91] Ibidem.

This sentence is important because it clearly underlines the rational for legitimizing the UN's actions. However, the UN does have the organization, i.e. WHO, and mechanisms, e.g. IHR, in place to respond to health crises. These are however clearly not sufficient to curb Ebola and have therefore failed.

> 'Despite these wide-ranging efforts [by the WHO], the spread of the disease is outpacing the response. No single government can manage the crisis on its own. The United Nations cannot do it alone.
>
> This unprecedented situation requires unprecedented steps to save lives and safeguard peace security. Therefore, I have decided to establish a UN emergency health mission, combining the WHO's strategic perspective with a very strong logistics and operational capability.'[92]

The legitimizing act and logic is very clear in this paragraph. Moreover, the link between health crisis and the security dimension is clearly made. The underlying assumption here is that security and health are two sides of the same coin: in a secure environment health can be safeguarded and vice versa.

WHO DG Dr. Margaret Chan

Dr. Chan gave a statement in the UNSC meeting. It is important to note that the WHO as the international health organization was widely criticized in its late response. This will be addressed later.

> 'This virus, this deadly and dreaded Ebola virus, got ahead of us in a fast-moving outbreak as described by Dr Nabarro[93], that keeps delivering one surprise after another. Now we must catch up, in the most urgent and pragmatic way possible.
>
> In the hardest hit countries, an exponentially rising caseload threatens to push governments to the brink of state failure.
>
> WHO has successfully managed many big outbreaks in recent years.
>
> But this Ebola event is different. Very different.
>
> This is likely the greatest peacetime challenge that the United Nations and its agencies have ever faced.

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[92] Ibidem.
[93] Dr. David Nabarro is the Senior United Nations System Coordinator for Ebola.

> None of us experienced in containing outbreaks has ever seen, in our lifetimes, an emergency on this scale, with this degree of suffering, and with this magnitude of cascading consequences.

> 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.'[94]

The statement defends the WHO's efforts by categorizing Ebola as unprecedented, distinguishing it as something extraordinary in magnitude and consequence. Chan also stipulates the multidimensional aspect of Ebola, as it is 'not just a public health crisis'. By declaring that the affected states are at the brink of state failure, it seems Chan hopes to move the member states to act. The crisis also legitimizes the UNSC meeting by warning for a 'traditional' security threat, i.e. state failure. Also observable in the final paragraph Chan legitimizes action the UNSC and mentions the transnational nature of health risks in a globalized world by once again emphasizing the extraordinary nature and danger.

> 'We face a situation of unprecedented population movements criss-crossing west Africa's porous borders. Other countries will have to deal, in the same aggressive way, with imported cases, especially in this era of unprecedented international air travel.'[95]

MSF President Joanne Liu

Two weeks before the UNSC meeting, on 2 September 2014 MSF President Joanne Liu addressed all UN member states on the situation in West Africa. MSF's exceptional role in the Ebola outbreak has been shown and it is therefore an influential actor. Liu argues:

> 'Six months into the worst Ebola epidemic in history, the world is losing the battle to contain it. Leaders are failing to come to grips with this transnational threat.

> In West Africa, cases and deaths continue to surge. (…) Entire health systems have crumbled.

> (…)

> MSF has been ringing alarm bells for months, but the response has been too little, too late. The outbreak began six months ago, but was only declared a "Public Health Emergency of International Concern" on August 8.

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[94] "WHO Director-General addresses UN Security Council on Ebola," WHO, accessed on 20-09-2015, http://www.who.int/dg/speeches/2014/security-council-ebola/en/.
[95] Ibidem.

(…)

Lastly, we must change the collective mindset driving the response to the epidemic.

(…)

UN member states cannot focus solely on measures to protect their own borders. Only by battling the epidemic at its roots can we stem it.

This is a transnational crisis, with social, economic and security implications for the African continent.

It is your historic responsibility to act.

(…).'[96]

Liu's statement clearly criticizes not only the WHO, but the international community at large. She attempts to appeal to the member state's moral sense and clearly outlines the consequences of inaction. Liu also resonates the human security paradigm by stating: 'states cannot focus solely on measures to protect their own borders.' She seems to imply that states and the UN should first and foremost protect their citizens. Liu addressed the UN again on 16 September 2014, two days before the UNSC meeting.

'Two weeks ago, I made an urgent appeal (…) for your help in stemming the Ebola epidemic in West Africa. Many other organizations (…) have also described the unfolding catastrophe.

(..)

