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DOI:

[10.1017/S0260210510000537](https://doi.org/10.1017/S0260210510000537)

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Document Version

Publisher's PDF, also known as Version of record

Citation for published version (Harvard):

Herington, J & Curley, M 2011, 'The Securitisation of Infectious Disease: International Norms and Domestic Politics in Asia', *Review of International Studies*, vol. 37, no. 1, pp. 141-166.
<https://doi.org/10.1017/S0260210510000537>

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Review of International Studies / Volume 37 / Issue 01 / January 2011, pp 141 - 166

DOI: 10.1017/S0260210510000537, Published online: 13 July 2010

Link to this article: http://journals.cambridge.org/abstract_S0260210510000537

How to cite this article:

MELISSA G. CURLEY and JONATHAN HERINGTON (2011). The securitisation of avian influenza: international discourses and domestic politics in Asia. *Review of International Studies*, 37, pp 141-166 doi:10.1017/S0260210510000537

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The securitisation of avian influenza: international discourses and domestic politics in Asia

MELISSA G. CURLEY AND JONATHAN HERINGTON*

Abstract. Infectious disease outbreaks primarily affect communities of individuals with little reference to the political borders which contain them; yet, the state is still the primary provider of public health capacity. This duality has profound effects for the way disease is framed as a security issue, and how international organisations, such as the World Health Organization, assist affected countries. The article seeks to explore the role that domestic political relationships play in mediating the treatment of diseases as security issues. Drawing upon an analysis of the securitisation of avian influenza in Vietnam and Indonesia, the article discusses the effect that legitimacy, competing referents and audiences have on the external and internal policy reactions of states to infectious diseases, specifically in their interpretation of disease as a security threat. In doing so, we extend upon existing debates on the Copenhagen School's securitisation framework, particularly on the impact of domestic political structures on securitisation processes in non-Western, non-democratic and transitional states.

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Major outbreaks of infectious disease affect communities of individuals with little reference to the political borders overlaid upon them. Although this has always been the case, the rapid pace of globalisation has meant that in recent times regional disease epidemics are no longer contained by even those natural borders, such as oceans and mountain ranges, which once were effective. Some infectious

* The authors would like to acknowledge Sara E. Davies and Martin Weber for their comments on a previous version, as well as the contributions of three anonymous reviewers.

diseases can now travel at a frightening pace around the world, spurred on by the frequency of trade and the speed of air travel. Public health practitioners have advocated that the problems raised by the globalisation of infectious disease should be addressed with global solutions.¹ However, the state remains the most significant actor within the political arena of global public health protection and the guardian of the resources and organisational capacity to respond effectively. Motivating states to respond to emergent infectious disease threats, such as avian influenza, is thus seen as critical to the maintenance of global public health.

Some, both academics and policy-makers, have argued that the securitisation of health is the most efficacious way to garner resources and attention to global strategies for disease control.² The great potential of constructing infectious disease as a security issue is that it promises the appropriation of considerable resources for the defence of people's well-being; regardless of a state's attitude to public health. The argument proceeds that all states value security, whether or not they value the health of their citizens. While there is a strong case to be made for such a claim, there are also significant caveats which we believe are borne out in the study of empirical cases.

This article begins with the premise that the securitisation of health issues within the international community cannot be treated as a monolithic process. The domestic political and social context within states drives their responses to infectious disease as much, or more so, than the international discourse of health security. A corresponding gulf has emerged between the hopes of the developed world, who initiated the global securitisation of health, and the actions taken by some countries in the developing world. States thus respond to infectious disease emergencies in diverse (and potentially unproductive) ways, even when they embrace the language of security.

Although the literature contains a number of theoretical deconstructions of the link between security and health, empirical analyses of key cases remain scarce. To this end, we examine the case of avian influenza in Vietnam and Indonesia against the backdrop of the international discourse. Drawing from the Copenhagen School's securitisation framework, we analyse the process of securitisation within two countries to present empirical data on how the ostensible shift towards the securitisation of infectious disease is being operationalised in countries facing infectious disease emergencies. The empirical case analysis interrogates how local securitisation processes, that aim to operationalise international public health discourses, rely on fragile state legitimacy, use competing referents and utilise language that is heavily contingent upon the audience to which they are appealing. We suggest that the analysis of such facilitating conditions when studying securitisation processes promotes insights which help us to understand the policy challenges of implementing the global discourse of infectious disease securitisation at the domestic level.

In forwarding the argument, the article is structured into five main sections. The first reviews recent debates linking infectious disease with security; by

¹ Robin A Weiss and Anthony J. McMichael, 'Social and environmental risk factors in the emergence of infectious diseases', *Nature Medicine*, 10 (2004).

² Laurie Garrett, *HIV and National Security: Where are the Links?* (New York: Council on Foreign Relations, 2005); and Peter Piot, 'Global AIDS Pandemic: Time to Turn the Tide', *Science*, 288 (2000).

interrogating discussions on which conditions facilitate disease securitisation, and by identifying gaps within the literature on the types of audiences which are present in that process at the domestic and international level. The second section presents key themes present in recent literature on securitisation processes in non-Western and non-democratic or transitional contexts. Here we review two main aspects of pertinent critiques of securitisation, namely its Eurocentricism, and its focus on linguistic speech act methodology, to establish important conceptual parameters for our discussion of empirical cases in Southeast Asia. The third section presents the empirical cases of Vietnam and Indonesia, focusing on the social and political context in shaping the securitisation process within these polities. Section four discusses how analyses of political legitimacy, domestic referents and audience interaction facilitate greater understanding of the securitisation process, particularly in non-Western, non-democratic and transitional states. Finally, we explore the article's implications for the global public health securitisation agenda, and the role of domestic political structures within the securitisation framework.

Disease as a security issue

Most recent scholarship on disease and security has focused on the context in which disease becomes a security issue. However it has done so by focusing on which diseases have security potential, rather than the socio-political environment in which these securitisations occur. Traditionally, diseases have been the subject of security analysis when they have had an effect on the relative power of the state, particularly during conflict. Conversely, advocates of human security, particularly those of the 'freedom from want' agenda, have proposed that almost any disease is a potential security threat due to its ability to significantly affect the quality of life of an individual.³ Such paradigms have sought to establish the objective 'security-ness' of disease, and play an important role in making sense of the arguments forwarded by actors, but they offer little analytical utility when seeking to explain the interplay between the global and local politics of infectious disease control.

Following the Copenhagen School's work on securitisation, we believe that the crucial component in seeking to understand the plurality of policies is whether the disease can credibly be termed a security issue and hence be accepted by an audience as an existential threat to a referent object.⁴ According to Buzan, Wæver and de Wilde this requires that a set of 'facilitating conditions' be met in order for the disease to be credible as a security issue. Thus coherent analyses of the subject must be able to form a rationale for why some disease outbreaks are accepted as security issues, while others are not.

For the most part, these rationales have focused on the diseases themselves, and have tended to overlook differences between the disease-affected communities. McInnes suggests that, amongst other facilitating conditions, in order for a disease

³ Commission on Human Security, *Human Security Now* (New York: Commission on Human Security, 2003), p. 96.

⁴ Barry Buzan, Ole Wæver and Jaap de Wilde, *Security: A New Framework For Analysis* (London: Lynne Rienner Publishers, 1998), p. 25.

to be successfully securitised: 'it must be perceived as an *extreme threat* to social well being, going beyond the individual to the community'.⁵ A key factor which accelerates this process is the degree to which Western, developed societies have become 'individuated', creating a heightened perception of uncertainty and risk surrounding disease.⁶ Enemark provides a complementary explanation, positing that: 'the health threats most suitable for securitisation are *outbreaks* of infectious diseases – specifically, those that inspire a level of dread disproportionate to their ability to cause illness and death'.⁷ Such pronouncements tend to produce a list of candidate maladies, which include: SARS, HIV/AIDS, Ebola, variant Creutzfeldt-Jakob disease (vCJD) and pandemic influenza.⁸

While McInnes and Enemark's exploration of fear's role in securitising disease might correctly identify *which* diseases are securitised, it raises an equally important question: in *whom* do these diseases inspire dread? How do audiences come to fear these diseases and view them as security threats? McInnes' emphasis on the 'risk society' is a well rounded dissection of how certain diseases become securitised within the developed world, but it is unclear what utility it possesses outside of risk societies, or even outside of the Western-context.⁹ While McInnes has therefore dealt with the 'facilitating conditions' which inform the reaction of a developed world audience to securitising attempts, the lack of a systemic discussion on the role of audiences within his framework hampers the applicability of the analysis to non-risk society contexts.

Audiences, be they groups of individuals or communities, are widely divergent in the way that they understand threats and the way they become fearful. For Buzan, Wæver and de Wilde, the audience is the primary judge of whether an issue warrants security attention, and in order for that imprimatur to be given, the securitising actor must convince the audience that the issue represents an existential threat to a referent *they* value.¹⁰ This process, as we discuss below and as is recounted in detail elsewhere, should not be understood as merely an act of persuasion; there are critical questions of social structuring and linguistic legitimacy which inform this process. It is important to note, however, that within securitisation studies generally, the role that the audience plays in the construction of threats is seldom acknowledged, and its relationship to the state, the threat

⁵ Other facilitating conditions posited by McInnes suggest that in order for a disease to be recognised as a security issue: 'it must have *substantial political effect*; it cannot be dealt with nationally or has *implications beyond national borders*; and it has *legitimacy* as a security issue – a claim is made that the issue can be presented as a threat in security terms.' (emphasis in original); Kelley Lee and Colin McInnes, 'A conceptual framework for research and policy', in Ingram (ed.), *Health, Foreign Policy and Security: Towards a Conceptual Framework for Research and Policy* (London: Nuffield Trust, 2004), p. 15.

