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Risking Lives: AIDS, Security and Three Concepts of Risk

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This article analyses the conjunctures of risk and security that have recently emerged in the securitization of HIV/AIDS. Although these partially corroborate Ulrich Beck's notion of risk society, important elements of the securitization of HIV/AIDS resist his understanding of risk as a 'danger of modernization'. The article therefore turns to François Ewald's alternative theorization of risk as a 'neologism of insurance', and shows that insurance is a risk-based security practice widely used to manage the welfare of populations. Such a biopolitical approach to risk is also valuable for analysing the securitization of HIV/AIDS, which, even though it is unfolding outside the domain of insurance, similarly draws upon multiple risk categories ('security risks', 'risk groups' and 'risk factors') in efforts to improve the collective health of populations. Analysed through a wider concept of risk as a 'biopolitical rationality', the conjuncture of risk and security in the securitization of HIV/AIDS thus emerges as a principal site where the institutions of sovereign power in international relations are being absorbed and integrated within a wider biopolitical economy of power.

Keywords AIDS • biopolitics • risk • security • UNAIDS

GLOBAL HEALTH ISSUES are a frequently overlooked area of international relations around which the languages of risk and security have recently converged, especially in the case of the AIDS pandemic. The latter is not the first international issue to witness such a convergence. Nor is the application of risk categories to the AIDS pandemic novel in and of itself, as national and international policy frameworks for addressing the disease have long been infused with the language of risk. What has changed over the past couple of years, however, is that these risk-based frameworks have also begun to deliberately draw upon the language of international security. This 'securitization' of HIV/AIDS was inaugurated symbolically on 10 January 2000, when the United Nations Security Council temporarily abandoned its longstanding concern with regulating the deployment of

armed force in international politics and took the unprecedented step of declaring HIV/AIDS a threat to international peace and security in Africa. In the light of the wider securitization of HIV/AIDS that has since ensued, the international politics of HIV/AIDS now marks an important site where the languages of risk and security intersect in contemporary world politics, and in relation to which competing conceptualizations of this nexus can be usefully explored.

This article first identifies the three principal ways in which the languages of risk and security have recently converged in the securitization of HIV/AIDS. It then assesses whether this conjuncture can be conceptualized in the way that many scholars working on other security issues have so far tended to approach the question of risk – that is, through Ulrich's Beck influential work on the risk society and his concomitant understanding of risk as a 'danger of modernization'. Although arguments articulating HIV/AIDS as a 'security risk' substantially corroborate Beck's thesis by frequently pointing to modern human practices as fuelling the spread of the pandemic, the much older and pre-modern history of human societies being shaped by their experiences of infectious disease means that the securitization of HIV/AIDS cannot be understood exclusively within the parameters of risk society. The article therefore turns to a second theorization of risk as a 'neologism of insurance', advanced by François Ewald, which has been used more recently by security scholars developing an alternative conceptualization of the relationship between security and risk. Although the insurance practices Ewald studied would initially seem to have very little in common with the securitization of HIV/AIDS, and would appear to be much less pertinent to this case than Beck's perspective, Ewald's work on insurance is located within a wider theory of biopolitics that retains immense value for analysing how the securitization of HIV/AIDS too draws extensively upon the language of risk in efforts to improve the health and welfare of populations.

The final part of the article therefore revisits Foucault's reflections on biopolitics in order to articulate a wider concept of risk as a 'biopolitical rationality' that includes the practices of insurance studied by Ewald, but that also incorporates risk-based practices deployed to manage collective population dynamics outside the domain of insurance. Understanding risk as such a broader biopolitical rationality shows that the nexus between risk and security in the securitization of HIV/AIDS is a principal site where the institutions of sovereign power in international relations are becoming integrated and absorbed into a wider biopolitical economy of power. Put differently, a biopolitical approach to the risk–security nexus shows not just that biopower is increasingly circulating within the contemporary international system, but also *how* it is the very language of risk that enables this biopolitical economy of power to expand its international circulation by redeploying the institutions of sovereign power for biopolitical ends.

'Risk' in the Securitization of HIV/AIDS

Following the watershed meeting of the UN Security Council in January 2000, various studies have begun to assess empirically the ways in which HIV/AIDS has ramifications for human, national and international security (see Elbe, 2005a; Ostergard, 2005). These studies argue that the social, economic and political stability of communities (and even entire states) can be undermined in the long run by HIV-prevalence rates ranging between 10% and 30% of the adult population; that HIV-prevalence rates are estimated to range between 40% and 60% in some African armed forces, raising concerns about the combat effectiveness of those forces (National Intelligence Council, 2000); and that HIV/AIDS even has important ramifications for international peacekeeping operations, which, because they are staffed by members of those same armed forces, can serve as a vector of the illness where and when they are deployed. These studies have not fallen on deaf ears: 'The national security dimension of the virus is plain,' the director of the US Central Intelligence Agency could be heard arguing before a Senate intelligence panel in 2003 (Tenet, 2003). 'It can undermine economic growth, exacerbate social tensions, diminish military preparedness, create huge social welfare costs, and further weaken already beleaguered states.' In retrospect, the unprecedented meetings of the Security Council have thus proved decisive in terms of placing the global AIDS pandemic on the international security agenda.