Today, the response to Ebola continues to fall dangerously behind, and I am forced to reiterate the appeal I made two weeks ago:

We need you on the ground. The window of opportunity to contain this outbreak is closing. We need more countries to stand up, we need greater deployment, and we need it NOW. This robust response must be coordinated, organized and executed under clear chain of command.

 (…)

With every passing week, the epidemic grows exponentially. With every passing week, the response becomes all the more complicated.

(…)

How the world deals with this unprecedented epidemic will be recorded in history

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[96] "United Nations Special Briefing on Ebola," Médecins Sans Frontières, accessed on 19-09-2015, http://www.doctorswithoutborders.org/news-stories/speechopen-letter/united-nations-special-briefing-ebola.

books. This is a regional crisis with economic, social and security implications that reach far beyond the borders of the affected countries.

States have a political and humanitarian responsibility to halt this mounting disaster.

(…)

The first pledges have been made, now more countries must urgently also mobilize. The clock is ticking.'[97]

This statement clearly builds on the former statement. However, the critique is now aimed at the member states. Lui communicates a sense of urgency by stating the speed of the spread of infections. Once more, the link is made between health crisis and (transnational) security threats. But the sentence that stands out is the moral appeal that states have a political and humanitarian responsibility to stop the disaster. This clearly shows the underlying beliefs of the MSF. She does not question the role of the UNSC in the Ebola outbreak as she has one interest, namely to stop Ebola. Two days after the UNSC meeting Liu again gave a statement during a high-level UN meeting on Ebola:

'Today, Ebola is winning.

(…)

There is today a political momentum the world has rarely—if ever—seen.

As world leaders, you will be judged by how you use it.'[98]

Lui is thus being consistent in her statements and is very critical of the UN and its member states.

US President Barack Obama
In the last chapter we outlined the US's role in introducing the term 'global health security' and pushing its agenda. It actually was the US that called for the UNSC meeting, put the Ebola outbreak on the UNSC agenda and drafted resolution 2177. The US therefore is the most powerful actor in the discourse. President Obama's statement in advance to the UNSC meeting is thus thoroughly analyzed. In this statement Obama sets out and justifies the US's response.

'Faced with this outbreak, the world is looking to us, the United States, and it's a

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[97] "MSF International President Addresses UN Briefing on West Africa Ebola Outbreak," Médecins Sans Frontières, accessed on 19-09-2015, http://www.doctorswithoutborders.org/news-stories/speechopen-letter/msf-international-president-addresses-un-briefing-west-africa-ebola.
[98] "MSF International President Addresses High-Level UN Meeting on Ebola," Médecins Sans Frontières, accessed on 19-09-2015, http://www.doctorswithoutborders.org/news-stories/speechopen-letter/msf-international-president-addresses-high-level-un-meeting-ebola.

responsibility that we embrace. We're prepared to take leadership on this to provide the kinds of capabilities that only America has, and to mobilize the world in ways that only America can do. That's what we're doing as we speak.

(…)

Now, here's the hard truth: In West Africa, Ebola is now an epidemic of the likes that we have not seen before. It's spiraling out of control. It is getting worse. It's spreading faster and exponentially. (…) And if the outbreak is not stopped now, we could be looking at hundreds of thousands of people infected, with profound political and economic and security implications for all of us. So this is an epidemic that is not just a threat to regional security -- it's a potential threat to global security if these countries break down, if their economies break down, if people panic. That has profound effects on all of us, even if we are not directly contracting the disease.

(…)

But this is a global threat, and it demands a truly global response. International organizations just have to move faster than they have up until this point. (…) And so we're not restricting these efforts to governmental organizations; we also need NGOs and private philanthropies to work with us in a coordinated fashion in order to maximize the impact of our response.

This week, the United States will chair an emergency meeting of the U.N. Security Council. Next week, I'll join U.N. Secretary General Ban Ki-moon to continue mobilizing the international community around this effort. And then, at the White House, we're going to bring more nations together to strengthen our global health security so that we can better prevent, detect and respond to future outbreaks before they become epidemics.'[99]

Obama claims the exceptional position the US has in the world with regard to 'mobilizing the world' and it has a leadership role in the Ebola outbreak. This clearly empowers the position of the US in any discourse. In the case of global health governance this is the case, since it has managed to successfully introduce the idea of global health security. Obama underpins his call for a broad international response, including private parties, by emphasizing the far-reaching security, economic and political implications for all countries. He clearly states that Ebola threatens global security, thus securitizing health issues. Finally, in the last sentence Obama implicitly criticizes the current mechanisms and frameworks in place to guarantee global health security. The US clearly is the strongest advocate of the dominant representation of global health security as it maintains the current regime of truth regarding

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[99] "Remarks by the President on the Ebola Outbreak," The White House: Office of the Press Secretary, accessed on 19-09-2015, https://www.whitehouse.gov/the-press-office/2014/09/16/remarks-president-ebola-outbreak.

global health security.