⁶ Colin McInnes, *Health, Security and the Risk Society* (London: The Nuffield Trust, 2005), p. 13; Bill Durodié, 'The Concept of Risk' (London: The Nuffield Trust, 2005).

⁷ Christian Enemark, *Disease and Security: Natural Plagues and Biological Weapons in East Asia* (London: Routledge, 2007), p. 8.

⁸ Excluding HIV/AIDS, these diseases account for a very small number of deaths when compared to malaria, cholera or tuberculosis, see Roger I Glass, 'Perceived Threats and Real Killers', *Science*, 304 (2004).

⁹ For the limits of the risk society, see Ulrich Beck, *Living in the World Risk Society*, Speech delivered 15 February 2006, London School of Economics and Political Science, London. Transcript available at: {<http://www.lse.ac.uk/collections/LSEPublicLecturesAndEvents/events/2006/20051215t1424z001.htm>} accessed on 17 September 2008, p. 18.

¹⁰ Buzan, Wæver and de Wilde, *Security*, p. 31.

being constructed, and the securitising actor is rarely analysed.¹¹ The focus has rather been on the securitising actor (what speech they use, how *they* securitise) and the objective facets of threats which make them conducive to securitising processes.

In line with this critique of securitisation theory, a growing body of literature, from both theoretical and empirical perspectives, has questioned the ability of Buzan, Wæver and de Wilde's framework to adequately incorporate the social and political context within which securitisation processes occur. Two aspects of the critique of the securitisation framework are useful in our discussion of disease and health. The first relates generally to the Eurocentricism and 'democratic bias' of the framework, which suggests that processes of securitisation proceed in different, and possibly non-linear and more fragmented ways, than in democratic systems. The second relates to securitisation's supposed over-emphasis on linguistic speech acts as the primary evidence to locate cases of securitisation, neglecting other potentially viable and important non-verbal ways in which the audience responds to the securitising goals of the state.

We believe, along with others,¹² that supplementary concepts – such as non-verbal forms of political communication – do not pose a methodological challenge to the fundamental concept of securitisation *per se*. However, we suggest that the application of a purely linguistic analysis in non-democratic and transitional East Asian contexts does not adequately take into account the specific negotiated relationships between the 'audience' and political elites (or senders and receivers of speech acts), such that corresponding analysis of empirical cases are devoid of hermeneutic depth and recognition of the situated audience. The article does not attempt to undertake an exhaustive analysis of the degree of, and factors responsible for, H5N1 securitisation in the case studies. Rather the comparative case analysis informs our argument about the need to better understand the complexity of audience situatedness in the process of securitising infectious disease, specifically in relation to the interplay between global public health discourse and its impact on, and implementation within, the state. In sum then, our critique is directed towards the analytical prejudices of securitisation theory, using empirical insights from cases in Southeast Asia to support our contention.

Securitisation studies in non-Western/non-democratic contexts

Critiques of the securitisation framework are not new and an extensive review of these theoretical discussions can be found elsewhere.¹³ More attention has been paid in recent debates to the application of securitisation outside the European

¹¹ Thierry Balzacq, 'The Three Faces of Securitization: Political Agency, Audience and Context', *European Journal of International Relations*, 11 (2005), p. 182.

¹² Holger Stritzel, 'Towards a Theory of Securitization: Copenhagen and Beyond', *European Journal of International Relations*, 13 (2007), p. 369.

¹³ Lene Hansen, 'The Little Mermaid's Silent Security Dilemma and the Absence of Gender in the Copenhagen School', *Millennium: Journal of International Studies*, 29 (2000); and Bill McSweeney, 'Durkheim and the Copenhagen school: A response to Buzan and Wæver', *Review of International Studies*, 24 (1998); Michael C. Williams, 'Words, Images, enemies: Securitization and International Politics', *International Studies Quarterly*, 47 (2003).

context. Critiques relating to the framework's Eurocentricism – and the fact that little work has been done on processes of securitisation in non-Western, non-democratic, or indeed Asian contexts – are becoming more apparent. Wilkinson for example has argued that despite claims to the contrary, the Copenhagen School is yet to escape what she calls the 'Westphalian straitjacket' because of an institutionalised Eurocentricism.¹⁴ This is most obvious she argues when the Euro-American model of the state and its political culture are assumed to be valid globally. The model assumes the presence of democratic processes, where 'the "state" and "society" take on a normative dimension, the assumption being that they can be used directly and are understood in "Western" rather than local terms and contexts'.¹⁵ An important methodological implication is that when expectations of securitisation theory meet empirical evidence, this so-called straitjacket 'acts as an editor, highlighting similarities to the Euro-American model, rephrasing to better suit Western understanding and excising specificities deemed irrelevant to the Western model'.¹⁶

These recent debates have been explored empirically for example in the context of post-Soviet Russia and USSR successor states,¹⁷ newly independent Central Asian states,¹⁸ and in South Asia in relation to Bangladeshi migrants to India.¹⁹ Common themes of these works illustrate that the state is by no means a unitary actor, and there remain various influences over state policy and its capacity to implement security policy. Furthermore, multiple sources of 'threats' compete for attention as referent objects of security within the state apparatus. In some cases defining the referent object of security in post-colonial and transitional states becomes a reflection of wider contestations over state-building and other internal power struggles between competing social groups and elites.²⁰ The implications of competing referent objects for the securitisation of infectious disease will be taken up later in the case study analysis and in the conclusion.

While Buzan and Waever's work, *Regions and Powers* (2003), goes some way to recognise the need for securitisation theory to be more fluid – by emphasising the importance of diverse security sectors and levels of analysis – its overall focus has been criticised for paying scant attention to actually developing those ideas.²¹ As Hoogensen suggests, while Buzan and Waever argue that 'leaders and peoples have considerable freedom to determine what they do and do not define as security threats [...] these ideas receive little attention [...] because these dynamics largely transcend traditional, state-based security thinking (whether from above or from

¹⁴ Claire Wilkinson, 'The Copenhagen School on Tour in Kyrgyzstan: Is Securitization Theory Useable Outside Europe?', *Security Dialogue*, 38 (2007), p. 8.

¹⁵ *Ibid.*, p. 7.

¹⁶ *Ibid.*

¹⁷ Anna Grzymala-Busse and Pauline Jones Luong, 'Reconceptualizing the State: Lessons from Post-Communism', *Politics and Society*, 30 (2002).

¹⁸ Kathleen Collins, 'Clans, Pacts and Politics in Central Asia', *Journal of Democracy*, 13 (2002); and Nicole Jackson, 'Human Trafficking in Post-Soviet Central Asia: A Critique of the Securitisation Framework', in Curley and Siu-lun (eds), *Security and Migration in Asia: The Dynamics of Securitisation* (London: Routledge, 2008).

¹⁹ Priyanka Upadhyaya, 'Securitisation Matrix in South Asia; Bangladeshi Migrants as Enemy Aliens', in Caballero-Anthony, Emmers and Acharya (eds), *Non-Traditional Security in Asia. Dilemmas in Securitization* (Aldershot: Ashgate, 2006).

²⁰ *Ibid.*

²¹ Barry Buzan and Ole Wæver, *Regions and Powers: The Structure of International Society* (Cambridge: Cambridge University Press, 2003).

below).²² The implication is that other levels and forms of politics (such as clan ties, personal networks of influence, and informal regime behaviour) need to be incorporated methodologically when analysing the production of security discourses.

This resonates particularly within the context of Indonesia, where a geographically fragmented state faces the challenge of implementing health policies uniformly over provinces, and where local political relationships may hinder or render national level policy dictates ineffectual. As in many transitional and post-colonial state contexts, the degree of communication possible between state elites and citizens at the grassroots level varies. Divergences in socio-economic and political conditions clearly impact on state-civil society relations, and the capacity and ability of citizens to protest and voice opinions over state security speech acts. The degree to which one can say that an 'audience' accepts securitising speech acts in these polities is challenged by the nature and 'volume' of the communication of the existential threat. This in turn can be limited by state responses, geographical distance, and political willingness on the part of local officials.

The second major critique of relevance is securitisation's emphasis on linguistic speech acts as the main vehicle for identifying and validating cases of securitisation. Like others, we argue that an overly linguistic rule-generating approach to determining securitisation marginalises the ways in which the audience responds to, and resists or ignores, securitising attempts by the state, or an international organisation. As Balzacq notes, securitisation is perhaps better understood as a 'strategic (pragmatic) practice that occurs within, and as part of, a configuration of circumstances, including the context, psycho-cultural disposition of the audience, and the power that both speaker and listener bring to the interaction'.²³ Balzacq's aim is to relocate securitisation away from speech act theory, which he believes is theoretically unsuited to dealing comprehensively with the audience-centred nature of the construction process.²⁴

The debate about domestic context and securitisation fundamentally relates to the question of audience acceptance – an important part of how securitisation is identified and validated.²⁵ Vuori has been interested in examining how the securitisation framework's dichotomy of 'normal' and 'special' (or security) politics functions in non-democratic contexts.²⁶ He notes that the definition of 'audience acceptance' in the Copenhagen school's work on securitisation is left 'undefined'.²⁷ He argues that understanding the dynamics of securitisation in non-democratic political orders – via his empirical work on China – is crucial if securitisation theory is to be a theory about security discourse formation. Like Wilkinson, he argues securitisation has a bias towards democratic decision-making systems and that it is tempting to believe that 'special politics' is not applicable to

²² Gunhild Hoogensen, 'Bottoms Up! A Toast to Regional Security', *International Studies Review*, 7 (2005), pp. 271–2.

²³ Balzacq, 'The Three Faces of Securitization: Political Agency, Audience and Context', p. 172.