Yet, the securitization of HIV/AIDS is a noteworthy development in international relations not just because it is an unconventional expansion of this security agenda. One of the most striking and hitherto under-theorized aspects of this securitization is that it has been enabled and extensively facilitated by the language of risk, which it draws upon in at least three ways. First, 'risk' plays a constitutive role in the securitization of HIV/AIDS. In the debate on HIV/AIDS and international security, the pandemic is usually presented not so much as an immediate and present existential security threat, but more as an underlying and longer-term 'security risk'. If insufficient action is taken now, it is argued, the pandemic will potentially develop serious national and international security implications in the future. Many of the security arguments about the impact of HIV/AIDS on the armed forces, on state stability, and on peacekeepers function by identifying various risk factors and then speculatively linking them in ways that indicate the potential for HIV/AIDS to cause a security crisis *in the future*. For example, one of the preambulatory clauses of Security Council Resolution 1308 – the first resolution ever to be passed on HIV/AIDS by the Council – warns that HIV/AIDS 'if unchecked, *may pose a risk to stability and security*' (emphasis added). Frustrated with the speculative nature of many such arguments, some social scientists working on HIV/AIDS have recently insisted that

'those who write on AIDS and security are advised to avoid, if at all possible, using the word "may" or at least to note that while the epidemic may do x, it may also not do x' (Whiteside, de Waal & Gebre-Tensae, 2006: 215). If they did, the securitization of HIV/AIDS would probably have to stop dead in its tracks, for it works mostly on the basis of a precautionary risk logic in which the future is permitted to determine the actions taken in the present. Put differently, it is predominantly on the prior basis of an underlying risk consciousness that it becomes possible to persuasively link HIV/AIDS and security in the first place; in this sense, the language of risk can be said to perform an enabling role in the securitization of HIV/AIDS.

Second, the languages of risk and security have also converged in the form of a new 'risk group' that has been identified by UNAIDS – the specialized United Nations agency tasked with addressing the international spread of HIV/AIDS. Established in 1995, UNAIDS is located at the centre of a complex network of various UN programmes and affiliated organizations, including the World Health Organization and the World Bank. Its political objectives are to mobilize leadership for effective action against the spread of HIV/AIDS, to monitor and evaluate the spread of the latter, and to support an effective response to it (UNAIDS, 2007: 7). Using the securitization of HIV/AIDS as a strategy for achieving these goals, UNAIDS began to claim as early as 1998 that the armed forces constitute an important 'risk group' in relation to HIV/AIDS (UNAIDS, 1998). Representatives of the institution point out that 'among male population groups, military and police report the highest risk behaviour and number of partners. Sexually transmitted infection rates among military personnel are two to five times greater than those in civilian populations in peacetime. These figures increase dramatically during conflict' (UNAIDS, 2006). UNAIDS has subsequently developed specialized programmes to raise awareness and change the behaviour of armed forces throughout the world.

Yet, closer attention to how this risk group has been identified shows that this process has not always been able to proceed on the basis of sound epidemiological data. Because such data are frequently unavailable given patchy surveillance systems, as well as being politically very sensitive, reliable epidemiological data about HIV/AIDS in the armed forces are difficult to obtain for many countries (see Whiteside, de Waal & Gebre-Tensae, 2006; Barnett & Prins, 2006; Garrett, 2005). The armed forces have thus been indirectly constructed as a risk group, in that they are seen to combine various more general risk factors associated with the transmission of HIV – such as being sexually active, being mobile, being away from homes and partners for long periods of time, valorizing risk-taking behaviour, and being a population with many occupational opportunities for casual sexual encounters. These copious references to risk *factors*, rather than just risk *groups*, mark the third conjuncture of risk and security in the securitization of HIV/AIDS.

Risk Society: HIV/AIDS as a 'Danger of Modernization'?

How can this nexus between risk and security be conceptualized? Although a wide range of theoretical approaches to risk have been advanced (see Lupton, 1999), its specific convergence with security issues has so far been theorized predominantly by scholars drawing directly or indirectly on Ulrich Beck's influential work on risk society.¹ In his *Risk Society*, Beck (1992: 21) defined risk as 'a systematic way of dealing with hazards and insecurities induced and introduced by modernization itself'. The concept of risk is analytically useful for Beck as a means of highlighting the existence of new global dangers, such as environmental degradation or nuclear technology, caused not by random acts of nature but by the very practices of human modernization themselves. 'In the course of the exponentially growing productive forces in the modernization process,' he argues, 'hazards and potential threats have been unleashed to an extent previously unknown' (Beck, 1992: 19). A risk society is a society that has become both increasingly aware of and increasingly apprehensive about the existence of these dangers – not just a society in which these dangers are present. Risk societies are politically reflexive, in that they are more and more concerned with how 'risks and hazards systematically produced as part of modernization [can] be prevented, minimized, dramatized, or channelled' and how risks can 'be limited and distributed away so that they neither hamper the modernization process nor exceed the limits of that which is "tolerable" – ecologically, medically, psychologically and socially' (Beck, 1992: 19, 42–43).

If Beck's thesis is correct, it has important implications for the practice of security, in that one would expect the security agendas of risk societies to become permeated by newer, non-military dangers resulting from practices of human modernization – as in the rise of 'environmental security'. Does the securitization of HIV/AIDS fit this pattern? It does in at least two respects. First, the fact that HIV/AIDS is articulated as a long-term 'security risk', rather than as an immediate security threat, echoes what for Beck is perhaps one of the most significant ramifications of the rise of risk society, namely, the 'reversal' of the relationship between past, present and future:

the actual social impetus of risks lies in the *projected dangers of the future*. In this sense there are hazards which, if they occur, would mean destruction on such a scale that action afterwards would be practically impossible. Therefore, even as conjectures, as threats to the future, as prognoses, they have and develop a practical relevance to preventative actions. The center of risk consciousness lies not in the present, but *in the future*. . . . The past loses the power to determine the present. Its place is taken by the future, thus, something non-existent, inventive, fictive as the 'cause' of current experi-

¹ See Beck (1999, 2002, 2003); Coker (2002); Gordon & Filc (2005); Griner (2002); Heng (2005); Mythen & Walklate (2008); Rasmussen (2006, 2001); Shaw (2005); Spence (2005).

ence and action. We become active today in order to prevent, alleviate or take precautions against the problems and crises of tomorrow and the day after tomorrow – or not to do so (Beck, 1992: 34).