United Nations Security Council

Lastly, we look at the member states of the UNSC. On 18 September 2014 the UNSC comprised the US, UK, France, Russia China, Chad, Nigeria, Rwanda, Jordan, South Korea, Chile, Argentina, Australia, Luxembourg and Lithuania. Unfortunately, because UNSC membership changes regularly, besides permanent members, and health issues are rarely discussed it is not possible to compare stances of countries. However, research has shown that there are international tensions regarding global health security, specifically by the 'Global South' who feels health security is more about securing 'the West'.[100] This is visible in the statements by states from the 'Global South'. Still resolution 2177 was adopted unanimously. All states agreed that an international response was necessary and appropriate. The US, UK, France, China, Russia, Jordan, Australia, Luxembourg and Lithuania all gave statements in line with the dominant representation of global health security, which understands and frames health issues as global/regional security threats. Their statements are in line with earlier remarks made by President Obama and SG Ban Ki-moon. Just to give a few examples:

> Ms. Murmokaité (Lithuania): 'The Ebola outbreak is a test of international solidarity and our readiness to respond to unconventional threats which, if unchecked, can be as devastating as any conflict, with far-reaching consequences.'[101]

> Mr. Wang Min (China): 'The Ebola crisis has already transformed from a public health issue into a complicated and multifaceted problem, impacting politics, security, economies and societies of the countries concerned and threatening the security of international public health. Therefore, fighting the Ebola pandemic is not only a task of African countries and their peoples, but also a common responsibility of all countries in the world.'[102]

> Ms. Lucas (Luxembourg): 'To stop the Ebola epidemic, we must use all means – public and private, civil and military – at our disposal. The United Nations has a key role to play in coordinating this global effort. That is the reason for United Nations Mission for Ebola Emergency Response, which has just been announced by the Secretary-General. We fully support the launching of the Mission as soon as possible.'[103]

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[100] Simon Rushton, "Global Health Security: Security for Whom? Security from What?" *Political Studies* vol. 59 (2011): 779.

[101] United Nations Security Council, Provisional Record of the 7268th meeting on Thursday 18 September 2014, 14-15/50.

[102] Ibidem, 15/50.

[103] Ibidem, 18/50.

The more aberrant statements were delivered by South Korea, Chad, Argentina and Chile. In their statements, we can discover critique of the dominant representation of health security.

> Mr. Oh Joon (South Korea): 'The spread of a disease may not normally fall within the domain of our traditional understanding of peace and security. However, this Ebola crisis is unravelling the very fabric of the affected societies and threatening the gains made through our international peacebuilding activities in those countries. As such, peace and security are under serious threat nationally, regionally and globally.[104]

South Korea clearly underlines the unusual nature of the UNSC meeting, as it does not fall in our contemporary understanding of the UNSC's purview. According to South Korea, the UNSC response is justified because peace and security is at stake in the affected countries and beyond. South Korea thus questions the extraordinary procedure, but deems it appropriate in this case. This underpins the UNSC as the legitimate international crisis-management body. Chad agrees with South Korea, but shares it critique of the response.

> Mr. Mangaral (Chad): 'We are pleased at the somewhat tardy response of the international community, led by the Secretary Council. Today's meeting devoted to Ebola shows a collective growing awareness of the gravity of the situation, particularly through resolution 2177 (2014) (…)'[105]

Chad believes that the response was overdue, but much needed. Chad views the course of action as 'to be expected' and the UNSC as the appropriate forum to discuss health crises. The noteworthy part of their statement is the assertiveness and boldness to call the response 'tardy'. Argentina is more outspoken of the UN response.

> Mrs. Perceval (Argentina): 'Its [Ebola] implications and it threats it involves us all and demands a global response. (…) The gravity of the current Ebola epidemic unquestionably justifies our meeting today. (...) Because while hunger, poverty and sickness do not cause conflicts, it is also true that situations of insecurity may arise in the wake of so many injustices. (…) In conclusion, I cannot fail to stress that an outbreak of this nature could have been tackled more effectively if the countries of the region had more solid, complete health-care systems with better infrastructure and better-trained human resource capacities. But what we are seeing is the reality of our developing countries. (…) What we are looking at is inequality and injustice. The challenge facing us is about a fairer distribution of wealth and reform of the international financial system in order to create financing for development that is based on solidarity and cooperation, not just handouts to alleviate suffering.'[106]

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[104] Ibidem, 13/50.
[105] Ibidem, 19/50.
[106] Ibidem, 20-21/50.