²⁴ *Ibid.*, p. 180.

²⁵ *Ibid.*, p. 184.

²⁶ Juha A. Vuori, 'Illocutionary Logic and Strands of Securitization: Applying the Theory of Securitisation to the Study of Non-Democratic Political Orders', *European Journal of International Relations*, 14 (2008).

²⁷ *Ibid.*, p. 69.

non-democratic systems because ‘there are no democratic process to begin with’.²⁸ On the contrary, he argues that non-democratic systems also need to justify and participate in securitising rhetoric, because the desire for political legitimacy is a common factor across both democratic and non-democratic systems.²⁹

Furthermore, recent work on securitisation in Asia suggests that it is difficult to define the location of ‘normal’ political practice in post-colonial states.³⁰ Separating ‘security’ politics from ‘normal’ politics is problematic when they appear at times to be mutually constitutive.³¹ Vuori, for example, criticises the category of ‘special’ politics, asserting that, what this ‘special’ kind of politics means has ‘largely been left undefined’ by the Copenhagen School.³² He usefully suggests that special politics has conceptual utility in non-democratic systems, in that it does not *necessarily* have to represent securitisation in terms of ‘breaking rules’ (read democratic ones); but rather that in totalitarian socialist systems such as China and Vietnam, ‘struggle and antagonistic contradiction among enemies can sometimes be considered “normal” politics, or politics following the “rules”’.³³ Furthermore, his use of Kluver’s work on the three different audiences for propaganda in China can tentatively identify different audiences in Vietnam for application in our case analysis. These are: ‘(1) officials for whom official language is a game and a tool for social impact, (2) intellectuals for whom official language is a tool of aggression and defence, and (3) the masses for whom official languages is transformatory, it legitimates and delegitimates different forms of action.’³⁴ Although we analyse security discourses around infectious disease and not party propaganda, these categorisations help to differentiate between audience types within Vietnam’s authoritarian domestic political structure, which is markedly different from that analysed in the democratising, transitional state of Indonesia.

In sum, this brief review has illustrated that when considering the securitisation of international health discourses in domestic contexts, one must take into account local factors which impact on the process of securitisation. Here, critiques of securitisation methodology illustrate two points. Firstly, that caution must be paid to how securitisation proceeds in non-democratic systems; in terms of the ability and capacity of citizens to understand and then ‘accept’ securitising rhetoric, but also in analysing the motives that elites have in securitising disease. Secondly, emphasis on the speech act alone to identify and validate health securitisation omits other potentially useful sources of action/resistance. These are in addition to

²⁸ Ibid., p. 68.

²⁹ Ibid.

³⁰ See Ibid; Mely Caballero-Anthony, Ralf Emmers and Amitav Acharya (eds), *Non-traditional security in Asia: dilemmas in securitization* (Aldershot: Ashgate, 2006); and Melissa Curley and Siu-lun Wong (eds), *Security and Migration in Asia: The Dynamics of Securitisation* (London: Routledge, 2008).

³¹ Joseph Liow, ‘Malaysia’s Approach to Indonesian Migrant Labour: Securitization, Politics, or Catharsis?’, in Caballero-Anthony, Emmers and Acharya (eds), *Non-Traditional Security in Asia: Dilemmas in Securitization* (Aldershot: Ashgate, 2006); see also Introduction, Conclusion and chapter by Elizabeth Wishnick, ‘The Securitisation of Chinese Migration to the Russian Far East’, in Curley and Siu-lun (eds), *Security and Migration in Asia: The Dynamics of Securitisation* (London: Routledge, 2008).

³² Vuori, ‘Illocutionary Logic and Strands of Securitization’, p. 69.

³³ Ibid. This is precisely the contradiction identified in Joseph Liow’s critique of the securitisation framework in his examination of Malaysia’s approach to Indonesian migrant labour Liow, ‘Malaysia’s Approach to Indonesian Migrant Labour’, pp. 61–2.

³⁴ Vuori, ‘Illocutionary Logic and Strands of Securitization’, p. 70.

other contextual factors, such as geo-political considerations and state-periphery relations, which in turn are interconnected to methods of internal state communication and control. The discussion of 'normal' and 'security' politics suggests that attempts to locate and 'prove' that international health norms have been securitised face considerable complexity in the face of the above factors.

The WHO and the 'Health Security' agenda

The WHO and the World Organisation for Animal Health (OIE) are the two primary international organisations charged with providing technical advice and assistance to avian influenza affected countries. Additionally, the Global Influenza Surveillance Network (GISN), whose technical laboratories are located primarily in a small number of developed states and which is coordinated by the WHO, provides the scientific support and surveillance infrastructure for monitoring the spread of the disease.³⁵ Importantly, the surveillance aspect of this network primarily relies upon the cooperation of member states in notifying the WHO or OIE when outbreaks in either humans or animals occur.³⁶ This network, along with the WHO and OIE more generally, form the basis of the international community's assistance and coordination network for avian influenza.

Although a number of discourses operate within global health governance,³⁷ the WHO and GISN have recently seen a marked shift in the rhetoric which guides their response to infectious disease emergencies, such as pandemic influenza. With its roots in earlier debates surrounding human security, and spurred on by the securitisation of HIV/AIDS in the late 1990s and the emergence of SARS in 2002, the securitisation of infectious disease emergencies has become one of the dominant features of global health governance.³⁸ The 2007 World Health Report, entitled *A Safer Future: Global Public Health Security in the 21st Century*, entrenches the link between the language of security and the practice of public health within the global health governance agenda.³⁹ Focusing on emerging microbial threats and catastrophic disasters it embraces security language, a threat assessment methodology and even a 'security aesthetic' (see, for instance, the stamped stencil motif throughout the report, reminiscent of military intelligence reports). The creation of the Global Outbreak Alert and Response Network (GOARN) in 2002, coupled with an expansion of the powers of the WHO under the revised International Health Regulations of 2005, have also been suggested as key signs of increasing

³⁵ Kelley Lee and David P Fidler, 'Avian and pandemic influenza: Progress and problems with health governance', *Global Public Health*, 2 (2007), p. 218.

³⁶ Recent advances within the International Health Regulations, although extending the WHO's powers, do not fundamentally change the reliance on states to accurately report see *Ibid.*, p. 221.

³⁷ Kelley Lee, 'Understandings of global health governance: the contested landscape' in Kay and Williams (eds), *Global Health Governance: Crisis, Institutions and Political Economy* (London: Palgrave Macmillan, 2009).

³⁸ Sara E Davies, 'Securitizing Infectious Disease', *International Affairs*, 84 (2008); and Stefan Elbe, 'Should HIV/AIDS be securitized? The ethical dilemmas of linking HIV/AIDS and security', *International Studies Quarterly*, 50 (2006).

³⁹ World Health Organisation, *World Health Report 2007: A Safer Future – Global Public Health Security in the 21st Century* (Geneva: World Health Organisation, 2007).

securitisation.⁴⁰ Accompanying this change in the global health governance discourse have been similar shifts in the national policies of many developed nations to incorporate a significant security dimension into their health initiatives.⁴¹ These developments amongst the international community have been of critical importance in generating a strong link between infectious disease and security amongst a wider cross-section of policy practitioners than was previously the case.

Few accounts have analysed how this discourse has been operationalised in countries affected by an epidemic that threatens international public health.⁴² To address this gap, we evaluate the response of Vietnam and Indonesia, to the outbreak of H5N1 influenza amongst their poultry. In analysing to what degree, and which, domestic factors account for variance in response to the securitisation of global public health, we examine bureaucratic and community resistance, core-periphery relations and socio-political discourses as variables that impact on the state's capacity and motivation to securitise infectious disease.

Vietnam, Indonesia and the control of avian influenza

Vietnam and Indonesia provide useful contexts in which to interrogate the universality of the construction of security issues as is usually modelled in the paradigmatic version of securitisation studies. Neither case is a liberal democratic state of the type frequently present in European securitisation studies. In this sense, they provide a good opportunity to test some of the theoretical critiques and innovations enumerated above. It should be noted that by focusing on Southeast Asian states we do not deny that the process of constructing security in Western democratic states could be similarly fraught and contested. Nor should this article be viewed as an exhaustive study of securitisation in non-democratic contexts. We therefore merely view the following cases as suggestive of theoretical silences which studies of securitisation in non-democratic, transitional and non-Western contexts must be careful to examine.

From a methodological point of view, Indonesia and Vietnam provide fertile ground for comparison of moves to securitise infectious disease. Both are developing countries with high growth economies and large populations, the demographics of which are changing from largely agrarian to urbanised societies.⁴³ Both have significant poultry sectors and a history of subsistence farming using poultry as a basis.⁴⁴ Most importantly, both nations have been, at differing times,

⁴⁰ Davies, 'Securitising infectious disease'. p. 301.

⁴¹ Lee and Fidler, 'Avian and pandemic influenza', p. 221.

⁴² The majority of studies have focused on the discourse in developed countries or at the international level. See Alexander Kelle. *Discourses on the Securitisation of Public Health – a Survey of Four Countries* (2006), available at: {http://www.brad.ac.uk/acad/sbtwc/regrev/kelle_securitisationPH.pdf} accessed on 11 March 2009)

⁴³ J Rushton, R Viscarra, E Guerne Bleich and A McLeod, 'Impact of avian influenza outbreaks in the poultry sectors of five South East Asian countries (Cambodia, Indonesia, Lao PDR, Thailand, Viet Nam) outbreak costs, responses and potential long term control', *World's Poultry Science Journal*, 61 (2005), pp. 492–93.

