High Politics, Low Politics, and Global Health

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Abstract
It has become commonplace to argue that global health has ascended to the ranks of "high politics" issues in international relations—those issues of existential importance to the state and which concern its very survival. Despite its ubiquity, the actual substance of whether such a shift in the framing of global health has remained largely unexamined. In this article, I argue that empirical evidence belies the idea that global health has become a "high politics" issue. Arguments about "high politics" are tightly connected to the securitization of global health, but global health's securitization has been marginal at best. Furthermore, an embrace of the "high politics"/"low politics" dichotomy weds global health tightly to realism—a theory that awkwardly intersects with global health. While it is undoubtedly true that global health has received significantly greater attention from the international community over the past 25-30 years, that attention does not spring from global health being reframed as a "high politics" issue for states.

Global health has garnered unprecedented attention over the past generation. It has moved from the backwaters of international diplomacy and its relegation to the realm of technocratic and apolitical to assuming a prominent place on the international policy agenda. International summits have focused on the effects of ill health on development, security, gender equity, and democracy. The G8 has devoted two of its meetings to global health. Official development assistance (ODA) for health has increased nearly 600 percent over twenty-five years, far outstripping growth in other areas and counteracting other trends in foreign aid. Health is a prominent part of the Millennium Development Goals (MDGs), and the United Nations Security Council has devoted special sessions to discussing health's ramifications on the international community.

Such high-level attention has given rise to the idea that the topic of global health has fundamentally changed its place in the international policy pantheon. David Fidler and others have argued that health has moved into the realm of "high politics"—those issues that are integral to the existential nature of the state itself—from its previous status as "low politics" or even "very low politics." That puts health on the same level as national security and defense as being top of mind for policymakers. Health's promotion up the policy hierarchy, according to this argument, has brought with it increased international attention and significant additional resources commensurate with such high stature.

While various authors have claimed that health has moved from the realm of "low politics" to "high politics," there has been a notable lack of investigations into whether this is actually the case. If this policy shift has not occurred, then there must be other explanations for why ODA for health has increased so dramatically, policymakers have paid more attention to health, and health has become the focus of so many international meetings and high-level summits.

This article argues that global health has *not* ascended to the ranks of "high politics." While it has attracted increased attention and resources, it has done so not by framing health as an existential national and international security issue as commonly conceived by the "high politics" formulation. Instead, it has attracted attention through more of a human security framework and thanks to changes within the international community. Rather than embracing health because it was equivalent to national security, the international community has given greater attention to health because of a shift in our collective normative understanding what constitutes appropriate activity by state and non-state actors.

This article proceeds in four sections. The first section explains in detail the distinctions between "high politics" and "low politics" and how the terms have been used in political science and international relations scholarship. The second section examines the arguments used to support the idea that global health has become a "high politics" issues. The third section details why health has not become and is not part of the realm of "high politics," despite the increased attention and resources. Finally, the fourth section describes health's role in the international political agenda and why the distinction between "high politics" and "low politics" fails to adequately capture how and why the issue has generated increased attention and resources.

"High" and "Low" Politics

States cannot pay the same amount of attention to all issues at the same time.

International relations scholarship has frequently postulated that there exists a hierarchy of issues about which states care and which motivate policymakers. Issues higher on the hierarchy naturally attract greater attention because they are more vital to the state's continued existence. Lower issues are less existentially vital to the state and can motivate state action only when the higher issues are adequately addressed. The designators "high politics" and "low politics" thus refer to the position that an issue occupies on this hierarchy, with issues of "high politics" commanding greater attention from policymakers and the international community.

The emphasis on a strict hierarchy of issues is largely a hallmark of realist and neorealist thought within international relations. For realists, safety and security concerns dominate all other concerns and must therefore be paramount in any rational state's actions. Therefore, military security constitutes "high politics," and economic and social issues are subordinated to the realm of "low politics."[1] Because the international system is an anarchic self-help system in which all states must be ready, willing, and able to protect itself, national security must necessarily be the most important and existentially vital issue facing any and all states.[2] Indeed, to this end, a state's various resources, advantages, and skills are valuable to the extent that they contribute to its ability to develop and maintain its defenses and security apparatus. Geography, natural resources, and industrial capacity—all of which are important elements of a state's power—are important precisely because they directly contribute to military preparedness; their value is proportional to the value they serve to help a state secure itself.[3] Economic and social concerns play a secondary role. According to realists, no rational state can prioritize these over security concerns because such "low politics" concerns are irrelevant and unfathomable *unless* a state has adequately addressed its security threats.

The formulation of this hierarchy brings with it a number of key assumptions. It assumes that the prioritization of national security over all other issues is timeless, universal, and devoid of any context. It denies any role to socialization processes that may occur within the international community; a devoted realist may even object to the very notion of an "international community" that can exert a substantive influence over state actions.[4] It posits the idea that this prioritization is diachronic and timeless, giving it a certain utility in historical investigations but denying the sense that issues or threats will change over time. It largely equates national security with military security and defensive capabilities. Finally, the "high"/"low" dichotomization ignores "low politics." Anything that is not related to national security is relegated to "low politics," but there is no distinction made among the issues within that category. Instead, this framework puts forward the notion that, so long as a state has ensured its security and continued survival, it really does not matter which issues they address next. The realm of non-security issues becomes a jumbled mess with no preordained order or logic.

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[1] Robert O. Keohane and Joseph S. Nye, *Power and Interdependence, 3rd Edition* (New York: Longman, 2000): 20.

[2] Kenneth N. Waltz, *Theory of International Politics* (Reading, MA: Addison-Wesley, 1979).

[3] Hans J. Morgenthau, *Politics Among Nations, 7th Edition* (New York: McGraw-Hill, 2005): 133-137.

[4] *Cf*. Barry Buzan, *An Introduction to the English School of International Relations: A Societal Approach* (Cambridge: Polity, 2014): 12-13.