Arguments about the potentially destructive security ramifications of HIV/AIDS too largely revolve around the possible implications (such as state collapse) that the epidemic could have *in the future*, especially if appropriate action is not taken in the present. In the risk society, the present is controlled not so much, as George Orwell famously insisted, by those who control the past, but by those who control the future.

Second, and even more significant in terms of Beck's thesis, the AIDS pandemic is also frequently portrayed as being spread across the planet by various practices of human modernization. Asked to reflect on HIV/AIDS, UNAIDS Executive Director Peter Piot responded in a public interview:

I see it as an extremely smart creature. It's diabolic certainly, but in a way that it makes use of all the opportunities – I mean globalization. People travel, and there's the networks. When you think of it that in, let's say, 25 years roughly that about 70 million people have become infected with this virus, probably coming from one at some point, it's mind-blowing. It tells you also about the networks that exist, tells you another story about globalization. All these people are connected with each other by definition, because they had sex with each other; they shared needles; they got a blood transfusion from someone who got it, or their mother had it. That's it. There are no other ways of transmission. That virus has made optimal use of let's say communication networks and contact among people. (*Frontline*, 2006)

Piot's description is infused with the political reflexivity that Beck associates with risk society. The pandemic is construed by Piot not just as a natural threat stemming from the virus, but as also being fuelled by various modern practices. Travel is one case in point. Here it is not only the frequently invoked growth in air travel that is crucial, but also the more rudimentary modernization of transport infrastructure. In developing countries, the mere paving of new roads can have unanticipated consequences in terms of creating new avenues for the virus to spread. In parts of Africa, the spread of HIV/AIDS shadowed the building of the Kinshasa Highway, which traverses the African continent from East to West (from Congo to Kenya). As Keith Suter (2003: 120) notes, 'If the virus had been noticed earlier, it might have been named the "Kinshasa Disease" to note the fact that it passed along the Kinshasa Highway during its emergence from the African forest.'

In the early stages of the pandemic, modern blood-transfusion techniques also played an important role in disseminating the virus around the world. Although screening procedures for blood transfusions have greatly improved since then, this problem re-emerged in China during the 1990s, when several Chinese companies began to collect blood plasma from poor farmers in Henan province. The problem was not only that these companies used collection methods that were not sterile and safe, but also that the

collection of the blood plasma entailed separating the red blood cells from the plasma and then returning the former to donors after they had circulated in contaminated machines, thus greatly increasing the chances of infection (Grasso, Corrin & Kort, 2004). In this way, too, scientific advances in the production of medicines and the international market in blood products (partially supplied by China) have inadvertently generated new ways of fuelling the international spread of HIV/AIDS, and it becomes possible to partially view the pandemic as a 'danger of modernization'. To the extent that the securitization of HIV/AIDS draws attention to these connections and encourages greater reflexivity about how modernization practices are driving the pandemic, it is indicative of the risk society outlined by Beck.

Yet, more detailed attention to the ways in which Beck seeks to delineate the novel and distinctive qualities of the dangers confronted by risk society shows that the AIDS pandemic also falls partially outside the boundaries of some of his analytical categories. First, Beck emphasizes the specifically modern nature of the dangers confronted by the risk society:

The risks and hazards of today thus differ in an essential way from the superficially similar ones in the Middle Ages through the global nature of their threat . . . and their *modern* causes. They are risks of *modernization*. They are a *wholesale product* of industrialization, and are systematically intensified as it becomes global. (Beck, 1992: 21; emphasis in original)

In some respects, the AIDS pandemic is such a product of modernization – especially in that it only emerged in the 20th century, possesses several historically unique characteristics and is spread by various practices of modernization. But, is it also a 'wholesale' product of industrialization and modernization, in the way that, for example, nuclear weapons could only have been developed through modern scientific and technological advances? This case would be much more difficult to sustain in the light of earlier experience of epidemics like bubonic plague, or other sexually transmitted diseases such as syphilis, that have affected human beings throughout history (McNeill, 1977). Even today, the primary mode of transmission for HIV/AIDS still remains that much older, and most certainly pre-modern, practice of sexual intercourse.

Second, the AIDS pandemic does not sit easily with the considerable emphasis Beck places on the human causes of the dangers confronted by the risk society. Beck (1992: 155) implicitly distinguishes between the natural and human worlds when he writes that 'if we were previously concerned with *externally* caused dangers (from the gods or nature) the historically novel quality of today's risks derives from the *internal decisions*' (emphasis in the original). Again, even though the spread of HIV/AIDS is certainly intensified by practices of modernization, the AIDS pandemic is – in terms of Beck's own analytical categories – also the 'external' product of a naturally evolving

microbe. Without the evolution of the virus, and its most probable jump from the animal to the human species, the AIDS pandemic would not have been able to emerge in the first place. In this sense, the emergence of the human immunodeficiency virus is a necessary condition for the AIDS pandemic, although its presence alone is not sufficient for explaining its *epidemic* spread. HIV/AIDS is thus a complex amalgam of human practices – some modern and some much older – interacting in multiple ways with a virus that lives and replicates within human beings, but that probably has ‘natural’ origins. In this way, the AIDS pandemic further blurs the analytical categories Beck mobilizes to delineate the historical novelty of the dangers confronted by risk society.