⁴⁴ *Ibid.*, pp. 496, 499.

the epicentre of human and avian cases of H5N1 influenza.⁴⁵ Therefore, the threat which they faced from avian influenza, although it peaked at different times, can be said to be roughly similar for the purposes of a macro level political discussion. For a study which seeks to interrogate the 'facilitating conditions' of political legitimacy, audience acceptance and claims to 'securityness', the comparability of the threat faced by the two polities is important.

Equally important is that the states under consideration have some important differences in their political structure and processes, the role of civil society and the media, and the domestic and international legitimacy of their leaders. We do not claim to make definitive causal statements about the relationship between such variables and the degree and nature of H5N1 securitisation during the period under analysis. Rather, by investigating these 'non-threat facilitating conditions' we provide empirical evidence on the fraught nature of securitising processes outside the Western-democratic state, and outline future avenues for research on the securitisation of infectious disease in those environments.

Throughout the case studies, speech acts, resource allocations, administrative changes, policy 'action', and audience 'reaction' are used as indicators of the process of securitisation. This approach does not seek to provide proof that avian influenza has, or has not been securitised 'successfully'; rather it places the securitising moves (or lack thereof) of the government against the role of political structures and audience reactions in influencing the overall outcome of health securitisation.

Vietnam

Since 2003, Vietnam has suffered two major outbreaks of the H5N1 virus in humans, corresponding to the northern hemisphere winter and spring.⁴⁶ The first, occurring in the first few months of 2004, resulted in 23 human cases of the disease. The second, occurring from late 2004 until the middle of 2005, resulted in a further 62 cases. From December 2005, Vietnam reported no cases of human infection for almost two years, before a small number of isolated cases since July 2007.

Importantly, while the human cases form the nexus of concern for the WHO and GISN, the epidemic has a far greater reach amongst Vietnam's poultry industry and domestic waterfowl. Vietnam's traditional agricultural system is uniquely suited to sustained, and sometimes undetectable, transmission of the H5N1 virus amongst birds.⁴⁷ Not surprisingly, outbreaks amongst poultry have been a regular feature of Vietnam's provinces since 2003, even when no new human cases were emerging. At one point, 20 per cent of the country's poultry were

⁴⁵ World Health Organisation, *WHO/WPRO – Officially Confirmed Human Influenza A/H5N1 Cases (23 August 2007)*, available at: {http://www.wpro.who.int/sites/csr/data/data_Tables.htm} accessed on 31 August 2007.

⁴⁶ Data extracted from World Health Organisation, *WHO/WPRO – Human Avian Influenza A/H5N1 Cases by Onset Date*, available at: {http://www.wpro.who.int/sites/csr/data/data_Graphs.htm} accessed 10 September 2007.

⁴⁷ Alessandro Cristalli and Ilaria Capua, 'Practical Problems in Controlling H5N1 High Pathogenicity Avian Influenza at Village Level in Vietnam and Introduction of Biosecurity Measures', *Avian Diseases*, 51 (2007), p. 462.

slaughtered in an effort to control the disease – a massive blow to the short-term economic stability of rural agricultural areas, where 80 per cent of Vietnam's population resides.⁴⁸

The Vietnamese government's response to the outbreak of avian influenza started slowly. In 2003, as the first sporadic cases of H5N1 influenza appeared, provincial governments struggled to identify the disease and notify central and international authorities.⁴⁹ Likely to a combination of deliberate bureaucratic obfuscation and a lack of capacity, the response to these initial avian and human outbreaks in disparate provinces was sluggish and pursued through an under-resourced public health apparatus.⁵⁰

However, once the gravity and scale of the outbreak became apparent – and impossible to quarantine from the oversight of international organisations – in January 2004, efforts to securitise the disease were swift. Chairing a Politburo-level National Steering Committee on Avian Influenza, the Prime Minister demanded that the epidemic be contained by the end of February through a widespread culling programme, which would involve 'all State apparatuses and administrative bodies of all levels'.⁵¹ From this point forward, the Vietnamese central government's rhetoric and the tone of its response remained remarkably consistent. From 2004 until 2008 security language was frequently invoked, comparatively large budgetary allocations were made and the central government reinforced its control by limiting resistance to emergency measures. Its cooperation with the WHO and OIE, although occasionally plagued by capacity constraints, was also consistently good.⁵²

In the context of an ongoing and severe avian epidemic, the government's domestic rhetoric surrounding bird flu since February 2004 has been highly securitised, and focused on placing the economic wellbeing of the Vietnamese state as the referent object. In May 2005, after multiple bouts of culling in infected areas, the Vietnamese government began an extraordinary effort to vaccinate all 212 million poultry in the country against H5N1 subtypes with a view to minimising the economic impact of the outbreaks.⁵³ However, despite the initiation of this effort, avian epidemics continued to occur in the northern and southern river deltas in late 2005. The response to these avian epidemics is indicative of the types of securitising moves which were made. Throughout this period, newspaper articles about the poultry farms affected by the virus and the government's control efforts appeared daily; variously referring to avian influenza as an 'imminent danger', a 'deadly threat' to Vietnam, or even a 'global threat'.⁵⁴ Such

⁴⁸ See Ministry of Health (MOH) and Ministry of Agriculture and Rural Development (MARD), *Vietnam: Integrated National Plan for Avian Influenza Control and Human Pandemic Influenza Preparedness and Response* (Vietnam: Socialist Republic of Vietnam, 2006), p. 1.

⁴⁹ Tuong Vu, *The Political Economy of Avian Influenza Response and Control in Vietnam*, STEPS Working Paper 19 (Brighton: STEPS Centre, 2009), p. 15.

⁵⁰ Dennis Normile, 'Vietnam Battles Bird Flu ... and Critics', *Science*, 309 (2005) p. 368.

⁵¹ 'Prompt action ordered to contain bird flu', *Saigon Times Daily* (9 February 2004); 'Gov't acts strongly against bird flu – Int'l organizations help Vietnam fight epidemic', *Saigon Times Daily* (5 February 2004).

⁵² Normile, 'Vietnam Battles Bird Flu', pp. 368–70.

⁵³ Hong Van, 'Ministry requests VND100 billion to vaccinate fowls', *Saigon Times Daily* (26 May 2005).

⁵⁴ Son Nguyen, 'Awareness the key deadlock', *Saigon Times Daily* (4 November 2005); Hong Van and Bac Cuong, 'Ten Provinces Report Bird Flu, Pandemic Feared Nearing', *Saigon Times Daily* (14

pronouncements underscored the government's desire to 'mobilise the entire political system' in the 'fight against the H5N1-virus'.⁵⁵ High pressure statements were followed by regulations and directives,⁵⁶ including one from the Prime Minister which sought to mobilise the state, its security forces, its citizens and every resource available against the threat:

The formulation and implementation of such urgent action plans (against bird flu) must be considered an unexpected and urgent task of Party committees and administrations of all levels and a duty of each citizen and, therefore, the strength of the whole political system should be mobilized for this task [. . .] To take initiative in making all necessary preparations and mobilizing every resource to prevent and combat the type-A (H5N1) influenza among humans [. . .] the Ministry of Health, concerned ministries and branches and localities shall guide all medical units and establishments (even the army and police forces) from the central to provincial, municipal, district and communal levels.⁵⁷

Typical of the media statements and directives during subsequent avian outbreaks in 2006 and 2007, such language was indicative of the Vietnamese government's conviction that 'the fight against bird flu is an uninterrupted war'.⁵⁸ The urgency with which the government sought to act is, in our view, a product of the avian epidemic's potential to impact negatively upon the legitimacy of the government amongst both international and domestic audiences.

The 2002 and 2003 SARS epidemic taught the Vietnamese government valuable lessons about its ability control information flows to the international community and consequently control its image as a good-faith actor in the global public health sphere. In particular, the praise it received for openly and competently controlling the epidemic stood in strong contrast to the opprobrium over China's evasiveness.⁵⁹ This resonates with the empirical evidence suggesting that, although Vietnamese officials tried to quietly deal with the initial, small-scale avian outbreaks in mid-2003, they began cooperating with the WHO and international community at the point at which the outbreaks became a national (and hence potentially international) problem. Reinforcing this logic was the need to appear competent to avoid severe consequences for the tourism industry and foreign direct investment.

The pressures from the international sphere appear to coincide with domestic sources with the potential to threaten domestic political legitimacy. Since the late 1980s, the legitimacy of one-party communist rule has been increasingly linked to its ability to bring economic prosperity and development to Vietnam, a phenomena

November 2005); and Hong Van and Minh Ngoc, 'Retailers in city plan to take poultry meat off shelves', *Saigon Times Daily* (9 November 2005).

⁵⁵ Bac Cuong and Hong Van, 'Gov't meets to lay out emergency plan to fight bird flu', *Saigon Times Daily* (18 October 2005); and Hong Van, 'City, neighbouring provinces join forces to bird flu', *Saigon Times Daily* (25 November 2005).

⁵⁶ Cuong and Van, 'Gov't meets to lay out emergency plan to fight bird flu'; Son Nguyen, 'More resources needed to contain bird flu', *The Saigon Times Daily* (21 January 2005); Hong Van, 'Vietnam culls 90,000 fowls in one day', *Saigon Times Daily* (30 November 2005); 'Fight against bird flu continues', *Vietnam News Agency Bulletin* (27 April 2005); and 'Deputy PM calls on people to fight bird flu', *Vietnam News Agency Bulletin* (13 March 2007).

⁵⁷ Bracketed comments are from original Resolution 15/2005/NQ-CP, 'Resolution on Urgent Measures to Prevent the Avian Influenza Epidemic (H5N1) and Type-A (H5N1) Human Influenza Pandemic', (Government of the Socialist Republic of Vietnam, 2005).

⁵⁸ 'Deputy PM calls on people to fight bird flu', *Vietnam News Agency Bulletin* (13 March 2007).