Keohane and Nye are among the most prominent critics of this division of international relations issues into "high" and "low" politics—even though they may be the most prominent popularizers of the terms. In their seminal book *Power and Interdependence*, they levy four main criticisms against the realists' hierarchy of issues. First, they argue that the actual utility to military force in international relations in the modern era is negligible at best. States lack the ability, wherewithal, or inclination to deploy the military to satisfy their interests. Security is far too blunt an instrument to wield significant influence in all but the rarest of instances, so its primacy in the hierarchy of issues makes little sense.[5] Second, the "high"/"low" politics dichotomy ignores the interdependence that characterizes international relations. The extent of interconnectedness at the heart of interstate dealings in the contemporary age is based on the idea that there exists no *a priori* hierarchy of issues. It is precisely the lack of a hierarchy that allows for cooperation among states, as the diversity of state interests provides the leverage that allows for diplomatic negotiations and agreements. Third, the invocation of national security as the paramount existential issue for all states at all times allows for the subversion of political processes. Governments can cite the primacy of "national security interests" to justify a wide range of actions and introduce policies outside the traditional policymaking structures because of the "threat" posed. This means that national security upends the ability of domestic political processes to weigh in on the appropriate policies. Finally, it ignores how political issues and contexts change to incorporate new and changing issues. They cite a statement by Henry Kissinger, a realist if there ever was one, in 1975 saying, "The problems of energy, resources, environment, population, the uses of space and the seas now rank with questions of military security, ideology, and territorial rivalry which have traditionally made up the diplomatic agenda."[6] Kissinger's statement highlights that a state's conception of which issues are the most important is actually quite contextually dependent. Kissinger is not denying the importance of national security issues; rather, he is calling into question the notion of a timeless, unchanging hierarchy of international issues and allowing that new issues may be just as important.

Despite the questions over its use and usefulness, the division of international relations issues into "high" and "low" politics remains popular in the political science and international relations literatures. Michael Ardovino applies the idea to European political integration, arguing that states value membership in regional organizations along "high" and "low" politics lines. NATO is a "high politics" organization because it emphasizes national defense priorities, while the European Union is generally a "low politics" organization because it is associated more with material improvement and economic betterment.[7] Mark Souva argues that the "high"/"low" politics distinction leads to a fundamentally different set of foreign policy priorities for governments from those expected from domestic public opinion surveys.[8] Kelly

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[5] Robert O. Keohane, *After Hegemony: Cooperation and Discord in the World Political Economy* (Princeton: Princeton University Press, 1985): 40.

[6] Keohane and Nye, *Power and Interdependence*, 5-27.

[7] Michael Ardovino, "High politics, low politics, and the imagined communities in the EU 27," *Journal of Slavic Military Studies*, Vol. 21, No. 3 (2008): 543-562.

[8] Makr Souva, "Foreign policy determinants: comparing realist and domestic-political models of foreign policy," *Conflict Management and Peace Science*, Vol. 22, No. 1 (2005): 149-163.

Dreher and Simone Pulver link the United States' relative lack of emphasis on environmental issues to its failure to see the environment as a "high politics" issue. They contrast this stance with that of the European Union, which they argue has prioritized environmental protection as a foreign policy priority.[9] Michael Trebilcock argues that the protests over globalization and free trade in recent years "confirm[s] dramatically, unambiguously, and probably irreversibly that trade negotiations and trade disputes have moved out of the quiet and obscure corners of trade diplomacy and become matters of 'high politics.'"[10] De Burca, Keohane, and Sabel argue that new modes of pluralistic governance are emerging within the international community, and that "low politics" issues in particular may lend themselves to new modes of cooperation and institutional arrangements.[11]

Making Health "High" Politics

Perhaps more than any other figure in the global health politics literature, David Fidler popularized the idea that global health had undergone a fundamental shift into the realm of "high politics." In a 2003 article, he described how public health had generally not been a part of the "high politics" of international relations and instead acted as a relatively minor concern in the pantheon of foreign policy issues. Fidler asserted, though, that health became a "high politics" issue with the emergence of new epidemics like HIV/AIDS and the tensions between public health imperatives and international trade regulations.[12] In an article published the following year, Fidler identified the elevation of health to "high politics" as a relatively recent shift that moved health away from a focus on technical assistance and humanitarianism.[13]

Fidler's most extensive commentary on health's move from "low politics" to "high politics" comes in a 2005 article. In it, he opens by noting "the political revolution that has occurred in the area of health as an issue for international relations."[14] While not denying that health had played a role in international relations previously, he emphasizes that its importance has been fairly obscure and neglected. This lack of attention is "a function of health's place in the so-called 'low politics' of international relations" where the focus is largely on issues of international cooperation. Even this fairly meager status may be overstating health's

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[9] Kelly Dreher and Simone Pulver, "Environment as 'high politics'? Explaining divergence in US and EU hazardous waste export policies," *Review of European Community and International Environmental Law*, Vol. 17, No. 3 (2008): 306-318.

[10] Michael J. Trebilcock, "Critiquing the critics of economic globalization," *Journal of International Law and International Relations*, Vol. 1, No. 1-2 (2005): 213.

[11] Grainne de Burca, Robert O. Keohane, and Charles Sabel, "New modes of pluralistic global governance," *New York University Journal of International Law and Politics*, Vol. 45, No. 3 (2013): 723-786.

[12] David P. Fidler, "Disease and globalized anarchy: theoretical perspectives on the pursuit of global health." *Social Theory and Health*, Vol. 1, No. 1 (2003): 21-22.

[13] David P. Fidler, "Germs, norms, and power: global health's political revolution," *Law, Social Justice, and Global Development Journal (LGD)*, Issue 7 (2004). http://www2.warwick.ac.uk/fac/soc/law/elj/lgd/2004_1/fidler/ (accessed 6 January 2015).

[14] David P. Fidler, "Health as foreign policy: between principle and power." *Whitehead Journal of Diplomacy and International Relations*, Vol. 6, No. 1 (2005): 179.

importance in international relations; he writes that "even in the world of 'low politics,' health issues have also generally been neglected. Health has occupied an area we can perhaps call 'really low politics'" because the issues are considered merely technical and non-political.[15]

Global health's ascension to the rank of "high politics" is not accidental, Fidler argues; it is the result of specific changes in the international system. He specifically cites a number of them, including the growing concern about bioterrorism threats; the United Nations Security Council's 2000 resolution on HIV/AIDS in sub-Saharan Africa; the emergence of social determinants of health as part of 'comprehensive collective security'; the fears that HIV's spread could destabilize countries and lead to greater insecurity; the growing connections between health promotion and economic development; the need to address the tensions between intellectual property rights and access to pharmaceuticals (particularly the antiretrovirals used to treat HIV/AIDS); the increasing prominence of health in foreign aid allocations; the connections drawn between health and human rights; and the emergence of new actors on the international scene to address transnational health issues.[16] In other words, global health's entry as a "high politics" issue is less about global health itself and more about how the international system in which global health issues operate has changed.