Finally, the securitization of HIV/AIDS also does not rest easily with the way in which Beck seeks to further distinguish risk societies (which he initially associated largely with the welfare states of the West) from the so-called Third World. Although societies in the developing world too are affected by the risk society because of the increasingly global nature of many of the dangers that have emerged, Beck (1992: 20) argues that in the developing world modernization still holds out the promise of releasing societies from nature’s constraints. In the welfare societies of the West, by contrast, these basic struggles with natural scarcity have lost their urgency and concerns tend to revolve around ‘problems resulting from techno-economic development itself’ (Beck, 1992: 19). Beck (1992: 21) goes on to illustrate this in relation to the availability of the technological means for controlling microbes, noting how ‘in the past, the hazards could be traced back to an *undersupply* of hygienic technology. Today they have their basis in industrial *overproduction*’ (emphasis in the original). The diseases increasingly discussed in the risk society (and also by Beck) are therefore not the endemic infectious diseases that continue to burden the developing world, but the newer ‘diseases’ surrounding obesity, chronic illness, allergies, cancer and other illnesses associated with much longer life expectancies and that emerge when societies become increasingly ‘liberated’ from natural constraints through technological and scientific modernization. Yet, the AIDS pandemic continues to have its most profound societal ramification precisely in the developing world, where it remains intimately linked to the problems of scarcity, such as malnutrition and weak public health infrastructure (Stillwaggon, 2006) – something also implicitly recognized in the first Security Council resolution on HIV/AIDS, which restricted its discussion of the threat posed by HIV/AIDS to international peace and security *in Africa*. Moreover, it is the highly ‘modernized’ welfare societies of the West that have been able to harness their modern medical and scientific technologies in order, if not to cure HIV/AIDS, then at least to produce life-prolonging medicines that remain unavailable to large parts of the developing world and that have substantially reduced anxieties about the disease in the West (although not

necessarily the social stigma). Part of the impetus of the securitization of HIV/AIDS is thus precisely to make these 'fruits' of technological and medical modernization available to countries in the developing world. In the terms of Beck's analytical categories, the securitization of HIV/AIDS would thus have to fall as much into the 'first modernity' still concerned with liberating societies from the constraints of nature through technological, scientific and medical modernization, as it would fall into the 'second modernity' and its concerns about the threatening force of modernization.

None of this necessarily deals a fundamental blow to Beck's thesis. After all, his point was never that risk society completely supplants older types of society, but that new problems relating to the 'production, definition and distribution of techno-scientifically produced risks' (Beck, 1992: 19) begin to 'accompany' and 'overlap' with the earlier problems revolving around scarcity. Moreover, Beck later went on to argue that the risk society itself increasingly calls into question the nature-society distinction, mostly because of the profound ecological effects of modernization and industrialization, culminating in '*the end of the antithesis between nature and society*' (Beck, 1992: 80–81). The securitization of HIV/AIDS further undermines this antithesis from the opposite direction, because those advancing the securitization are reminding audiences, especially in the West, that, in other parts of the world, societies continue to be shaped by their experience of infectious disease. All of this does mean, however, that Beck's idea of risk society and the global AIDS pandemic are two phenomena partially pulling in different directions, and conceptualizing the conjuncture of risk and security in the securitization of HIV/AIDS will therefore require additional conceptual resources more attuned to the ways in which microbes (such as a newly emerging virus) continue to shape societies and the dangers they seek to defend themselves against.

Risk as a 'Neologism of Insurance'?

Such resources can be found in an alternative theorization of the risk-security nexus advanced more recently by a smaller group of security scholars drawing upon François Ewald's work on insurance. Ewald (1991: 198–199) argues that 'risk is a neologism of insurance', insisting that 'the term "risk" which one finds being used nowadays apropos of everything has no precise meaning other than as a category of this [insurance] technology' (Ewald, 1991: 198). Ewald detects an underlying logic animating various practices of insurance, which he refers to as a *rationality*. Risk, argues Ewald (1991: 199),

designates neither an event nor a general kind of event occurring in reality (the unfortunate kind), but a specific mode of treatment of certain events capable of happening to a

group of individuals – or, more exactly, to values or capitals possessed by a collectivity of individuals: that is to say, a population.

Ewald thus urges his readers not to view risk merely as a potential future hazard, but more fundamentally as a particular method of breaking down, rearranging and ordering reality according to a set of unique principles embodied in insurance practices.

This unique risk rationality of insurance has three constituent components: ‘it is calculable, it is collective, and it is capital’ (Ewald, 1991: 201–202). For an event to be able to constitute a risk in insurance terms, it has, first, to be *calculable* (rather than uncertain), in that ‘it must be possible to evaluate its probability’ (Ewald, 1991: 201–202); and, in a sense, the task of insurance is precisely to make the future reasonably calculable in relation to the phenomena that fall within its domain. Second, risk is *collective* for insurance purposes, in the sense that it can only be applied to groups, not individuals. An insurer cannot predict which individual will have an accident; he can only predict, within a population (e.g. a group of factory workers), the probabilities that *someone* will have an accident. In this sense, insurance ‘works by socializing risks. It makes each person part of the whole’ (Ewald, 1991: 202–203). Insurance schemes work by taking contributions from many different people, ‘pooling’ their respective contributions, and then redistributing some of these resources to those who are actually befallen by an accident. Finally, the rationality of insurance risk works on the basis of *capital*, by which Ewald (1991: 204) means that ‘what is insured is not the injury that is actually lived, suffered, and resented by the person it happens to, but a capital against whose loss the insurer offers a guarantee’. Insurance cannot rectify the actual loss of a loved one, or a lost limb, but it can address the financial repercussions of such events. It can perform the unpleasant but necessary task of putting a price on the value of an arm, or a leg, or indeed a life. It is a means of financial restitution. Ultimately, Ewald (1991: 210) thus wishes to draw attention to how the emergence of this new risk rationality also gives rise to a whole new ‘socio-politics’ in which societies increasingly constitute themselves not in accordance with wider political or cultural principles, but effectively as vast systems of insurance.