⁵⁹ Fiona Fleck, 'How SARS changed the world in less than six months', *Bulletin of the World Health Organisation*, 81 (2003), p. 626.

known as ‘performance legitimacy’.⁶⁰ Through the process of *doi moi*, Vietnam’s version of economic liberalisation, the maintenance of economic growth has become central to the stability of the Communist Party.⁶¹ As the demographics of Vietnam shift towards a population base which does not recall the nationalist struggle of the mid-twentieth century, the ability to provide stability and economic progress is becoming increasingly central to continued Vietnamese Communist Party legitimacy.⁶² For Vietnam’s elites, threats to this growth destabilise the current political order and consequently economic crises are met with large resource allocations and mobilisations of the apparatus of government.

Given the political and social context of Vietnam just outlined, it is unsurprising that the economy was made the referent object of a number of the securitising speech acts made by government officials. The Green Book highlighted ‘large-scale loss of life and livelihoods’ as the primary threat posed by a human influenza pandemic, but then re-iterated that ‘the effects of sickness and mortality on potential output’ would be the first-order concern of the government.⁶³ Control programmes to stem the avian epidemic were framed as a cost-benefit analysis against short and long-term economic hardship, not the potential loss of life. The reasoning for a widespread cull of all poultry in and around Hanoi in November of 2005, as enunciated by one of the Deputy Prime Ministers, was that:

a potential pandemic would damage not only Vietnam’s agriculture but also ‘almost all other fields,’ he said. The threat of a bird flu epidemic and a potential human pandemic was ‘clear before our eyes,’ Dzung stressed, adding that Vietnam would use all resources to fight them ‘even if it hurt growth’.⁶⁴

These declarations, designed both to shore up legitimacy and exercise control, were followed by consistent injections of money and energy by the central government. The Prime Minister himself frequently chaired the control programme committee, and his two Deputies were each given responsibility for control in the North and the South respectively.⁶⁵

The centralised nature of Vietnam’s bureaucracy is a key factor in the apparent success of the securitisation discourse and implementation of control measures. When limited pockets of dissent presented themselves in the Southern Mekong delta, primarily amongst provincial officials seeking to limit the impact of control measures on the livelihoods of rural producers, the intervention of a Deputy Prime Minister instituted even tougher measures than previously mandated.⁶⁶

Financially, between 2006 and 2007, the Vietnamese government allocated US \$266 million to control both the agricultural and human health implications of the H5N1 epidemic.⁶⁷ This represented an increase of almost a fifth on the total health

⁶⁰ Zachary Abuza, *Renovating politics in contemporary Vietnam* (Boulder: Lynne Rienner Publishers, 2001), p. 21.

⁶¹ Regina M Abrami, ‘Vietnam in 2002: On the Road to Recovery’, *Asian Survey*, 43 (2003), p. 91.

⁶² Abuza, *Renovating politics in contemporary Vietnam*, p. 22.

⁶³ See Ministry of Health (MOH) and Ministry of Agriculture and Rural Development (MARD), *Integrated National Operational Program for Avian and Human Influenza* (Vietnam: Socialist Republic of Vietnam, 2006), p. i.

⁶⁴ ‘Flu pandemic could kill more people than expected: Deputy PM’, *Thanh Nien Daily* (9 November 2005).

⁶⁵ See MOH and MARD, *Integrated National Operational Program*, p. 7.

⁶⁶ Nguyen, ‘More resources needed to contain bird flu’.

⁶⁷ MOH and MARD, *Vietnam: Integrated National Plan for Avian Influenza Control*, p. 11.

budget for each year, and dwarfed the resource allocations to other diseases of concern such as tuberculosis and HIV, which received US \$10 and US \$5 million respectively.⁶⁸ The bulk of this allocation has been spent on a highly effective campaign of area-culling of poultry, including a well funded compensation programme for citizens who lost poultry (and thus a large slice of their livelihood) to the control efforts.⁶⁹ If we are to take resource allocation as an indicator of commitment to control programmes, and the urgency of the task, then the Vietnamese central government was strongly committed to implementing its securitising rhetoric.

In the language of traditional representations of securitisation theory, Vietnamese leaders made a claim that avian influenza existentially threatened the economic security of Vietnam, and this necessitated emergency measures to contain the disease.⁷⁰

While it is difficult to accurately assess the degree of resistance to government policy within a state whose media is heavily controlled, sporadic episodes of resistance at the provincial and village level seem to have occurred.⁷¹ The tension between enacting proper control measures and limiting their economic impact (which was concentrated in the poor, rural areas of Vietnam – a traditional support base for the Communist Party) is one of the primary reasons for these episodes of resistance. Recent work has identified significant tension amongst central policy dictates and the actions of local bureaucrats, particularly in the Southern provinces surrounding Ho Chi Minh City.⁷² These instances of resistance to the central government's control programmes by provincial bureaucrats and their constituents, rather than derailing the securitising acts of the government, precipitated the swift intervention of the State and Party apparatus and a re-doubling of rhetorical and bureaucratic discipline.⁷³

Overall, the balance of evidence indicates that the Vietnamese central government initiated a process of securitisation, and that strong control measures were pursued by the central government in order to meet the declared threat. Furthermore, the processes, and their outcomes, were heavily influenced by the fact

⁶⁸ World Health Organisation, *Global Tuberculosis Control: Surveillance, Planning, Financing – WHO Report 2007* (Geneva: World Health Organisation, 2007), pp. 153, 156; and Joint UN Programme on HIV/AIDS (UNAIDS) and World Health Organisation, *AIDS Epidemic Update – December 2006* (Geneva: World Health Organisation, 2006), p. 30. The authors are aware that PEPFAR funding of up to US \$36 million was provided to Vietnam during the same period, but this was targeted aid rather than an investment from existing government revenue.

⁶⁹ Area-culling involves the practice of identifying cases of avian influenza in poultry and then destroying all poultry within a certain radius of the infected flock (usually 3–5km), regardless of whether they exhibit signs of infection.

⁷⁰ It is difficult to reconcile the notion of economic prosperity being 'existentially threatened', indeed Buzan, Wæver and de Wilde acknowledge the controversy in their chapter on economic referents in *Security*. Although 'economic loss... (is)... part of the ordinary business of life, it is a matter not of degree but of a possible collapse of welfare' (Buzan et al., *Security*, p. 102); in this sense, the claim made by the Vietnamese government is consistent with the use of the term 'existentially threatened' as described by Buzan et al.

⁷¹ Hong Van, 'Neighbors clash over poultry transport precautions', *The Saigon Times Daily* (14 January 2005); Vu, *The Political Economy of Avian Influenza in Vietnam*, p. 46.

⁷² Vu, *The Political Economy of Avian Influenza in Vietnam*, p. 46.

⁷³ Vu's recent study highlights this ongoing tension, but re-affirms that 'tough measures' were taken by the central government, in some cases to the detriment of disease control policies (ibid.). Also see Hong Van, 'Health Official Calls for More International Aid', *Saigon Times Daily* (3 November 2005).

that by controlling the disease, the Vietnamese Communist Party was able to reinforce its control of social order and protect political legitimacy.

Indonesia

In contrast to the unified and swift response of the Vietnamese government, the Indonesian government has seemingly taken little action domestically, while demanding international assistance to deal with the effects of a pandemic. Statements by government officials to domestic media sources alternatively denied the existence of the epidemic, downplayed its impact or recommended control programmes which were largely ineffective. In contrast, the approach taken when dealing with international organisations has been to emphasise the threat of a pandemic and to use whatever political or material leverage possible to urge the securitisation of the problem of vaccine availability.

Since 2003, Indonesia has experienced a widespread epidemic of H5N1 amongst its poultry and domestic birds.⁷⁴ From a human health perspective, the archipelago has also produced some of the most alarming statistics and cases of human infection with the strain since its emergence in Hong Kong in 1997. Since 2005, 141 human cases of the disease have been reported by Indonesia, 115 of which have been fatal.⁷⁵ These cases have included a major 'cluster' in the province of Northern Sumatra, which was likely caused by human-to-human transmission of the virus between family members who had no contact with infected poultry.⁷⁶

Despite the ferocity of the initial outbreak, and in contrast to Vietnam's frank and honest approach to the reporting of the disease to the GISN, Indonesia instead reported outbreaks of avian flu as Newcastle disease – a devastating poultry disease but crucially without the ability to infect humans. This misreporting, allegedly performed at the behest of poultry industry pressure, was a key feature of Indonesia's early response to the epidemic and was only discontinued late in January 2004.⁷⁷

From this beginning, the tone and substance of Indonesia's reaction to avian influenza was set, and has continued throughout the epidemic. The Agriculture Ministry, at various times, declared that the strain of H5N1 in Indonesia was incapable of being transmitted from poultry to humans.⁷⁸ Spokespersons additionally implied that the primary responsibility for control lay with the under-resourced

⁷⁴ Sedyaningsih, Isfandari, Setiawaty, Rifati, Harun, Purba, Imari, Giriputra, Blair, Putnam, Uyeki and Soendoro, 'Epidemiology of Cases of H5N1 Virus Infection in Indonesia, July 2005–June 2006', *Journal of Infectious Diseases*, 196 (2007), p. 522; and Smith, Naipospos, Nguyen, de Jong, Vijaykrishna, Usman, Hassan, Nguyen, Dao, Bui, Leung, Cheung, Rayner, Zhang, Poon, Li, Nguyen, Hien, Farrar, Webster, Chen, Peris and Guan, 'Evolution and adaptation of H5N1 influenza virus in avian and human hosts in Indonesia and Vietnam', *Virology*, 350 (2006), p. 264.