Even with the changes in the international system, global health could not become a "high politics" issue on its own. There had to a be plausible reason to connect health with the sorts of existential national security interests that make up "high politics." Fidler explains that the nature of these changes in the international system were such that global health was directly linked to the material and security interests of states.[17] The threat of bioterrorism meant that states needed to increase their public health preparations and improve their surveillance capabilities, and a failure to resolve disputes over intellectual property rights threatened to interrupt commerce. If global health problems threaten to cause "adverse material consequences" for states, then they are a threat to a state's very existence—and, hence, to the "high politics" issues that are fundamental to a state's survival. If global health is seen through a lens of humanitarianism, then it becomes one of a host of "low politics" issues that states can choose whether to address.[18]

Fidler cautions, though, that the elevation of an issue to the realm of "high politics" does not necessarily mean that it will stay there indefinitely. He describes health's status within foreign policy as elastic, with a historical patter of its importance rising and falling over time. For global health, crises may spur greater international attention and overt connections to security concerns, but that attention will wane once the immediate crisis passes.[19] The rising and falling attention paid to health by the international community implies that a tight, perhaps inextricable, link between high politics and securitization.

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[15] Fidler, "Health as foreign policy," 180.
[16] Fidler, "Health as foreign policy," 181-182.
[17] Fidler, "Health as foreign policy," 190.
[18] Fidler, "Health as foreign policy," 191-192.
[19] David P. Fidler, "Rise and fall of global health as a foreign policy issue." *Global Health Governance*, Vol. 4, No. 2 (2011). http://www.ghgj.org/DavidFidler.pdf (accessed 6 January 2015).

While Fidler may have given the most sustained attention to the "low politics"/"high politics" dichotomy for global health, he is hardly alone. It is not uncommon to see references to health's relatively recent ascension to the "high politics" realm. Kelley Lee argues that the World Health Organization was firmly relegated to the realm of low politics when it was founded, which in turn structured the expectations that member-states placed on the organization. It was supposed to promote cooperation in the health realm as a tool for promoting broader peace and security rather than contributing to the existential concerns of member-states.[20] An analysis of the United States' 2014 Global Health Security Agenda by the Center for Strategic and International Studies declared that the Obama Administration's efforts represented an affirmative step toward removing global health from the United States government's technocratic realm and instead ensconcing it within the government's "domain of high politics."[21] Labonté and Gagnon, in their systematic analysis of government global health strategy and policy reports, find that describing global health as a security-related "high politics" was the most common frame employed to justify the importance accorded to the issue. By contrast, they found that "ethical argument in itself is insufficient as a basis for inserting health more forcefully into foreign policy-making."[22] Humanitarian concerns did not motivate state attention to global health; rather, arguments that connected global health to security and national self-interest compelled government leaders to take global health seriously.

Davies explicitly links the elevation of health to the status of a high politics issue with both securitization and a state-centric view of international relations. In what she terms the statist perspective on global health, states are the primary agents involved in global health matters, and their interest in health is driven largely by their security interests. Addressing health is important to the statist perspective because ill health in one country can threaten the material, economic, and military security of another state. Thus, health's transformation into a high politics issue necessarily involves its evolution into a security issue.[23] Davies' analysis emphasizes how the shift from low politics to high politics involves a fundamental transformation of how the international community conceptualizes health. She also points out that such a move is inherently incomplete. Securitizing health by moving it to the realm of high politics entails prioritizing only specific diseases and illnesses, particularly those that threaten (or could potentially threaten) developed states.[24]

The preceding demonstrates that the idea of health as a "high politics" issue has achieved significant purchase within the global health politics literature. Not all authors who point to the distinction necessarily agree that such a shift is a good thing, but there does appear

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[20] Kelley Lee, *World Health Organization* (London: Routledge, 2010): 10.

[21] J. Stephen Morrison, "The Global Health Security Agenda: a snowy promising start," Center for Strategic and International Studies, 18 February 2014. http://csis.org/publication/global-health-security-agenda-snow-promising-start (accessed 6 January 2015).

[22] Ronald Labonté and Michelle L. Gagnon, "Framing health and foreign policy: lessons from global health diplomacy." *Globalization and Health*, No. 6 (2010). http://www.globalizationandhealth.com/content/6/1/14 (accessed 6 January 2015).

[23] Sara E. Davies, *Global Politics of Health* (Cambridge: Polity, 2010).

[24] Davies, *Global Politics of Health*, Chapter 6.

to be a general consensus that global health has become an existential issue for international relations and foreign policy and that this shift has brought with it greater attention to and resources for global health.

United Nations Security Council Resolutions

In 2000, the United Nations Security Council took the unprecedented step of devoting a special session to a health issue: HIV/AIDS, particularly in sub-Saharan Africa. Given that the United Nations Charter gives the Security Council a particular mandate to address those issues that threaten or challenge national and international peace and security, it may be natural to assume that the Security Council's willingness to devote a special session to a global health issue is proof that global health has been elevated to "high politics."

Upon closer examination of the United Nations Security Council's record on global health matters, though, it becomes more difficult to sustain the idea that this body, or the United Nations as a whole, sees health as a "high politics" issue. Three pieces of evidence are particularly important. First, the motivation for this initial United Nations Security Council session on HIV/AIDS is less altruistic than it initially appears. Much of the motivation for the session came from Richard Holbrooke, who was the United States' United Nations representative in 2000. The summer of 2000 was in the thick of a closely contested presidential election in the United States between Al Gore and George W. Bush. Gore reportedly was looking for an opportunity to burnish his international and foreign policy credentials, and Holbrooke was widely reported to be the top contender to become Secretary of State if Gore won the election. Holbrooke and Gore decided that they would use the United States' presidency of the Security Council in July 2000 to bring attention to HIV/AIDS (particularly in sub-Saharan Africa), demonstrate the United States' international leadership, and to bolster Gore and Holbrooke's credentials as diplomats.[25] Focusing on the plight of Africans with HIV/AIDS would also help to humanize Gore, a politician with a reputation for being overly intellectual and unemotional. It may also help blunt some of the criticism levied against Gore for his threat to challenge efforts by South Africa to produce generic antiretroviral drugs. His role in that episode led a group of AIDS activists to heckle Gore when he announced his candidacy for the presidency in 1999.[26]

It is undeniable that this special session brought greater attention to HIV/AIDS on the international stage, but its motivation was largely driven by domestic American political dynamics. HIV/AIDS in Africa was useful because it met the political needs of a presidential campaign, not necessarily because of anything about HIV/AIDS itself. Furthermore, while the end result was framed as one of national and international peace and security, and thus appropriate for the United Nations Security Council's mandate, the initial motivation was

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[25] Marcella David, "Rubber helmets: the certain pitfalls of marshaling Security Council resources to combat AIDS in Africa." *Human Rights Quarterly*, Vol. 23, No. 3 (2001): 560-582.