Analysing risk in this manner opens up a new way of conceptualizing its relationship with security that differs from the perspectives offered by Beck. Insurance can, in and of itself, be understood as constituting a risk–security nexus; insurance is a cognitive, institutional and social apparatus using the language of risk in order to enhance, prolong and secure life. Various insurance practices then become important objects of research in terms of the manifold risk-based practices they deploy in order to secure life. Moreover, one can excavate which underlying concepts of life animate these insurance practices, how these practices change and evolve as a result of the genetic and molecular re-articulations of biological life, and indeed what political

problems emerge when these new understanding of life become the subject of various insurance technologies – as expressed, for example, in widespread fears about genetic screening. Recently, this understanding of risk as a neologism of insurance has already begun to serve as the basis for a new and stimulating research agenda in security studies analysing a variety of contemporary insurance practices (Dillon, 2008; Dillon & Lobo-Guerrero, forthcoming a & b; Lobo-Guerrero, 2007). This research agenda could be extended to include research on the practices that many life and medical insurance companies have adopted in relation to persons living with HIV/AIDS. Although scholars of international relations and security have not hitherto analysed such practices in detail, these micropractices of security deserve more sustained analysis, both because of the discriminatory practices that persons living with HIV/AIDS continue to experience around the world when seeking access to insurance, and on account of the unique challenges the illness poses to underwriters in terms of its nature and the lengthy cycle of progression from initial HIV infection to the actual development of AIDS (Gostin, Feldblum & Webber, 1999).

But, how can thinking about risk and security in the context of insurance explain the particular conjunctures of risk and security that have emerged in the securitization of HIV/AIDS? For Ewald's account to be applicable, the practices of international institutions securitizing HIV/AIDS would have to be substantially similar to the practices adopted by insurance institutions. This is not as far a conceptual stretch as it may initially appear. Precisely because Ewald was much less concerned with the concrete institutional manifestations of insurance than he was with understanding the underlying risk rationality that animates its various practices, there is no a priori reason why this framework could not be applied to the network of governments, international institutions and nongovernmental organizations advancing the securitization of HIV/AIDS. Indeed, using his framework shows that some important similarities exist. In its effort to increase political support for HIV/AIDS interventions, for example, UNAIDS has pursued exactly the same strategy deployed by many commercial insurance companies in order to get people to take out their insurance policies. Commercially operating insurance companies train their salespeople to somberly remind customers of the various insecurities that could befall an individual throughout his or her life, and to patiently outline worst-case scenarios, before pointing out the proper financial instruments to manage those risks. By way of analogy, institutions such as UNAIDS have begun to securitize HIV/AIDS as a way of frightening states about what might happen if they do not take precautionary measures to shield their populations from a wider HIV/AIDS epidemic. As Peter Piot (2005) candidly admits, one of his goals as executive director of UNAIDS has been to make sure that 'we redefined AIDS from a medical curiosity into an issue for economic and social development, an obstacle for that, and as a security issue'. In this sense, the

securitization of HIV/AIDS could even be said to form a kind of marketing strategy that UNAIDS uses to persuade states to implement a range of international HIV/AIDS interventions.

Despite these similarities, however, there is also a serious difficulty with seeking to apply Ewald's insurance-based framework to the securitization of HIV/AIDS. Closer attention to practices associated with the securitization of HIV/AIDS shows that the political actors advancing the securitization of HIV/AIDS are deploying a risk rationality that is substantially different from the one delineated by Ewald in relation to insurance. With respect to the first criterion of *calculability*, whereas insurance relies upon the actuarial laws of probabilities, UNAIDS has to rely upon epidemiological knowledge – such as levels of morbidity, mortality, the presence of contagious organisms, etc. (see Weir, 1996: 382). Nor does the securitization of HIV/AIDS follow a *collective* logic in the way insurance does. It cannot constitute a population of states each pooling part of their resources and then redistributing them as and when individual countries begin to experience an emerging AIDS epidemic. The impetus of the securitization is rather to compel each state to take greater responsibility for addressing the epidemic within its sovereign jurisdiction. In this sense, the securitization of HIV/AIDS relies much more on an individuating logic rather than a collective one. Ultimately, the securitization of HIV/AIDS is not even based on *capital* in the way envisioned by Ewald. Although UNAIDS is certainly trying hard to get states to commit financial resources, it is not trying to convince states to purchase complicated financial instruments designed to meet the potential economic losses induced by high HIV-prevalence rates. Rather, it is appealing to the anticipated financial costs of the pandemic in order to get states to invest in health-care provision and prevention strategies. The underlying rationality of UNAIDS, therefore, is not an insurance-based one in the way described by Ewald, but is much closer to what Mitchell Dean (1999: 189) has described as an *epidemiological* risk rationality. This divergence in the underlying risk rationalities means that Ewald's work on insurance risk cannot be applied in a straightforward manner to an analysis of the risk–security nexus that has emerged in the securitization of HIV/AIDS. Nor, of course, was it developed for such a task.

Yet, it would be mistaken to therefore conclude that Ewald's work is not pertinent to understanding the convergence of risk and security in the securitization of HIV/AIDS. What is crucial in Ewald's work is not so much his particular focus on insurance or his delineation of the specific risk rationality of insurance, but rather his wider understanding of risk as a 'rationality' (rather than as a specific danger) and the underlying way in which the relationship between risk and security is implicitly cast in his work. Ewald's work on insurance risk is broadly situated within the wider body of work on biopolitics developed by Michel Foucault, of whom Ewald was a student. Insurance, in other words, is also a biopolitical security practice drawing extensively

upon a risk rationality in order to manage health at the level of the population (Dillon, 2008; Lobo-Guerrero, 2007: 329–332). And, although the securitization of HIV/AIDS deploys a different risk rationality from insurance, it too is concerned with managing collective population dynamics (their health), and it too draws extensively upon the language of risk to this end. The securitization of HIV/AIDS can thus be similarly considered a risk-based biopolitical security practice. This wider biopolitical context of Ewald's work is particularly well suited for analysing the securitization of HIV/AIDS because it captures the ways in which human societies continue to be shaped by their experience of, and response to, infectious diseases. In his reflections on biopolitics, Foucault explicitly insisted on taking into account the biohistory of humanity – that is, the 'evolution of relations between humanity, the bacillary or viral field, and the interventions of hygiene, medicine, and the different therapeutic techniques' (Foucault, 2000b: 135). A biopolitical perspective on risk and security would thus remain attuned to precisely those elements of the securitization of HIV/AIDS that initially could not be easily captured through Beck's notion of risk society. The specific challenge the securitization of HIV/AIDS then poses for security scholars is to return to Foucault's writings on biopolitics in order to develop a wider understanding of risk as a 'biopolitical rationality' that operates both within but also *beyond* the domain of insurance – something also implicitly recognized in Ewald's (2002) more recent interest in the much wider use of the precautionary principle.