⁷⁵ World Health Organisation, *Cumulative Number of Confirmed Human Cases of Avian Influenza A(H5N1) Reported to WHO*, available at: {http://www.who.int/csr/disease/avian_influenza/country/cases_table_2009_03_30/en/index.html} accessed 3 April 2008.

⁷⁶ Yang Yang, M Elizabeth Halloran, Jonathan D Sugimoto and Ira M Longini, 'Detecting Human-to-Human Transmission of Avian Influenza A (H5N1)', *Emerging Infectious Diseases*, 13 (2007).

⁷⁷ Rendi A Witular, 'Govt confirms bird flu after long cover-up', *Jakarta Post* (26 January 2004), p. 1.

⁷⁸ The bird flu scare', *Jakarta Post* (27 January 2004), p. 6.

provincial authorities and claimed that only visibly infected poultry needed to be culled.⁷⁹

These statements were reinforced by Indonesian resource allocations to control programmes. For the years 2006 and 2007, some of the severest periods of the epidemic so far, average government expenditure on avian influenza control was only US \$57.5 million, or 1.7 per cent of the US \$3.5 billion of government health expenditure in 2006.⁸⁰ Institutional attention and support to control programmes has also been very weak. The belated creation of a 'National Commission on Avian Influenza Control' in 2006 was supposed to enable new levels of cooperation between ministries and provincial authorities.⁸¹ Although composed of the majority of the Indonesian cabinet it possessed neither Presidential nor provincial involvement and hence lacked priority as an important domestic issue.⁸²

Coupled with the relative passivity of the Indonesian government's domestic response was an active resistance campaign emanating from, and structured by, domestic political relationships. The most salient examples of overt bureaucratic resistance to securitising moves have come from the Agriculture Ministry of the Indonesian government.⁸³ This is perhaps best illustrated by the dismissal of the National Director for Animal Health (well respected in the international animal health community); after she made allegations that bird flu outbreaks had been 'secretly contained' at the behest of poultry industry insiders with personal ties to senior Agriculture Ministry officials.⁸⁴ Significant resistance to central directives and culling operations was also demonstrated by district officials, in many cases denying the severity or existence of the disease in their area.⁸⁵ As Paul Forster notes in his recent study of the politics of avian influenza in Indonesia, 'national guidelines are only implemented when local officials think it is necessary and have the funds and local support to do so'.⁸⁶ In this way, the locally powerful district officials acted as filters, selectively reinforcing or contradicting potential securitising acts by the central government.

In contrast to the domestic situation, the Indonesian government performed a number of securitising moves on the international stage. In particular, the government embarked upon a policy of withholding H5N1 virus samples extracted

⁷⁹ Zakki P Hakim, 'Bird flu in RI limited to poultry only, for now', *Jakarta Post* (6 October 2004), p. 13; *LKBN Antara*, 'Regional Govts Spearheads of Fight Against Bird Flu, Minister Says', *LKBN Antara* (15 February 2006); and *LKBN Antara*, 'Agriculture Minister: Only H5N1 virus infected poultry to be culled', *LKBN Antara* (21 February 2006).

⁸⁰ *LKBN Antara*, 'WB Regrets Cut in Funds for Bird Flu Control in Indonesia', *LKBN Antara* (24 August 2006); and World Bank, *Spending for Development: Making the Most of Indonesia's New Opportunities – Indonesia Public Expenditure Review 2007* (Washington: World Bank, 2007), p. 56.

⁸¹ Arie Rukmantara, 'Committee to Prevent Pandemic', *Jakarta Post* (7 January 2006), p. 2.

⁸² Indonesian National Committee for Avian Influenza Control and Pandemic Influenza Preparedness, *Committee Membership*, available at: {http://www.komnasfbpi.go.id/aboutuscom_eng.html} accessed 11 September 2007.

⁸³ 'Minister: Govt Not to Change Policy to Combat Bird Flu', *LKBN Antara* (28 March 2006); R. A Witalar, 'Mass Cull Unfeasible: Minister', *Jakarta Post* (12 November 2005), p. 1; E. C Komandjaja, 'WHO Urges Solid Action Plan to Prevent Bird Flu', *Jakarta Post* (21 February 2004), p. 4.

⁸⁴ Alan Sipress, 'Indonesia Neglected Bird Flu until Too Late, Experts Say', *Washington Post* (20 October 2005), p. A01.

⁸⁵ 'Caging bird flu', *Jakarta Post* (21 September 2005), p. 6; Sari P. Setiogi and Multa Fidrus, 'Bird flu outbreak devastating small poultry farms', *The Jakarta Post* (13 February 2004), p. 3; 'Certain regions not handling bird flu seriously: President', *LKBN Antara* (28 November 2005).

⁸⁶ Paul Forster, *The Political Economy of Avian Influenza in Indonesia*, STEPS Working Paper 17, (Brighton: STEPS Centre, 2009).

from Indonesian patients from the world scientific community. This violated the 55 year old influenza virus sharing agreement at the heart of the GISN pandemic alert and surveillance programme and caused significant consternation within the WHO and the scientific community more broadly.⁸⁷ By breaking such an agreement, Indonesia sought to accelerate the accommodation of its demands for more access to vaccines and antivirals. It declared, through its actions, that emergency measures were required to force a solution to inequitable distribution of the benefits of the GISN.

This securitising act was reinforced and explained by subsequent speech acts directed towards the international community. Speaking at the World Health Assembly (WHA), the peak representative body of the WHO, Indonesian Health Minister Supari suggested that inequalities in vaccine production capacity between the developed and the developing world would result in unjustifiable inequalities in the distribution of vaccines and would undermine 'the battle we have to wage against the pandemic threat' and that 'the unfairness (sic) [...] could threaten global health security'.⁸⁸ She justified Indonesia's withdrawal from the virus-sharing system on the grounds that Indonesia would receive no benefit, in terms of access to vaccines, from participation in GISN and in a subsequent book claimed that the lack of transparency within GISN meant that the Indonesian virus samples could potentially be used for biological weapons research.⁸⁹ Indeed, the securitisation of avian influenza at a global level was challenged directly by Supari, when she declared that 'the current unfair access to vaccines worsens the global inequality between the rich and the poor, between the North and the South – and I think that is more dangerous than a pandemic'.⁹⁰ Indonesia subsequently demanded, and achieved, the establishment of an international pandemic vaccine stockpile to be allocated to developing nations in the event of a pandemic.⁹¹

The statements of the Indonesian government have thus been directed at, and distinguished for, two audiences: on the one hand the domestic constituency and on the other the international community. The two seemingly contradictory policy routes are, in our view, driven by the political situation within Indonesia as well as the international discourse of 'health security'.

The key domestic factor in Indonesia's governance of the avian influenza problem has been the inability to garner support for emergency measures from its provincial and district governments. This is not a new problem for Indonesia, and much has been written regarding it, but it is especially salient in the context of

⁸⁷ Martin Enserink, 'Indonesia Earns Flu Accord At World Health Assembly', *Science*, 316 (2007), *The Lancet*, 'Global solidarity needed in preparing for pandemic influenza', *The Lancet*, 369 (2007).

⁸⁸ Siti Fadilah Supari, *Statement by the Minister of Health of the Republic of Indonesia H.E Dr Siti Fadilah Supari at the 60th World Health Assembly*, available at: {<http://www.mission-indonesia.org/modules/news.php?lang=en&newsid=154&PHPSESSID=4af1c5827352dbde4a38f046688c368>} accessed 8 October 2007; William New, *WHO Kicks Off Talks On Flu Pandemic, Benefits, Access To Vaccines*, available at: {<http://www.ip-watch.org/weblog/2007/11/21/who-kicks-off-talks-on-flu-pandemic-benefits-access-to-vaccines/>} accessed on 12 March 2008.

⁸⁹ Mark Forbes, 'US dismisses bird flu claims', *Sydney Morning Herald* (21 February 2008), p. 9, Enserink, 'Indonesia Earns Flu Accord At World Health Assembly'. See n. 73 above.

⁹⁰ Brian Walsh, *Indonesia's Bird Flu Showdown*, available at: {<http://www.time.com/time/health/article/0,8599,1619229,00.html>} accessed on 12 June 2007.

⁹¹ World Health Assembly, 'Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits', 2007 (WHA 60.28, 2007).

Vuori's criticisms of the securitisation framework.⁹² Since the end of the Suharto regime in 1999, the archipelago has undertaken democratic reforms, decentralisation of power to the districts, and has struggled with the effects of a number of separatist movements.⁹³ Of these reforms, the decentralisation process has likely had the biggest impact upon Indonesia's capacity to control disease outbreaks, not least because authority over public health issues was among the first of the administrative responsibilities that were devolved to the control of the 456 autonomous districts.⁹⁴

Hadiz argues that the process of decentralisation (undertaken to settle secessionist tendencies and promote accountability) has resulted in serious confusion over authority, revenue and responsibility within Indonesia's government.⁹⁵ The result of this process, within the context of avian influenza, has been tension between the Agricultural and Health bureaucracies – with Agriculture ultimately assuming a dominant role in, and antagonistic relationship towards, the administration of poultry culling programmes.⁹⁶ Additionally, devolution of power to the districts has allowed for local power structures and interest groups, many of whom rely economically on the poultry industry, to regain influence and shape not only the policy of provincial governments, but also that of the central bureaucracy.⁹⁷ Indeed, pressure to minimise culling operations seems to have been brought upon provincial governors by the poultry industry.⁹⁸ In this way, decentralisation of political legitimacy in the area of public health, and weak or antagonistic relationships between central and provincial authorities have had a profound impact upon the securitisation process in Indonesia.