[26] Greg Behrman, *The Invisible People: How the US Has Slept Through the Global AIDS Pandemic, the Greatest Humanitarian Catastrophe of Our Time* (New York: Simon and Schuster, 2008): 163-166.

largely on humanitarian grounds.[27] In essence, the argument was that the international community should care about HIV/AIDS because it caused massive suffering and undermined other development goals, but that in so doing, it raised the specter of destabilizing societies. It was not just, for example, that children being orphaned when their parents died of the disease, but that being orphaned would lead to a life of crime and recruitment into criminal and terrorist gangs. Thus, the security concerns which would be the realm of "high politics" arose only because of the humanitarian, or "low politics," basis. High politics is secondary and tacked on for political reasons rather than being the underlying motivating factor itself.

Second, for as much talk as there has been about how the United Nations is embracing global health as a high politics issue, there is a paucity of actual organizational output from its highest levels. Since the 2000 Special Session on HIV/AIDS, the United Nations Security Council has passed three resolutions that address global health concerns: two on HIV/AIDS, and one on Ebola. This hardly suggests that global health has become a top concern for the United Nations Security Council. Three resolutions in 14 years is more than UNSC adopted ever before, but it is hardly a leading issue. In that same 14-year period, the United Nations Security Council has adopted nearly 900 resolutions. It has adopted six resolutions on Western Sahara alone. This is not to denigrate the importance of the situation in Western Sahara and the peacekeeping mission deployed there, but it does suggest that global health's entry into the realm of "high politics" is limited at best.

Third, and perhaps most importantly, the content of the four health-related resolutions passed by the United Nations Security Council belie the notion that global health is an issue of national and international security. Resolution 1308 emerged out of the Special Session on HIV/AIDS and was unanimously adopted by the Security Council on 17 July 2000. The resolution, which is just over two pages long, highlights the severity of the epidemic, the need for international cooperation through various United Nations specialized agencies and in other fora, and the potential for the disease to have a "uniquely devastating impact on all sectors of society." What it does not do is declare that HIV/AIDS is a threat to national and international security. It says that the pandemic is exacerbated by conflict and instability and that, if left unchecked, it "may pose a risk to stability and security," but it shies away from making a more definitive statement. Instead, the resolution focuses most of its attention on international peacekeeping missions. Its action steps describe how HIV/AIDS could have a "potential[ly] damaging impact" on the health of peacekeepers and encourage the integration of HIV/AIDS awareness training and testing into peacekeeping deployments. It calls on member-states to adopt best practices when it comes to establishing prevention, testing, counseling, and treatment programs.[28] Establishing proper testing, prevention, and treatment programs is obviously important, but it is not part of a national security response. Taking steps to prevent

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[27] J.M. Spectar, "The hybrid horseman of the apocalypse: the global AIDS pandemic and the North-South fracas." *Georgia Journal of Comparative and International Law*, Vol. 29, No. 2 (2001): 253-299.

[28] United Nations Security Council, Resolution 1308 (2000), 17 July 2000. http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N00/536/02/PDF/N0053602.pdf?OpenElement (accessed 28 January 2015).

international peacekeepers from spreading HIV/AIDS is a laudable goal, but it is of tangential importance to the notion that a global health issue is one of "high politics."

The United Nations Security Council's second resolution on a global health matter came in 2011. Resolution 1983 reaffirms the body's commitment to addressing HIV/AIDS in a coordinated, global manner. It calls attention to the unique vulnerabilities faced by particular groups, highlights the usefulness of partnerships with a wide variety of actors to combat the disease, and recognizes how conflict situations can make it difficult to provide adequate treatment and prevention services.[29] Like Resolution 1308, though, it does not declare HIV/AIDS to be a threat to national and international security, and it does not frame its action steps in "high politics"-related terms. Instead, the resolution focuses on peacekeeping operations and the need to recognize the vulnerability of women and girls with regards to HIV infection. Whereas Resolution 1308 makes a potentially oblique reference to the idea of HIV/AIDS being a security threat, Resolution 1983 does not even come close to doing so. Instead, it frames its discussion of HIV/AIDS and the international community's need to respond to it in terms of humanitarian concerns and human rights.

The most recent global health-related United Nations Security Council resolutions came in September 2014. Resolution 2176 and 2177 focused on the Ebola outbreak in West Africa. Specifically, Resolution 2176 extended the mandate of UNMIL, the United Nations Mission in Liberia, so that the peacekeepers on the ground could help keep the peace in the midst of the Ebola outbreak. UNMIL had operated in Liberia since 2003 to monitor the ceasefire after Charles Taylor's resignation. Resolution 2177, adopted three days later on 18 September 2014, authorized greater cooperation within the international community to address the Ebola outbreak in the region. It thanked those persons and organizations who had taken a leading role already, and it called upon other states to provide financial, logistical, and personnel support. What is particularly important about both of these resolutions, though, is that they explicitly state that Ebola is a security threat. Resolution 2176 extends UNMIL's mission because of the fear that the outbreak could shatter the progress that had been made over the past decade to stabilize the country. It also notes that "the situation in Liberia continues to constitute a threat to international peace and security in the region," though it is unclear whether that refers to the Ebola outbreak or its generally fragile post-civil war state.[30] Resolution 2177 erases that ambiguity, saying that the outbreak "undermine[s] the stability of the most affected countries" and "may lead to…a deterioration of the political and security climate." It then declares, "the unprecedented extent of the Ebola outbreak is Africa constitutes a threat to international peace and security."[31] This statement, in the fifth paragraph of the

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[29] United Nations Security Council, Resolution 1983 (2011), 7 June 2011. http://www.unaids.org/sites/default/files/sub_landing/files/20110607_UNSC-Resolution1983.pdf (accessed 28 January 2015).

[30] United Nations Security Council, Resolution 2176 (2014), 15 September 2014. http://www.un.org/en/ga/search/view_doc.asp?symbol=S/RES/2176%20(2014) (accessed 28 January 2015).

[31] United Nations Security Council, Resolution 2177 (2014), 18 September 2014. http://www.un.org/en/ga/search/view_doc.asp?symbol=S/RES/2177%20(2014) (accessed 28 January 2015).

resolution, is the first and only time that the United Nations Security Council has definitively declared a health issue to be a threat to international peace and security. Even with this fairly dramatic declaration, the action steps recommended by the resolution still focus more on the humanitarian, the technical, and the role of human rights: discouraging travel bans and trade embargoes, encouraging the provision of resources and assistance, urging technical and logistical cooperation. There is almost a disjuncture between the severity implied by calling Ebola a threat to international peace and security and the almost mundane recommendations promoted by the United Nations Security Council. Other than framing the disease in security terms, there is little that would distinguish these recommendations from those made for any other sort of transnational health emergency. This raises the question, then, of whether a "high politics" frame for health significantly alters how the international community chooses to respond.