Securing Populations – Risk as a 'Biopolitical Rationality'

Foucault's reflections on biopolitics remained largely fragmentary and cursory until his premature death, probably of AIDS-related illnesses, in 1984. Yet, it is clear that Foucault deployed three distinct concepts to capture the growing preoccupation of modern power with the biological dimensions of human existence – *biopower*, *anatomo-politics* and *biopolitics*. Of the three, biopower is the most widely cast notion and generally designates that which 'brought life and its mechanism into the realm of explicit calculations and made knowledge-power an agent for the transformation of human life' (Foucault, 1976a: 143). Whereas sovereign power was primarily concerned with the ruler and securing control over his territory, and acted over persons as legal or political subjects, this new type of biopower, which Foucault saw as emerging in 18th-century Europe, acted over persons as biological or living beings; it marked 'acquisition of power over man insofar as man is a living being' (Foucault, 1976b: 239–240). Henceforth, politics would no longer be concerned merely with settling questions of war and peace, or with organizing society's material enrichment; it would additionally come to bear

on peoples' physical well-being, health and longevity (Foucault, 2000a: 95). This last expansion in the scope of power – whereby man's biological existence becomes the target of deliberate strategies of control and intervention – is summarily referred to by Foucault as 'biopower'.

Within this broader category of biopower, Foucault distinguished between two of its distinct manifestations or 'axes' – anatomo-politics and biopolitics. 'Anatomo-politics' designates strategies targeting 'man-as-body' in the attempt to make individual human bodies more productive and docile, and encompasses much of Foucault's prior work on discipline and disciplinary power. 'Biopolitics', on the other hand, refers to strategies aimed collectively at 'man-as-species' (Foucault, 1976b: 242); it is the attempt to regulate aggregate biological occurrences at the *population* level, such as lowering a population's mortality rate, increasing its average life expectancy, stimulating its birth rate, decreasing its morbidity levels, and so on. In the end, Foucault (1997: 73) could thus succinctly define the *biopolitical* dimension of biopower as 'the endeavour, begun in eighteenth-century Europe, to rationalize the problems presented to governmental practice by the characteristic of a group of living human beings constituted as a population'. Initially, Foucault did not reflect very extensively on the theme of risk within these writings on biopolitics, but he subsequently introduced the concept in his lectures delivered at the Collège de France in 1978–79, where he described risk as an important element in the rise of governmentality (see Aradau & van Munster, 2007). These reflections on risk also form an important part of his corpus on biopolitics, because Foucault explicitly situated these lectures as a continuation of his earlier work on biopower and biopolitics (Foucault, 2007: 1), and because he introduced the concept of risk precisely in relation to his discussion of a new collective management of disease that he saw operating at the level of population (Foucault, 2007: 60–61).

In these lectures, Foucault illustrated how the use of statistical methods for governing smallpox in the 18th century showed that there was a natural rate at which it occurred in the population. These statistical methods made it possible to calculate in relation to any group of individuals within the population what their general risk was of becoming infected with a particular disease according to their age, their location, their occupation, etc. (Foucault, 2007: 60). Individuals or regions that showed above-average levels of the phenomenon were then described as being statistically 'at risk' or 'dangerous'. In the case of smallpox, such calculations showed that it was dangerous to be a child under the age of three, or to live in a town rather in a rural area (Foucault, 2007: 61). Such risk calculations opened up the novel possibility that smallpox could be governed at the level of population, because interventions could now be focused and targeted specifically on these 'risk groups'. If, for example, one found that children were at particular risk, then one could develop techniques in order to intervene at the childhood stage

(Foucault, 2007: 62). Foucault contrasted this biopolitical way of governing disease at the level of population with the way in which disease had frequently been addressed through sovereign power – that is, by banning or excluding sick people from society in order to protect the healthy. Nor was it necessary to prevent the contact between those infected and those who were not infected, nor to rely on disciplinary power using mechanisms such as quarantine and other strict regulations on the movements of people. Rather, the calculation of risk allowed healthy and sick people within the population to be managed in their totality and without any form of discontinuity. This last aspect makes risk a biopolitical rationality, for not only does the language of risk accompany various political strategies that seek to manage collective population dynamics, but it is also the language of risk that enables these collective dynamics, including overall levels of disease, to be governed *at the level of population*. This notion of risk as a biopolitical rationality can be found at work in various risk-based insurance systems aimed at improving the health of populations by redistributing financial resources to those who fall ill; but, it can also be found at work outside the domain of insurance, where the language of risk is used in different ways in order to govern a wider range of population dynamics.

How can such a biopolitical concept of risk enhance our understanding of the nexus between risk and security? If risk is a 'biopolitical rationality', that is, a conceptual apparatus used to analyse and manage a multitude of collective population dynamics at the level of population, then the application of the language of risk to new domains of social existence – including the realm of security – would be indicative of a biopolitical economy of power that is in the process of expanding. The new conjunctures of risk and security in the securitization of HIV/AIDS would then mark a site where an internationally circulating biopolitical economy of power is coming to bear upon the institutions of security (and therefore also of sovereign power), and is beginning to integrate them into wider biopolitical strategies. Evidence of how this process is unfolding in the securitization of HIV/AIDS can be found in each of the three conjunctures of risk and security identified at the outset of this article.