Health Minister Supari herself alluded to the difficulty in creating policy consensus in a state plagued by internal governance tensions. Asked whether she accepted the criticism of many international observers that Indonesia had not done enough to stem the epidemic, she replied:

Vietnam, as a centralised socialist country, can get high compliance on national policies and so has succeeded, for example, in implementing rapid culling of birds [. . .] In contrast, Indonesia is in transition towards a decentralized democracy after three decades of authoritarian national rule. We are still on a learning curve, and compliance of the relatively independent regional authorities with national policies is often poor.⁹⁹

The result, explored here, has been paralysis when local political priorities did not coincide with central public health policy, or when central bureaucracies could not

⁹² For more on the problems of decentralisation see Vedi R Hadiz, 'Power and Politics in North Sumatra: The Uncompleted Reformasi', in Aspinall and Fealy (eds), *Local Power and Politics in Indonesia: Decentralisation and Democratisation* (Singapore: Institute of Southeast Asian Studies, 2003); and Vedi R Hadiz, 'Decentralization and Democracy in Indonesia: A Critique of Neo-Institutionalist Perspectives', *Development and Change*, 35 (2004).

⁹³ Angel Rabasa and Peter Chalk, *Indonesia's Transformation and the Stability of Southeast Asia* (Santa Monica: RAND Corporation, 2001), pp. 2–3.

⁹⁴ *Ibid.*, p. 48.

⁹⁵ Hadiz, 'Decentralization and Democracy in Indonesia', p. 708.

⁹⁶ 'Health Minister Calls for Poultry Ban in Cities', *Jakarta Post* (19 February 2006), p. 1; 'Stamping Out of Poultry Only at Highly Infected Farms', *LKBN Antara* (20 September 2005); and 'Minister: Govt Not to Change Policy to Combat Bird Flu', *LKBN Antara* (28 March 2006).

⁹⁷ Minako Sakai, 'The Privatisation of Padang Cement: Regional Identity and Economic Hegemony in the New Era of Decentralisation', in Aspinall and Fealy (eds), *Local Power and Politics in Indonesia: Decentralisation and Democratisation* (Singapore: Institute of Southeast Asian Studies, 2003), p. 160.

⁹⁸ 'Agriculture Minister: Only H5N1 virus infected poultry to be culled'; and 'Regional Govts Spearheads of Fight Against Bird Flu, Minister Says', *LKBN Antara*.

⁹⁹ Declan Butler, 'Q & A: Siti Fadilah Supari', *Nature*, 450 (2007).

come to a consensus. In short, the possibility for action to contain the epidemic, through securitisation of the epidemic for a domestic audience and mobilisation of the internal power structures, was severely inhibited by domestic political concerns.

Coupled with an inability to act domestically was the Indonesian government's effort to divert the securitisation of avian influenza towards the securitisation of vaccine access. A deep post-colonial rhetoric has been a hallmark of Indonesian politics since independence; a civic-nationalism defined largely by external threats was frequently invoked throughout the Sukarno/Suharto years in order to bind the fractious state together. Such a tool remains attractive to Indonesia's modern leaders as they struggle to imprint their legitimacy on the disparate districts.¹⁰⁰ Such political predispositions underlie Indonesia's justification for withholding virus samples; whereby it claimed that the developed world was (once again) exploiting its resources.¹⁰¹ In this sense, the interplay of domestic factors with global pressure to act produced a set of policy outcomes wholly divergent from those seen in Vietnam.

Case analysis: legitimacy, referents and audiences

The above empirical analysis supports the proposition that state and sub-state factors are fundamentally important to the implementation of the global discourse of public health security. In particular we identify, along with recent empirical work independent to our own, that decentralisation and national discourses of political legitimacy may have played a critical role in the disease control efforts of both states.¹⁰² Of critical importance are the composition of the audience, and the situating of both actor and audience in political and social contexts. Our analysis has implications for the success of the global health security discourse, as well as the utility of the securitisation framework in assessing the construction of security issues in non-democratic, transitional and non-European contexts. Whether or not both countries constitute a 'positive' case of securitisation, it is clear that they have responded to the international discourse which links security with infectious disease in different ways. Their policy responses to avian influenza, some of which have invoked security, have been markedly different. Indeed, there appears to be a degree of contestation over, not only the response to the threat, but the nature and severity of the threat itself. It is therefore useful to disaggregate this process to better understand the interplay between actors, referent objects, and the audiences with which securitising actors interact.

¹⁰⁰ David Brown, 'Why might constructed nationalist and ethnic ideologies come into confrontation with each other?', *The Pacific Review*, 15 (2002), p. 566.

¹⁰¹ The legal reasoning behind the decision to withhold samples relied on the Convention on Biological Diversity – which asserts the rights of nations not to have their biosphere exploited, and protects them from the practice of pharmaceutical companies manufacturing unaffordable drugs from compounds found in a countries flora or fauna. For a critique of this reasoning, see David P Fidler, 'Influenza Virus Sample Sharing, International Law, and Global Health Diplomacy', *Emerging Infectious Diseases*, 14 (2008).

¹⁰² Forster, *Avian Influenza in Indonesia*; and Vu, *Avian Influenza Response and Control in Vietnam*.

Legitimacy

Key to our analysis is the issue of political and linguistic legitimacy – both as a facilitating condition of securitisation and, following from the critiques, a motivation for, and benefit of, securitisation. As Stritzel notes, ‘actors may have some sort of official, delegated or enforced, ability to define meaning so that their power capacity may come close to a monopoly’.¹⁰³ In the case of Vietnam, the state did have this monopoly, articulated through the Party, which utilised and also bolstered the rhetoric force of its legitimacy as the economic provider for the nation. However, the contingent nature of this official linguistic power is illustrated by the case of Indonesia, where political sensitivities over policy imposition by the central government, devolution of political power to district leaders and the active resistance of sections of the bureaucracy stifled the coherency (perhaps the initiation) of securitising moves. Simply because governments traditionally possess (and sometimes monopolise) the political legitimacy to articulate security speech, does not mean that this legitimacy can be universally assumed.

The search for political legitimacy can also *motivate* securitising moves. Vietnam has utilised its greater bureaucratic unity and centralised power structure to securitise in order to safeguard the ‘performance legitimacy’ of the government. Borne of the Vietnamese Communist Party’s tight association with the state, the securitisation process was, on the surface, relatively similar to that described by a paradigmatic version of the Copenhagen School. However, the motivations behind the securitisation of avian influenza, and the clear use of it as a strategic manoeuvre to shore up the threatened legitimacy of the domestic political system, are not well accounted for by the traditional models. A better explanation draws from what Vuori calls ‘securitisation for legitimating past acts of the securitising actor’ – in this case reaffirming a publicly responsible decision-maker, where ‘the audience is the *evaluator* of political legitimacy’.¹⁰⁴

As the leaders of a transitional and fractious democratic state, the central government of Indonesia may also have been seeking to safeguard domestic political legitimacy. A securitised response to the epidemic, which coerced provincial and local governments, bypassing the ‘normal’ processes of political bargaining, would have undercut the foundations of the central government’s political legitimacy in the post-Suharto environment. However, externalisation of the threat by moving the focus from provincial farming practices to international vaccine inequalities avoids the domestic political sensitivities (particularly regarding ‘Javanese domination’) and structural impediments (such as that of decentralisation previously discussed) while offering potential benefits. Post-colonial rhetoric has, in the past, been a key foundation of the unity of the Indonesian state.¹⁰⁵ Therefore, one avenue to demonstrate authority and legitimacy was to re-cast the security threat in the international arena.

In this respect, the motivation for a securitising act and the ability to perform it coincide. The contested politics of possessing the legitimacy to make a securitising move are less evident in international forums. In the international

¹⁰³ Stritzel, ‘Towards a Theory of Securitization’, p. 372.

¹⁰⁴ Vuori, ‘Illocutionary Logic and Strands of Securitization’, pp. 73, 75.

¹⁰⁵ Robert Elson, *The Idea of Indonesia: A History* (Cambridge: Cambridge University Press, 2008), p. 53.

environment, states, by the very fact of being states, possess the legitimacy to articulate security threats.¹⁰⁶ International organisations, operating on the assumption of a unitary Westphalian state, are fertile ground for states to make claims about ‘their’ security interests regardless of whether the constituency they speak for is unitary or whether it has legitimated the state’s interpretation of security. A state’s legitimacy to speak for ‘itself’ (and the implied unitary ‘it’ which that represents) is assumed. Thus, while unable to operationalise the international discourse of health security domestically, the Indonesian government was able to pursue a policy which sought to securitise the problem of vaccine availability.

This problematises the utility of international discourses which attempt to generalise the link between avian influenza and international security. While, the discourse of ‘public health security’ is established at the international level, it requires implementation at the domestic and local levels. In the Vietnamese case, pressures from the international sphere coincided with core state interests and domestic sources of political legitimacy, such as protecting economic growth, and maintaining their reputation as competent managers of health emergencies (SARS and H5N1). In the Indonesian case, although the need for *action* established by the WHO discourse of ‘health security’ was potentially recognised by the Indonesian government, they lacked the ability to fully operationalise this discourse in the domestic environment. In this sense, the path of least resistance for the Indonesian central government was to use its foreign policy freedom (and sovereign legitimacy) at the WHA to cajole the international community into providing domestically appealing forms of aid (such as antivirals and access to pandemic vaccines).

This situation challenges the logic of the original securitisation agenda at the World Health Organisation. Rather than the discourse of health security forcing countries to act because of the inherent danger that their ongoing outbreaks cause to ‘international security’, the affected countries have followed policy pathways which are politically and materially viable; securitising infectious disease issues when and how they are able to do so.