"High Politics" and Securitization

The efforts to construct health as a "high politics" issue have largely relied on equating "high politics" with security. If global health is a security issue, and security issues are "high politics," then it logically follows that global health is a "high politics" issue. Given this formulation, it is imperative to ask the question whether global health actually has been securitized. A careful examination of the record suggests that, despite the rhetorical claims, global health's securitization has been, at best, partial and incomplete. If global health has not become a security issue, then it is incredibly difficult to plausibly argue that it has entered the realm of "high politics."

It is beyond the scope of this article to address whether securitization is appropriate; other scholars have addressed this question in far more detail than is possible here.[32] Thus leaving aside the issue of the *worthiness* of securitization, the issue is whether securitization has *happened.* It is entirely possible that securitization is an inappropriate policy strategy, but that it has been pursued nonetheless. If global health has not been securitized, then debates over its usefulness as a strategy fall more squarely within the realm of the hypothetical.

Securitization rests largely on speech-act theory popularized by the Copenhagen School of international relations theory. Rather than resting on material capabilities, securitization posits that security issues derive from how actors frame and conceptualize them. By framing an issue as an existential security concern, an actor can transform the politics of that issue because policymakers respond to security issues in fundamentally different manners than for regular issues. Debates over tax policy, for example, does not carry the same sort of existential baggage and provoke the same sort of immediacy as debates about war does. Successful securitization requires three elements: 1) a securitizing actor who attempts to make 2) a referent object into a security issue and convinces 3) an audience to accept that the referent object does indeed constitute an existential concern to the state. This formulation emphasizes two key points

[32] Three particularly informative discussions of the usefulness of securitizing global health are Davies, *Global Politics of Health*; Stefan Elbe, *Security and Global Health* (Cambridge: Polity, 2010); and Andrew T. Price-Smith, *Contagion and Chaos: Disease, Ecology, and National Security in the Era of Globalization* (Cambridge: MIT Press, 2008).

about securitization: that it is a process, and that it is entirely possible that efforts to securitize an issue will fail because they fail to resonate with the target audience.[33]

Based on this framework, it is not difficult to argue that various actors have attempted to securitize global health at national and international levels. That implies the existence of the first two elements of securitization: an actor interested in securitizing and an issue that the actor/s want to conceptualize in security terms. The question of securitization thus hinges on whether there is an audience that accepts the idea that global health is a security, and hence "high politics," issue.

In many ways, the end of the Cold War opened up a space on the international agenda for additional issues to potentially become security issues. This includes global health. The threat posed to the international community by the collective nuclear arsenal of the United States and the Soviet Union during the Cold War effectively muscled out the notion that a health issue like influenza could be a security concern.[34] Without the immediacy of worries about war between the two leading international powers and their massive nuclear stockpiles, global health stood more of a plausible chance to be accepted as a security issue. The shift in the international system brought about by the Cold War's demise altered the landscape in which mutually constitutive material and ideational factors interact to determine which issues qualify as security.[35]

The opportunity to reframe an issue as a security concern does not mean that the issue necessarily will become one. The framing needs to resonate with broader public understandings. Because there exists no *a priori* definition of what constitutes an existential issue or problem, framing helps to build consensus around particular issues and the resulting policy responses.[36]

It is in this realm—the definitional one—where the questions about the securitization of global health become more complicated. Colin McInnes and Simon Rushton have tackled the question of how completely global health has been securitized by the international community in a series of articles, and they find that the process has, at best, been incomplete. Advocating for health to be a security issue raises questions of whether there exists a core definition of security.[37] This concern is akin to Paris' argument that if anything can become a security issue,

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[33] Three of the most seminal pieces on the Copenhagen School of international relations and its analysis of securitization are Barry Buzan, Ole Waever, and Jaap de Wilde, *Security: A New Framework for Analysis* (Boulder: Lynn Rienner, 1998); Ole Waever, "Securitization and desecuritization," in *On Security*, Ronnie Lipschutz (ed.) (New York: Columbia University Press, 1995); and Michael C. Williams, "Words, images, enemies: securitization and international politics." *International Studies Quarterly*, Vol. 47, No. 4 (2003): 511-531.

[34] Colin McInnes and Kelley Lee, "Framing and global health governance: key findings." *Global Public Health*, Vol. 7, Suppl. 2 (2012): S195.

[35] McInnes and Lee, "Framing and global health governance," S191.

[36] Simon Rushton and Owain David Williams, "Frames, paradigms, and power: global health policy-making under neoliberalism." *Global Society*, Vol. 26, No. 2 (2012): 154-155.

[37] Colin McInnes and Simon Rushton, "HIV/AIDS and securitization theory." *European Journal of International Relations*, Vol. 19, No. 1 (2013): 116.

then the term is effectively without substantive meaning.[38] Specifically focusing on global health, though, the issue becomes muddier because the to-be-securitized illnesses and health concerns are largely unrelated to mortality and morbidity.[39] The five leading causes of death worldwide in 2012 were heart disease, stroke, chronic obstructive pulmonary disease, lower respiratory infections, and lung cancers. Taken together, they were responsible for nearly 24 million deaths—just shy of half of all deaths on the planet that year. Despite their overwhelming effects on mortality and morbidity, there is little discussion of any of these five diseases as security threats. Indeed, only one of the top ten leading causes of death worldwide in 2012—HIV/AIDS—has been the subject of an effort of securitization campaigns.[40] This suggests there is more complexity to the securitization of global health than just mere numbers. It also shows that it is less that global health *qua* global health is the subject of securitization and more that specific concerns that fall under the larger rubric of global health may be subject to securitization. In particular, HIV/AIDS has received the bulk of attention as a global health issue that may also be constructed as a "high politics" security concern.[41]

Even within the efforts to construct HIV/AIDS, rather than global health writ large, as a "high politics" issue, there is strong evidence that the strategies were more political than reflective of the needs on the ground. McInnes and Rushton note that the discussions of HIV/AIDS in the United Nations Security Council relied on a novel use of the language of national and international security rather than the more common human security framework because of the United Nations Charter. The Charter clearly states that the Security Council's mandate and primary responsibility is to address "the maintenance of international peace and security."[42] That necessitated framing a discussion of HIV/AIDS, or any other global health issue, in national and international security terms. If the supporters of HIV/AIDS' securitization were to rely on the far more common language of human security and human rights, it would have raised substantial questions about whether the Security Council was overstepping its boundaries and expanding its mandate without amending the Charter.[43] The language of "high politics," in this case, was a politically expedient way to get the highest international body to talk about an issue that even its supporters seemingly did not truly view as a national and international security concern.