First, it is principally through the conjuncture of risk and security that the United Nations Security Council has been transformed into an important site for the international dissemination of a biopolitical economy of power. Traditionally, the agenda of the Security Council has been restricted to dealing with issues revolving around the deployment of armed forces – that is, it revolved precisely around what Foucault called sovereign power, with its emphasis on securing, defending and at times expanding control, principally, though not exclusively, over territory. Yet, by articulating HIV/AIDS as a long-term 'security risk' (rather than as an immediate threat, which would be more difficult to establish), and by claiming that the epidemiological processes involved in HIV/AIDS could eventually culminate in a security crisis,

international institutions working on HIV/AIDS were able to garner greater political support and legitimacy for their attempts to reduce the spread of HIV/AIDS by placing the issue on the agenda of the Security Council. This securitization of HIV/AIDS is a biopolitical practice par excellence, in that it marks a powerful international intervention targeted directly at the level of *population* – echoing Foucault's (1991: 100) observation that, in the age of biopolitical, 'the population now represents more the end of government than the power of the sovereign'. Moreover, it marks an important 'medical' and 'therapeutic' intervention seeking to stabilize the relationship between humanity and what Foucault (2000b: 135) earlier referred to as the 'viral field'. The first effect of the discursive convergence of risk and security is thus to infuse the international security agenda with new biopolitical concerns revolving around the welfare of populations, and to turn one of the principal international institutions of sovereign power into an influential site for the international dissemination of a biopolitical economy of power (Elbe, 2005b).

Second, the convergence of risk and security has begun to integrate the core institutions of sovereign power located at the state level into this biopolitical economy of power by designating the armed forces as a 'risk group' in relation to HIV/AIDS. As we have seen, the second effect of the conjuncture of risk and security in the securitization of HIV/AIDS has been to identify the armed forces as a further risk group that can be targeted through national and international interventions. In this process, the political significance of the armed forces shifts from that of an institution defending sovereignty and territory (sovereign power), to that of a 'dangerous' vector of HIV/AIDS that hinders attempts to reduce the spread of HIV/AIDS among populations (biopolitics). The addition of the armed forces to the list of risk groups in relation to HIV/AIDS is particularly significant, because it also begins to draw more explicit attention to the role of heterosexual men in the epidemic. In the past, much attention has focused on the role of women in the epidemic, especially in the case of sex workers and in terms of various testing and HIV surveillance practices (many of which rely on sampling of pregnant women). The novel construction of the armed forces as a risk group thus begins to draw greater attention to the central role that men, masculinities and other gender relations play in the epidemic, thereby also opening up much wider elements of the population beyond the armed forces that can eventually be made amenable to various biopolitical interventions. In these ways, too, the designation of the armed forces as a risk group repositions one of the core institutions of sovereign power within a wider biopolitical economy of power concerned with managing the health of populations and intensifies the latter's circulation within the international system.

Third, the language of risk *factors* also enables international institutions pursuing biopolitical objectives in the international system to overcome some of the obstacles that sovereign power, in the institutionalized form of legal

sovereignty, poses for their efforts to reduce the spread of HIV/AIDS. As an international organization, UNAIDS remains dependent on the cooperation of legally sovereign member-states. This is true in relation to both supplying epidemiological data about the prevalence of HIV/AIDS and implementing the public health interventions that the UN body recommends – as UNAIDS cannot compel states to do either. In attempts to govern the spread of HIV/AIDS, international institutions are thus continuously confronted with the problem that states can invoke their legal sovereignty as a way of warding off pressure to implement external HIV/AIDS policies. Yet, the language of risk allows these obstacles associated with sovereign power to be reduced, and opens up a way of governing HIV/AIDS internationally that is less dependent on the consent of member-states. As Robert Castel (1991: 281) has argued in his influential essay 'From Dangerousness to Risk', many discourses on risk

dissolve the notion of a subject or concrete individual, and put in its place a combinatory of factors, the factors of risk. . . . The essential component of intervention no longer takes the form of the direct face-to-face relationship between the carer and the cared, the helper and the helped, the professional and the client. It comes instead to reside in the establishing of flows of population based on the collation of a range of abstract factors deemed liable to produce risk in general.

The key characteristic of this new mode of governing the population is that it functions not by analysing each member of the population individually, but by identifying various risk factors and then intervening only in those cases where the risk factors produce a 'dangerous' combination within an individual. Castel was referring to the systematic screening of children at a few days, a few months and two years after birth, introduced in France in 1976. From that point onwards, specialists collected data on the medical backgrounds and situation of parents, including their age, nationality, social class, etc. A certain predetermined combination of factors would then trigger an automatic alert that, in turn, prompted a visit by a specialist or social worker 'to confirm or disconfirm the *real* presence of a danger, on the basis of the *probabilistic and abstract* existence of risks. One does not start from a conflictual situation observable in experience, rather one *deduces* it from a general definition of the dangers one wishes to prevent' (Castel, 1991: 287–288). This enables populations to be governed, not by direct observation, but in a more distant and seemingly less intrusive manner.