Implications of competing referents

The second major analytical focal point which arises from the cases is the choice of referents which were appealed to by both governments. Attempts to securitise global health discourses involve the securitisation of multiple and possibly competing referent objects. The referent object of many of the WHO’s securitising acts was ‘global public health’ (see the title of the 2007 World Health Report: *Global Public Health Security*). For the Vietnamese, ‘economic growth’ was the primary stated referent, but it is likely that such rhetoric stemmed from an underlying need amongst Communist Party elites to protect the ‘performance legitimacy’ of the Party and the Vietnamese political system more broadly. Finally, the referent of the securitising speech acts emanating from the Indonesian Government in the international arena cannot be clearly identified, and could

¹⁰⁶ This is not to say that all securitising moves by states in international forums are accepted, merely that they possess the legitimacy, formalised by instruments such as the UN charter, to ‘make the claim’.

broadly include claims regarding the threat to Indonesian sovereignty, the health and welfare of its citizens, and the economic productivity of the poultry sector. Such a milieu underscores the difficulty, perhaps incoherency, in seeking to catalogue clearly definable referents which are valued by neatly delineated audiences.

The influence of competing referents also challenges the efficacy of the international securitisation of public health. Once security responses are legitimated in the context of infectious disease issues, then the operationalisation of that logic is taken out of the hands of the original securitising actors. When local securitising processes occur, reproducing international discourses, they will use referents and language that are unique to the social and political context of the audience they are trying to convince. These referents may be incompatible with the intent of those which established the original securitisation and may be tied to the mechanisms of state control and legitimation explored previously. The use of referents which appeal to specific domestic audiences is not merely an exercise in gaining acceptance of externally conceived policies. Rather, it has a profound effect on the qualities of subsequent policy and action. Motives for state control and the mechanisms of that control are thus central in understanding implementation of global health discourses at the domestic level.

The role of audience acceptance

This highlights the issue of audience acceptance and how that may proceed under different political structures. As noted above, securitising H5N1 globally requires not only convincing state level elites that emergency action needs to be taken, but that states such as Indonesia and Vietnam allocate the resources and organisational capacity to respond, and that responses are sufficient to meet the threat. Domestic securitisation in the Indonesian case involved engaging with the politics of elite relationships between the centre and periphery, long known to be a challenge for central Indonesian elites. In this sense, the Indonesia case illustrates how centre-periphery relations and domestic political factors present in client patron societies impact on the process of securitisation by influencing audience dialogue and securitising rhetoric.

For example, provincial and village elites in Indonesia (and in other Southeast Asian polities like Cambodia) are viewed as key sources of knowledge by local people, and therefore they can hold a powerful place as 'communicators' to traditional rural or agriculturally based constituencies.¹⁰⁷ Provincial elites can be seen therefore as 'gatekeepers' of interaction between central elites and provincial constituencies potentially holding significant securitising power in choosing to accept or resist securitising rhetoric. While similar relationships exist at the commune and provincial level in Vietnam, these are mitigated by strong party control of both the administrative apparatus and social movements such as the

¹⁰⁷ See particularly the discussion (pp. 131–5) about relationships between rulers, elites and peasants in Robert E Elson, 'International Commerce, the State and Society: Economic and Social Change', in Tarling (ed.), *The Cambridge History of Southeast Asia* (Cambridge: Cambridge University Press, 1992).

Vietnam Youth Union. This acts as a disciplining force, by rewarding dissemination of central messages and reducing the incentive to prioritise local concerns. In this sense ‘audience’ acceptance should take into account the influential and powerful role of provincial elites, and their relationship to the State, in what could be described as a local politics of audience dialogue. Such dynamics do not fit well into the ‘Westphalian straitjacket’ constricting securitisation theory. Situations where people do not have the degree of access to other forms of information (such as national or international media) as do audiences in democratic and industrialised contexts, and where mobilising and expressing forms of dissent is difficult, may not fit into the paradigmatic understanding of securitisation theory.

Such social structures have implications not only for when and how audiences ‘accept’ a securitising act, but also for the act itself. The coherency of a securitising act is reliant on a shared context between speaker and audience; where that context is established by both historical experience and shared understanding of linguistic meaning.¹⁰⁸ In Indonesia, the peculiar social and political circumstances of the audience altered the central government’s approach to the security implications of the avian influenza epidemic. Furthermore, the post-colonial rhetoric contained in both the speech and symbolic action of the government was a semantic repertoire which could be readily and easily understood by the Indonesian polity. The process in Indonesia thus highlights the truly inter-subjective and contingent nature of securitising processes.

In Vietnam, our analysis concurs with aspects of Vuori’s analysis of the role of ‘audience acceptance’ in authoritarian polities. Securitising speech and action is useful, not only to reproduce political order and to renew discipline where challenges are evident (such as local resistance to poultry culling) but also to serve as a form of communication between the VCP and the people.¹⁰⁹ While securitising H5N1 served a number of international and domestic political goals for the VCP, the global public health message delivered to the masses by central and provincial officials is arguably also a way for the VCP to build and maintain bonds with the ‘masses’ audience. Securitising H5N1 therefore serves a dual role: at the international level, to protect Vietnam’s reputation as competent regional citizen, and at the domestic level, to legitimate the VCP as it ‘secures’ and ‘stabilises’ the economy and populace from the ravages of avian influenza.

Implications for the health securitisation agenda

Given the importance of domestic factors in shaping policy responses, we believe there are some stark implications for advocates of the health securitisation agenda. The promise of framing avian influenza as a threat to international security was that it would bypass the normal processes of contestation and compromise which characterise the diffusion of global governance mechanisms into domestic policy. In reality, the performative force of the global public health security discourse seems to be heavily dependent on its alignment with domestic circumstances. In Vietnam,

¹⁰⁸ Balzacq, ‘The Three Faces of Securitization’, p. 183.

¹⁰⁹ Vuori, ‘Illocutionary Logic and Strands of Securitization’, p. 71.

the demands of 'international security' coincided with pre-existing motivations for 'regime security'; where securitising avian influenza served a number of domestic and international political goals. Alternatively, as has seemed to be the case in Indonesia, the logic of security can be distorted into a case for ignoring or subverting the 'global health security' discourse itself. In effect, Indonesia broke free of the new 'rules' established by the initial securitisation of infectious disease at the global level, which were themselves established by breaking free of longstanding norms of humanitarianism.

Such an example underscores concerns regarding the basic precepts of securitisation, which define security practice as a condition of exceptionality from 'normality'.¹¹⁰ As Vuori suggests, and as we have found, actions which most liberal-democratic states would regard as security practice can be highly normalised in certain political and social contexts. In the international sphere, however, security language is frequently invoked to emphasise the state's right to pursue its interests, ignore international practice and expect non-interference in its internal affairs. The resultant effect of speaking security in an international context may have been a rhetorical structure which promotes the use of drastic action contrary to established international practice, in order to secure the position of the actor (in this case the government of Indonesia). Rather than promoting a period of global cooperation on health issues, our analysis suggests that securitising moves in the cases above have encouraged the prioritisation of domestic political concerns and reinforced *realpolitik* in international engagements on global health issues.

Further empirical work into the operationalisation of the global securitisation of health is thus required in order to fully explore the methods and meanings behind such securitisation. If, empirically, it is deemed that the global discourse of health securitisation is being reproduced at the domestic level in ways counter-productive to the good health of the world's citizens, then caution should be exercised in its extension.

Conclusion

Securitising global public health in general, and infectious disease in particular, functions on the assumption that domestic states have the motivation and capacity to enact policy change. Our case analysis has illustrated that a state's desire and capacity to securitise infectious disease is complex and can not be assumed. It is beyond the scope of the article to analyse the complex causal relationships around whether and how states like Indonesia and Vietnam 'successfully' securitised H5N1 or not. What our analysis has shown, however, is that local securitisation processes that operationalise international public health discourses use referents and language that are unique to the social and political context of the 'audience' they are appealing to, and that these factors have important implications for subsequent policy. Importantly, domestic referents of infectious disease may be incompatible with the policy goals which underpin health securitisation at the international level. We have illustrated that mechanisms of state control and legitimation are

¹¹⁰ Stritzel, 'Towards a Theory of Securitization', p. 367.

important factors that influence and coopt moves to securitise at the domestic level. We also identified important variances in the construction and identification of audiences via our comparative analysis of transitional (Indonesia) and non-democratic (Vietnam) cases. In doing so, we advocate a heightened awareness and understanding of audience situatedness particularly in non-Western, non-democratic and transitional states, to better grasp the policy challenges of implementing global health discourses at the domestic level.

Theoretical critiques of securitisation have focused on deficiencies and tensions in the basic articulations of the theory of securitisation, and how these operate when applied to empirical cases.¹¹¹ We believe, that while furthering the discussion surrounding how securitisation can be operationalised, we are also calling into question some of the assumptions underlying the fluidity of securitisation processes between the international and domestic levels. As Hoogensen has argued, 'new security research is demonstrating that important articulations of security emanate from sources other than the state and the international system.'¹¹² The WHO's role in securitising infectious disease is a significant and important example. Our article suggests that domestic political structures may have a more complex facilitating role to play in the securitisation process than currently detailed in the Copenhagen School's securitisation framework. Further differentiation of the impact of domestic political structures on securitisation processes is therefore an important avenue for the ongoing development of securitisation studies.

¹¹¹ For theoretical perspectives see Balzacq, 'The Three Faces of Securitization'; and Stritzel, 'Towards a Theory of Securitization'; and for empirical analyses of non-democratic, non-Western cases see Vuori, 'Illocutionary Logic and Strands of Securitization'; and Wilkinson, 'The Copenhagen School on Tour in Kyrgyzstan'.

¹¹² Hoogensen, 'Bottoms Up! A Toast to Regional Security?', p. 269.