Argentina voices concern over the Ebola outbreak. It is in their eyes the result of ongoing inequality and injustices in the world. Global health security is according to Argentina only 'relevant' and worth acting on when the interests of wealthy states are threatened. Nonetheless, they support the meeting and deem it 'justified'. Brazil has voiced a similar critique of global health security in 2008 at the WHO executive board by arguing that there is no clear meaning of the term and that there is no consensus on the definition by member states of the WHO.[107] This adds weight to Lorna Weir's conclusion that global health security is largely a Western idea. In conclusion, we look at Chile. The delegate outlines why the UNSC is the forum to discuss the Ebola outbreak.

> Mrs. Barros Melet (Chile): 'The epidemic has been undermining the social and economic stability of those countries, which are emerging from conflict, at a time when they have been pushing ahead with determination in their respective peacebuilding processes. The threats to international peace and security have extended beyond the traditional borders of armed inter- and intra-State conflicts. Therefore, whenever there is a genuine threat of any type or origin to the stability, security and peace in an area or region that is in the process of building peace and supported by United Nations missions, the Council, within the purview of its competencies and representing the international community, must adopt the necessary decisions that will ensure the conditions needed in order for those affected countries to adopt and implement the technical measures and specific policies they need to tackle the emergency.'[108]

If any type of threat threatens the stability, security and peace in an area where a UN mission is active, it is legitimate to discuss it in the UNSC and act accordingly. This is a nuance to statements by other states and assumptions. Chile therefore attempts to limit the risk of a precedent being set by suggesting this provision or condition.

Legitimization of Ebola response

Following from the statements, we can draw some conclusions. Firstly, it is clear that the global health security discourse is fixed. There is hardly any discursive space within the UN to put forward a different representation of a health issue. There are states that voice concern and offer critique, but the underlying assumption, i.e. regime of truth, is not challenged. Representing health issues as security threats is thus accepted and subsequent actions, like the UNSC meeting, are the result of this logic. Security language is used strategically by health organizations and states to gather political attention and resources to tackle health issues by linking health with political, social and economic structures.[109] The threat of Ebola is

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[107] Rushton, 792.
[108] United Nations Security Council, 22/50.
[109] Rushton, 779.

explicitly framed in national, regional and security terms.[110] Most states did not question the nature of the UNSC meeting. Resolution 2177 reaffirmed the discourse, but added a new dimension of what is deemed appropriate and legitimate by the UNSC. The discussion on global health security resembles traditional debates on national and international security issues.

The second observation concerns the power-knowledge relationship. As shown, the US is the dominant actor in the global health security discourse. The US called the emergency meeting and drafted resolution 2177. Ebola was deemed an appropriate topic for a *security* council by the UNSC members. The 'securitization' of health issues is thus accepted as 'natural' and was hardly questioned. The meeting thus reinforced the power-knowledge nexus that was in place and legitimized the UNSC as the forum to discuss health issues.

The last observation concerns the position of non-Western states in the global health security discourse. Lorna Weir argued that there is a difference in representations of health issues between Western states and non-Western states. This difference was noticeable in the development of the global health security discourse and the different representations were also observed in the UNSC meeting with South American states questioning the course of action.

In short, the analysis explains why Ebola was considered an extraordinary health security threat by the UN member states, how Resolution 2177 and UNMEER emerged as a political solution and how other options, if any at all, were shunned aside. We noted no alternative solutions, demonstrating global health security constrains how the UN in the broad sense thinks and categorizes health issues, and what is deemed 'the natural thing' to do. Global health security as 'a regime of truth' constitutes a framework for what can be said and done. There is hardly any discursive space to give a different representation of health issues.