It is also worth considering the politics and optics of the United Nations Security Council's deliberations on HIV/AIDS. The efforts to securitize HIV/AIDS within the body largely emanated from the United States for the reasons described above, but they put other countries in a potentially awkward position. A country that objected to the securitization of HIV/AIDS

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[38] Roland Paris, "Human security: paradigm shift or hot air?" *International Security*, Vol. 26, No. 2 (2001): 87-102.

[39] McInnes and Rushton, "HIV/AIDS and securitization theory," 116.

[40] World Health Organization, "The top 10 causes of death," May 2014. http://www.who.int/mediacentre/factsheets/fs310/en/ (accessed 8 January 2015).

[41] Harley Feldbaum and Joshua Michaud, "Health diplomacy and the enduring relevance of foreign policy interests." *PLoS Medicine*, Vol. 7, No. 4 (2010): e10002226. doi:10.1371/journal.pmed.1000226 (accessed 12 January 2015).

[42] United Nations, *Charter of the United Nations* (San Francisco: United Nations, 1945): 7.

[43] McInnes and Rushton, "HIV/AIDS and securitization theory," 121.

would have to vote against or veto Resolution 1308—even though that resolution equivocated on the relationship between HIV/AIDS and security and was fairly milquetoast in its content. What country is going to vote against a resolution that aims to call attention to the humanitarian catastrophe caused by the disease?[44] A vote against the resolution because of objections to securitization would have looked like a vote against having the international community pay greater attention to HIV/AIDS.[45] This would have looked horrible, and efforts to explain a country's vote would likely be outweighed by the appearance that, say, France does not think that HIV/AIDS is an important international issue. Furthermore, the idea that HIV/AIDS was a "high politics" happened in the midst of a political and economic milieu in which the international community came together to create a number of new programs and funding sources that prioritized or paid special attention to HIV/AIDS: the Millennium Development Goals, the President's Emergency Program for AIDS Relief (PEPFAR), UNAIDS, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria.[46] The level of nuance necessary to support these other programs, which generally framed their efforts in human security and humanitarian terms, while opposing the securitization of HIV/AIDS in similar sorts of international forums simply goes beyond what is possible in international political debates.

The sorts of actions taken by the United Nations further undermine the argument that global health, or even HIV/AIDS in particular, has been securitized and turned into a "high politics" issue. Securitization implies a suspension of the regular political process; the issue is of such existential importance that it abrogates normal decisionmaking processes. Security issues operate under their own unique political logic and demand extraordinary measures. In the case of HIV/AIDS, we see little evidence of extraordinary measures. Global health has attracted significantly more foreign aid over the past 25 years, but it is far from clear that this increase in funding went toward security-related aspects; it did not necessarily go to strategically important countries, military forces, or programs specifically oriented toward national stability and security. Instead of having a national security "high politics" orientation, most of the funding and resulting programs seems to have embraced a different, albeit unique in its own way, framework for addressing a public health concern: human rights.[47] Jonathan Mann, who headed the World Health Organization's Global Program on AIDS (the precursor to UNAIDS), specifically sought to integrate human rights into global HIV/AIDS responses to prevent the enactment of extraordinary measures, as such policies tended to encourage discrimination or stigmatized HIV-positive persons.[48] Few, if any, of the policy recommendations supported by the United Nations and the Security Council go outside the normal policy realm or promote

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[44] Colin McInnes and Simon Rushton, "HIV, AIDS, and security: where are we now?" *International Affairs*, Vol. 86, No. 1 (2010): 231.

[45] Sandra Maclean, "Microbes, mad cows, and militaries: exploring the links between health and security." *Security Dialogue*, Vol. 39, No. 5 (2008): 483.

[46] McInnes and Rushton, "HIV, AIDS, and security," 229.

[47] Jeremy Youde, "From resistance to receptivity: transforming the HIV/AIDS crisis into a human rights issue." In *The International Struggle for New Human Rights*, Clifford Bob, ed. (Philadelphia: University of Pennsylvania Press, 2008)

[48] See Jonathan M. Mann, Sofia Gruskin, Michael A. Grodin, and George J. Annas (eds.) *Health and Human Rights: A Reader* (New York: Routledge, 1999).

anything extraordinary. The global health-related resolutions passed by the Security Council, if anything, counsel states toward normalcy and *away from* anything out of the ordinary. They also call for the explicit inclusion of all relevant stakeholders—a departure from the traditional model of extraordinary "high politics," which tend toward limiting the scope of debate and taking actions that may not otherwise be considered acceptable within the normal conduct of political business.

Are there consequences to the failure to turn global health issues into "high politics" through securitization? On the one hand, it may seem to have little consequence; the frame failed to resonate with various audiences, and so they moved on. On the other hand, though, raising the specter of horrific consequences heightens expectations. A failed attempt to elevate HIV/AIDS to the realm of "high politics" may decrease the likelihood that future global health concerns will receive the appropriate level of attention. "The political reality," Altman and Buse bemoaned, "is that AIDS cried wolf too often, and the more dire warnings have failed to materialize."[49]

The Limitations of the "High Politics" Framework for Global Health

The intellectual and policy efforts to reframe global health as a "high politics" issue—one that is of critical existential importance to the survival and security of the state—and away from its traditional status as a "low politics" issue—one that focuses more on cooperation and has a greater technical, nonpolitical, and humanitarian orientation—demonstrate a failure to appreciate the underlying dynamics that make health a global issue in the first place. The "high politics"/"low politics" dichotomy is a flawed framework, ill-suited toward generating the sort of long-term, sustained attention and international commitment necessary for addressing the plethora of global health issues that deserve attention.

While the above sections highlight the nature of efforts to construct global health as a "high politics" issue and where they have fallen short, this section focuses particularly on why connecting global health to "high politics" is a flawed strategy in general. Three reasons are particularly salient: the limitations "high politics" places on global health issues; the crisis mentality that accompanies "high politics"; and its theoretical wedding to realist theory.

First, the "high politics" framework is too limiting for global health. As mentioned above, when policymakers and scholars argue that global health is a security issue, they frequently mean that HIV/AIDS is a security issue. This is not surprising, as the vast majority of attention to the connections between security and health focus on HIV/AIDS. In some ways, that is not surprising. The growth in discussions about the securitization of health occurred as HIV/AIDS infection rates continued growing around the world, few treatments were available (and those that did were largely unavailable and unaffordable in the countries that needed them most), and the world worried about the emergence of previously unknown infectious diseases.