Although Castel primarily draws upon examples from domestic politics, the language of risk is having the same effect in the securitization of HIV/AIDS. The language of risk enables international institutions such as UNAIDS to employ this more 'indirect' form of governing populations that works through general statistical risk factors, rather than on the basis of concretely manifested dangers. Regarding the armed forces, for example, UNAIDS cannot compel states to disclose sensitive information about HIV

prevalence. Rather than this completely preventing the activities of UNAIDS, however, the later can partially overcome the problem it represents by working on the basis of more general risk factors, and can thus nevertheless construe and politicize the armed forces as a risk group requiring targeted interventions because they are deemed to combine a host of more general risk factors. In the language of Castel, we might say the armed forces can be construed by UNAIDS as a potentially 'dangerous combination' of risk factors – such as being mobile, being sexually active, etc. The language of risk thus provides UNAIDS with a less intrusive method for governing the health of populations that does not require first subjecting all members of the world's armed forces to HIV tests, which would prove politically extremely difficult and would be likely to encounter immense resistance from national governments. Here, too, the language of risk allows biopower to spread further by partially overriding some of obstacles posed by sovereign power in its institutionalized manifestation of legal sovereignty.

The combined effect of the convergence of risk and security in the securitization of HIV/AIDS, then, is to begin integrating the older institutions of sovereign power within a biopolitical economy of power, and to intensify the latter's circulation throughout the international system. In this way, the interplay of risk and security in the securitization of HIV/AIDS also does much more than just show that a biopolitical economy of power is circulating within contemporary world politics; more importantly, it illustrates *how* the language of risk is one of the principal vehicles that enables this biopolitical economy of power to expand its international circulation by partially integrating and absorbing the institutions of security for its ends. This also means that the international spread of a biopolitical economy of power is unfolding today very much in the manner that it historically emerged in Europe – that is, not by completely replacing older forms of sovereign and disciplinary power, but by subtly appropriating these earlier forms of power and partially redirecting them towards the accomplishment of biopolitical ends (Foucault, 2007: 10).

Conclusion

What are the political implications of this risk–security nexus? On a practical level, there are several problems with seeking to govern populations through the combined languages of risk and security. Focusing on risk groups and risk factors tends to reduce the complexity of individuals' sexuality and behaviour (Lupton, 1995: 88). In the case of the armed forces, for example, not all members of the armed forces are identical in terms of their sexual behaviour, and there may well be important differences between the behaviours of different armed forces. Working primarily through the language of risk

factors and risk groups can thus lead to other important sources of the pandemic being overlooked, because there may be important vectors of transmission that have been missed or not accounted for in the list of more general risk factors. Moreover, this form of governance also opens up the prospect that individuals who may not be contributing to the spread of the pandemic become subject to new interventions when these are not necessary, simply because they are affiliated with a subpopulation deemed to be potentially 'dangerous' in terms of combining various more general risk factors. This can culminate in inefficient and potentially wasteful use of scarce resources that puts lives at risk. The absence of more reliable epidemiological data on the impact of HIV/AIDS on the armed forces is one case in point where substantial financial and political resources have been invested without a sound underlying epidemiological basis, and where recent figures do not always substantiate the claims made by UNAIDS about heightened levels of HIV prevalence among the armed forces (Whiteside, de Waal & Gebre-Tensae, 2006).

Beyond these more practical concerns, the merging of risk and security in the international politics of HIV/AIDS also creates a political climate in which it seems justifiable, and indeed necessary, to regulate and adapt the sexual behaviour of these 'risk groups'. Not surprisingly, the securitization of HIV/AIDS has generated its own new forms of political intervention. UNAIDS, for example, is particularly keen on promoting the 'HIV/AIDS Awareness Card' it has developed, which it now routinely deploys during international peacekeeping operations following requests by the Security Council to address the problem of peacekeepers spreading HIV/AIDS. The card – which has been produced in ten different languages ranging from English to Kiswahili – recommends to peacekeepers that 'condoms should be used for all types of sexual acts', and urges them to 'limit your alcohol intake and stay away from drugs'. The most striking feature of this card, however, is undoubtedly that it also uses fear and uncertainty to incite peacekeepers to exercise self-discipline over their bodies by reminding them that 'the HIV virus can be present anywhere in the world. You do not know who is infected with HIV' (see UNAIDS, 2005: 22). The impossibility of knowing whether any given sexual partner is HIV-positive should induce desired behaviour change among UN peacekeepers. The deployment of 'risk groups' in the securitization of HIV/AIDS thus paves the way for a variety of novel international health interventions that seek to shape the behaviours of individuals in manners conducive to the achievement of biopolitical goals.

Another way of putting this same point is to suggest that the risk–security nexus evident in the securitization of HIV/AIDS facilitates internationally what Foucault called normalizing practices, whereby populations are subject to continuous indirect surveillance and where those groups deviating from the desired biological norms (such as being HIV-negative) are targeted by a

variety of political interventions. 'A normalizing society', Foucault argued, 'is the historical outcome of a technology of power centred on life.' When penning these thoughts on biopower in the 1970s, Foucault still believed that many parts of the non-Western world were outside this biopolitical sphere, noting that 'outside the Western world famine exists, on a greater scale than ever; and the biological risks confronting the species are perhaps greater, and certainly more serious, than before the birth of microbiology' (Foucault, 1976a: 143). Were he alive today, he may well have been struck by the fact that the ongoing securitization of AIDS, extensively reliant on the language of risk, is in the process of globalizing such biopolitical considerations. The securitization of HIV/AIDS marks an important mechanism through which a growing proportion of the world becomes subjected to biopolitical strategies in the name of 'life' and collective 'health', giving rise to a political dilemma. On the one hand, not to draw upon the language of risk and security in order to garner more international support and resources for persons living with HIV/AIDS would be to risk the lives of those who may otherwise perish. Yet, to draw upon the language of risk and security in order to prevent this outcome would also be risking lives in the very different sense of encouraging international political interventions that, in the name of life itself, seek to inscribe various and risk-based identities and subjectivities onto the world's populations in the name of accomplishing a range of biopolitical objectives. Although there are grounds for believing that the late Foucault would not have wanted the latter concerns to trump the former politically, it remains true that whichever path once chooses – one ends up *risking lives*.

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