Critique of the WHO

The WHO is criticized over the Ebola response.[111] This was indirectly argued in the analyzed statements. If the WHO had functioned as intended, the UNSC meeting would not have taken place. An internal WHO report concluded that due to poor communication, bureaucracy and incompetent staff WHO failed to react swiftly.[112] Blame was put on the African regional

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[110] International Crisis Group, "The Politics Behind the Ebola Crisis," *Africa Report* no. 232 (28-10-2015): 19.
[111] "Ebola crisis: WHO accused of 'failure' in early response," BBC, last modified on 17-10-2014, accessed on 1-2-2016, http://www.bbc.com/news/world-africa-29668603.
[112] "UN: We botched response to the Ebola outbreak," AP, last modified on 17-10-2014, accessed on 1-2-2016, http://www.bigstory.ap.org/article/6fd22fbcca0c47318cb178596d57dc7a/un-we-botched-response-ebola-outbreak.

office and politically motivated decision-making. Even Dr. Chan pointed the finger at her own organization, claiming she was 'not fully informed of the evolution of the outbreak'.[113] But the problems have been more structural as the WHO has had a difficult time since 1990 to operate and set a global health agenda.[114] This is largely due to lack of funding, inability to change and adapt, competition from NGOs to influence the global health agenda and lack of leadership.[115] Scholars have, in light of the critique, argued for a reform of the WHO.[116] A report from the International Crisis Group, published after the Ebola response, once more reiterates the critique: 'WHO failings are most important for analysis of the international response to the epidemic. UNMEER was one of several reactions to those failings, as is a proposed international reform process. (…) WHO's weak leadership and funding mechanism, however, are central to understanding its poor response capacity.'[117] The suggestions for reform have been supported by reports by health experts and doctors in the wake of the Ebola outbreak.[118]

This paper agrees with the critique. However, public health is a topic that is not high on the international agenda, unless a crisis occurs. Dealing with health crises is a political issue. The UN and its member states only react when their own interests are at stake and therefore organizations, like WHO, fall short. Thus, the WHO has directly and indirectly attributed to the securitization of public health issues. The reform process should be made an international priority as health issues remain a threat in the future. But the reform process will most likely be politicized.

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[113] "Ebola crisis: WHO accused of 'failure' in early response," BBC.

[114] J. Liden, "The World Health Organization and Global Health Governance: post-1990," *Public Health* 128 (2014): 141-147.

[115] Ibidem.

[116] G. Ooms, R. Marten, A. Waris, R. Hammonds, M. Mulumba, E.A. Friedman, "Great expectations for the World Health Organization: a Framework Convention on Global Health to achieve universal health coverage," *Public Health* 128 (2014): 173-178.

[117] International Crisis Group, 21-22.

[118] Suerie Moon *et al*. "Will Ebola change the game? Ten essential reforms before the next pandemic. The report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola," *The Lancet* vol. 386 (28-11-2015): 2204-2221.

Conclusion

This paper analyzed the legitimization process of the 2014-2015 Ebola response by the UNSC within the discourse of global health security. A critical approach was taken in the form of poststructuralism, as it tries to identify and explain how certain issues have been problematized and how the discourse has emerged historically to frame an understanding of problems and solutions.[119] A discourse analysis was conducted of statements surrounding the UNSC meeting of 18 September 2014 made by key actors. Before the discourse analysis, we identified four phases of health governance. Global health security as an idea only came into use during the 1990s and 2000s. The results from the discourse analysis show that the global health security discourse hardly offers any discursive space and that the UNSC meeting reinforced the knowledge-power nexus. However, there are dissenting voices that do not criticize the underlying assumptions, but do criticize the course global health security takes. In other words, while many of the studied actors assume and agree that the 2014-2015 UNSC Ebola response is an extraordinary but legitimate action, there are some who doubt the course of action and worry about the possible precedent. We observed this in the statements made by Chile, Argentina and South Korea.

The research question was: '*How was the response by the UN to the Ebola crisis legitimized within the larger discourse on global health security?*' The conclusion is that the response was legitimized by emphasizing the extraordinary and dangerous nature of the Ebola outbreak. Additionally, the role of the WHO in the response was directly and indirectly criticized. The threat from Ebola was framed in national, regional and international security terms.[120] This fits within the larger global health security discourse. Moreover, it was represented as a genuine threat to human security in the affected countries. Also, it was argued by the studied actors that Ebola could have far-reaching consequences on a national, regional and global level in political, economic and social dimensions. Hence, it was deemed legitimate that the UNSC adopted a resolution and mandated UNMEER to tackle the health threat whereby expanding UNSC's jurisdiction. Expanding the jurisdiction sets a new precedent that opens the door for UNSC resolutions more development issues, like climate change and water scarcity.

This paper hopes to add to the body of international relations literature on global health security from a critical perspective. Discourse analysis as a method to analyze UNSC's

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[119] Chapter 2: Poststructuralism and Discourse Analysis.
[120] International Crisis Group, 19.

discussion on Ebola proved possible. However, as there is limited discursive space in the current discourse more critical research could be conducted on earlier debates in the history of global health governance.

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