That very reasoning, though, illustrates exactly why "high politics" is too limiting for global health. It is indeed true that newly-emergent infectious diseases pose significant challenges to health systems around the world, and at least 37 new infectious diseases have

[49] Dennis Altman and Kent Buse, "Thinking politically about HIV: political analysis and action in response to AIDS." *Contemporary Politics*, Vol. 18, No. 2 (2012): 132.

emerged in human populations over the past 30 years.[50] The continual emergence of new infectious diseases shows that any predictions that humanity can effectively eliminate all infectious diseases are fanciful at best.[51] However, those new infectious diseases represent a small slice of annual mortality and morbidity. The health problems that bedevil people around the world are largely the same ones that we have faced for many years.

The emergence of a new disease generates a lot of attention, and new infectious diseases can pose significant problems if their spread remains unchecked, but these are not the primary issues facing most health systems. The five leading causes of death, responsible for nearly half of all deaths around the world, are non-communicable diseases. There is a robust debate over how individual responsibility and structural impediments contribute to non-communicable diseases, but it is difficult to square these illnesses within a security or "high politics" framework. Infectious diseases like malaria and tuberculosis kill millions annually and sicken even more, but their spread and clinical manifestation do not fit within traditional understandings of "high politics" either.

Instead, the "high politics" approach to global health creates a hierarchy of disease. A few select illnesses—particularly those that inspire fear among Western policymakers[52]—receive the bulk of attention and intellectual energy because they are considered national and international security threats. The illnesses that cause greater levels of death and debility, and ones that often require relatively simple interventions, languish from relative lack of attention. The "high politics" framework encourages this distortion of the global health agenda by focusing on a narrow scope of illnesses.

Furthermore, few (if any) of the major successes in global health in recent years have resulted from a security-based framework. Humanity has eradicated two diseases through conscious action: smallpox and rinderpest. Neither eradication effort premised itself on security grounds; they relied on scientific and humanitarian justifications. Contemporary disease eradication and control efforts to address polio, measles, and Guinea worm have achieved success because of their abilities to appeal to public health, technological, social, and even

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[50] Madeline Drexler, *What You Need to Know about Infectious Disease* (Washington: National Academies Press, 2010): 11.

[51] Laurie Garrett, *The Coming Plague: Newly Emerging Diseases in a World Out of Balance* (New York: Macmillan, 1994): 33. Garrett describes a scene where William H. Stewart, the US Surgeon General, told a gathering of state and territorial health officers at the White House in 1967 that it was "time to close the book on infectious diseases, and declare the war against pestilence won" because scientific knowledge would allow humanity to severely limit, if not eradicate, infectious diseases. Subsequent research by Spellberg and Taylor-Blake has failed to find any evidence that Stewart actually made this statement. See Brad Spellberg and Bonnie Taylor-Blake, "On the exoneration of Dr. William H. Stewart: debunking an urban legend." *Infectious Diseases of Poverty*, Vol. 2 (2013). http://www.idpjournal.com/content/2/1/3 (accessed 12 January 2015).

[52] Alan Ingram, "Pandemic anxiety and global health security." In *Fear: Critical Geopolitics and Everyday Life*, Rachel Pain and Susan Smith (eds.) (Aldershot: Ashgate, 2008): 75-85. For a more general argument, see David Campbell, *Writing Security: United States Foreign Policy and the Politics of Identity* (Minneapolis: University of Minnesota Press, 1992).

economic arguments rather than those steeped in "high politics." The passage of the Framework Convention on Tobacco Control in 2003, one of the most rapidly-adopted treaties in United Nations history and a major success in global public health, did not find its genesis in international security. Even the substantial successes seen in reducing the spread of HIV/AIDS and increasing access to antiretroviral medicines are largely unrelated to efforts to securitize the disease.

Because so few diseases possess the potential to credibly be framed as threats to national and international security and global health's successes have not emerged out of the security framework, making global health a "high politics" issue is too narrow a vehicle for addressing these concerns and ignores the vast majority of global health issues. Combatting Ebola is an important global health issue because of its devastating effects on individuals and communities and the lack of an effective treatment, not because the disease could potentially be harnessed as a biological weapon by terrorists.[53]

Second, "high politics" and the notion of a security threat relies on a crisis mentality. The immediacy of the (potential) security threat necessitates some sort of extraordinary response that goes outside the realm of normal politics. It calls for some sort of quick policy answer because the continued existence of the state or the international system is called into question.

The problem with the crisis-inspired policy immediacy of "high politics" is that it is difficult to sustain attention, commitment, and resources in this sort of scenario. The crisis is either solved, or attention to it wanes as the immediate threat dissipates. This is not a frame conducive to the sorts of long-term, patient policy prescriptions that are the most appropriate for the overwhelming majority of global health issues. The immediate policy responses in this sort of environment may not necessarily be the most appropriate, though, as the sense of urgency can encourage quick decisionmaking. Furthermore, if the international community tries to frame a global health issue as a "high politics" issue and the scope of the supposed threat fails to materialize, it threatens to undermine future efforts to call attention to health concerns.

Think about the issue of crisis mentality versus long-term policy in terms of the Ebola outbreak in West Africa that began in December 2013. The crisis mentality associated with "high politics" focuses almost exclusively on stopping the spread of the disease. The long-term policy approach incorporates the need to strengthen health systems in the effected countries in order to stop the current outbreak and prevent future epidemics of Ebola (and other infectious diseases). As the outbreak has continued, and particularly since the last Ebola case in the United States since Craig Spencer, a physician who had treated Ebola patients in West Africa with Doctors Without Borders, was released from the hospital on 11 November 2014, public attention—and, thus, public pressure on policymakers—has diminished. Google searches in the United States for Ebola, for example, have substantially decreased since reaching a peak in mid-

[53] See, for example, Marc A. Thiessen, "A 'Dark Winter' of Ebola terrorism?" *Washington Post* (20 October 2014). http://www.washingtonpost.com/opinions/marc-thiessen-a-dark-winter-of-ebola-terrorism/2014/10/20/4ebfb1d8-5865-11e4-8264-deed989ae9a2_story.html (accessed 13 January 2015).

October.[54] Because so much of the response to the Ebola outbreak has been couched in terms of an immediate "high politics" response because of the potential security threats posed by the disease (as highlighted by the United Nations Security Council Resolution 2177), the dissipation of pressure on policymakers threatens to undermine the ability of the international community to effectively find the necessary policies to enact long-term health care system strengthening to lessen the likelihood of future infectious disease outbreaks.

On the flip side, the World Health Organization declared the H1N1 influenza ("swine flu") outbreak of 2009 to be a worldwide pandemic. This generated a great deal of skepticism, as the number of cases and the virus' virulence did not appear to warrant such a declaration. Indeed, critics alleged that the World Health Organization took such an unprecedented step because of pressure from pharmaceutical manufacturers who stood to gain thanks to increased sales of their anti-influenza medications and vaccines.[55] While the resulting report on the World Health Organization's actions during the pandemic highlighted some shortcomings in how it responded and identified areas for improvement in the future, it ultimately absolved the World Health Organization of undue influence from corporate interests.[56] Despite these reassurances, the effort to cast H1N1 as a "high politics" issue that necessitated such an immediate, high-level response introduced a level of uncertainty and wariness about the World Health Organization's ability to lead the international community's response to global health concerns.[57]

Finally, the "high politics"/"low politics" dichotomy inextricably links global health to realism—a theory with which global health interacts uncomfortably. A thorough explication of realism and its many variants is beyond the scope of this article, but it worthwhile to emphasize a few key points of the theory.[58] Realism is state-centric and presupposes a hierarchy of issues for states. Because the international system is anarchic and therefore insecure, realism posits that states must focus on their material capabilities in order to secure their continued survival. Cooperation is limited, international organizations are of peripheral importance, and great powers are the only states that matter. In such an environment, security and survival are necessarily the overarching goals for any and all states.

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[54] Julia Belluz, "Remember the Ebola epidemic? It's still not over. Here's the report from the ground." *Vox* (12 January 2015). http://www.vox.com/2015/1/12/7532755/Ebola-epidemic-end (accessed 13 January 2015).

[55] Jonathan Lyn, "WHO to review its handling of H1N1 flu pandemic." *Reuters* (12 January 2010). http://www.reuters.com/article/2010/01/12/us-flu-who-idUSTRE5BL2ZT20100112 (accessed 13 January 2015).

[56] Harvey V. Fineberg, "Pandemic preparedness and response—lessons from the H1N1 influenza of 2009." *New England Journal of Medicine*, Vol. 370, No. 14 (2014): 1335-1342.

[57] Clara Barrelet, Mathilde Bourrier, Claudine Burton-Jeangros, and Mélinée Schindler, "Unresolved issues in risk communication research: the case of H1N1 pandemic, 2009-2010." *Influenza and Other Respiratory Viruses*, Vol. 7, Suppl. 2 (2013): 114-119.

[58] See, among others, John J. Mearsheimer, "The false promise of international institutions." *International Security*, Vol. 19, No. 3 (1994/95): 5-49; Hans Morgenthau, *Politics Among Nations, 5th Revised Edition* (New York: Knopf, 1978); and Kenneth J. Waltz, *Theory of International Politics* (Reading, MA: Addison-Wesley, 1978).

A realist framework works well for the "high politics"/"low politics" dichotomy. Because realism defines security as the ultimate goal for any state, such issues would naturally be of highest concern. Other issues, those that would fall in the "low politics" category, are by definition of lesser importance because realism posits that states cannot address or even care about other issues if they have not secured their own survival against outside forces.

For global health, though, realism misses much of the point. It would necessarily subordinate health to other issues unless health concerns threatened the material capabilities of the state. It would deny any sense of agency or importance to intergovernmental organizations and nongovernmental organizations that have played crucial roles in facilitating responses to global health concerns. It would largely ignore less powerful states except to the extent that health issues that originate in those countries threaten the most powerful states. It would offer little opportunity for humanitarian impulses to drive responses to global health issues.

Andrew Price-Smith argues that realism is the most appropriate framework for understanding global health. In his 2009 book, he posits that health constitutes a security threat because of its interconnection with other issues.[59] Pandemics can undermine a state's material condition, which can in turn weaken it vis-à-vis its sovereign rivals. Further, if an epidemic spreads through the military, that can negatively effect a state's ability to protect itself, as witnessed in Thucydides' account of the Peloponnesian War.[60] Even in his defense of realism, though, Price-Smith qualifies the theory in significant ways—removing the idea of the state as a unitary actor, questioning the relevance of the rational actor model, and expanding the definition of security to include economic and social considerations.[61] These moves highlight how contemporary manifestations of realist theory in international relations are inappropriate for understanding and responding to global health concerns that emerge within the international community.

The realities of how the international community has responded to global health concerns and continues to do so seemingly fly in the face of many of the basic assumptions of realist theory. Given such a disjuncture, it raises questions why efforts to elevate the stature of global health on the international agenda would be wedded to such a seemingly incompatible theoretical orientation.

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[59] Price-Smith, *Contagion and Chaos.*

[60] Thucydides, *The Peloponnesian War*. T.E. Wick and Richard Crawley, trans. (New York: Modern Library, 1982). In recent years, Richard Ned Lebow has challenged the received wisdom that Thucydides is the intellectual forefather of realism, arguing instead that his account of the Peloponnesian War illustrates how changing conventions give rise to specific identities and restraints on behavior. He argues that Thucydides' description of how people acted in the face of the outbreak of plague demonstrates that human nature is not deterministic. Convention (*nomos*), therefore, is a better explanation for behavior than human nature (*phius*), undermining realism's arguments about rationality and unwavering human nature. See Richard Ned Lebow, "Thucydides the constructivist." *American Political Science Review*, Vol. 95, No. 3 (2001): 553-554.

[61] Price-Smith, *Contagion and Chaos*, Ch. 8.

Conclusion

With the incredible increase in attention paid to global health over the past 25 years, it is tempting to say that the issue has ascended to the ranks of "high politics"—those international issues that are of absolute existential to the continued survival of the state, those that are intimately linked to national and international security, and those that are of utmost concern to policymakers. If global health has been fully securitized, then it has joined the rarified realm of "high politics" issues that upend the traditional political process and deserve extraordinary attention from policymakers at all different levels. David Fidler has been perhaps the most prominent popularizer of the idea that global health has become a "high politics" issue, but the notion has almost become an article of faith within the global health politics literature.

A careful examination of both the nature of "high politics" and the international community's response to global health issues, though, demonstrates that global health is not and never really became a "high politics" issue. Furthermore, "high politics" is a poor framework for understanding how the international community needs to respond to the challenges posed by transnational health issues like HIV/AIDS, tuberculosis, malaria, and Ebola. While global health has indeed received significantly more attention and resources over the past 25 years, that is not because it became a "high politics" security issue. Instead, increased attention to global health emerged thanks to issues like globalization, the recognition of the importance of human rights in responding to health crises, changes in the nature of international society's sense of obligation, and the growing awareness of the importance of strengthening health care systems to address infectious and noncommunicable diseases. The "high politics" security framework may generate splashy headlines, but it tends to lead to poor policy decisions and a scattershot response to emerging issues.

Understanding the underlying logic that has allowed global health to receive increased attention over the years helps the international community to assess its policy responses and think strategically about what sorts of future interventions may work well. It also encourages the global health politics literature to critically engage with the international relations canon—an academic intersection that has too often been neglected.