



# 'Vulnerability is universal': Considering the place of 'security' and 'vulnerability' within contemporary global health discourse

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## ABSTRACT

The question of global health has, at least since 9/11, (re)emerged as one of the world's key geopolitical issues and, as many scholars have noted, this increased attention to the state of world health is especially focused on questions of national security and vulnerability. Despite its prominence in political, health policy and scholarly circles, health geographers have tended to overlook this particular aspect of global health discourse. This paper seeks to redress this lacuna. It does so for three reasons. The first lies in the idea that this discourse is inherently geographical; after all, it is in essence concerned with the flows of human and non-human agents within and, more importantly here, across, national borders. It is also of interest because a focus on vulnerability allows for an analysis that goes beyond the current fixation with emerging and re-emerging infectious diseases. Although it is certainly true that the concern with such diseases dominates, and the recent focus upon H1N1 swine flu is testament to that, there is also a suggestion that the processes associated with the enhanced threat posed by these diseases are similar to those that have caused non-communicable diseases to become a global health problem too. A third reason for focussing on this aspect of the global health discourse is that the subsequent search for 'security' is highly problematic; especially if we consider the question of "who is to be protected, and from what". The aim of the paper is, then, to offer a critical review of the international discourse on global health and to highlight its relevance to scholars that self-identify as health and medical geographers.

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## Introduction

When writing on the challenges that public health would face in a 'global era', Fidler (1998) observed that the processes that have commonly been associated with globalization will affect our understanding of health in much the same way that they have affected other aspects of cultural, economic, and political life. In particular, he noted that the 'traditional' distinction between national and international public health will be erased as the biological and more broadly speaking socio-ecological threats that undermine human health are themselves globalized. Fidler is not alone in making this observation (see for example Aginam, 2005; Garrett, 1994; Lee & Dodgson, 2000); and this understanding, of course, mirrors the general thesis on globalization posited initially by scholars such as Harvey (1989), Giddens (1990), and Beck (1997, 1998). As the latter of these argued, the contemporary modern age is marked not by relations that take place *within* self-enclosed national boundaries but by those that take place *across* borders or

frontiers. Moreover, it is not only people that are crossing national borders more frequently and in much higher numbers but 'things', ideas, and even behaviours. With this in mind, the aim of this paper is to review critically, and from a geographical perspective, the international discourse on global health.

Although the associated concepts of 'global health' and 'global health governance' have emerged only relatively recently (Sparke, 2009), it is generally acknowledged that an international, as opposed to a national or regional, response to the kinds of threats posed by an increasingly interconnected world emerged in the mid-to-late nineteenth century. This response was initially framed around European, and latterly US, concerns about diseases that they perceived as being the diseases of "others"; cholera and plague in particular. These concerns were not simply related to the threat that such diseases posed to the health of their populations, rather they were also linked to the burden that "irrational" quarantine systems placed on trade and commerce. As Fidler (1998: 9–10) notes, "[s]tates have long felt the economic impact of epidemics and have acted to control diseases and limit the economic burden diseases impose"; but for some states, at this time France and Great Britain in particular, such actions as quarantine were regarded as

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being increasingly unacceptable (Fidler, 1998; see also Brown, Cueto, & Fee, 2006; Howard-Jones, 1975; Loughlin & Berridge, 2002; Stern & Markel, 2004; Zacher & Keefe, 2008). The result was the establishing of a series of international sanitary conferences, the first held in Paris, in 1851, which aimed to institute international health regulations that would both contain the spread of epidemic diseases and allow for the free passage of trade and commerce. While these attempts are regarded as being largely unsuccessful, at least until the end of the nineteenth century, they did provide the platform for the development of an international regulatory system by the beginning of the twentieth century (Zacher & Keefe, 2008).

Moving forward into the early-to-mid-twentieth century, it is apparent that such international attempts to contain the spread of epidemic diseases across national borders were increasingly augmented by attempts to secure health within nations. Consider, for example, the following observation, on what was referred to as a symposium on 'Meeting World Health Problems', by Charles-Edward Winslow (1952: 318–9), professor in, and founder of, the Department of Public Health at Yale University: "The view was expressed, for example, that in the year A.D. 2000, historians would look back on our mid-century as memorable for two of the most significant milestones in the history of the human race... [the second being] programs of a global responsibility for promoting by concerted international action the physical and emotional and social well-being of all the peoples of the earth". To Winslow's thoughts could be added those of one of his contemporaries, Dr Joseph W. Mountin (1952: 319), founder of the US Centers for Disease Control, who, again, remarked that the "health task facing the world today is as vast and complex as it is important. If we are to make any inroads against the global burdens of disease... we need soundly conceived health programs, suited to the problem, the time, and the place". These were not, of course, isolated sentiments; these commentators were, after all, writing at a time of tremendous optimism regarding the power of western medicine (Garrett, 1994; Lee & Dodgson, 2000). It was also a time in which a new internationalism in health had recently (re)emerged, most notably in the shape of the World Health Organization (WHO) (for a discussion of which see Brown et al., 2006, 2008; Fidler, 1998; Howard-Jones, 1975; Siddiqi, 1995).

Why mention this? One reason for starting this paper here lies with the idea that the hope, and perhaps even expectation, expressed by this generation of international public health experts that many of the world's health problems could be solved through the application of rational, scientifically informed, health programs has, from the late-twentieth century, come under considerable pressure (Fidler, 2003, 2007). Although we are intermittently reminded that this faith in scientific progress remains, consider for example the optimism that surrounded the introduction of anti-viral agents to counter the spread of HIV (see Farmer, 1999) or that which surrounded the mapping of the human genome (see Nerlich, Dingwall, & Clarke, 2002), it is apparent that this hope had begun to flounder in the second half of the twentieth century, especially when the success of the smallpox eradication campaign was counterbalanced by the emergence of a new pandemic in AIDS/HIV. A point, which as Wald (2008) notes, was reflected in concerns being raised about the (re)emerging threat of infectious diseases in epidemiological and public health discourse and in more popular non-fiction accounts such as Preston's (1994) *The Hot Zone* and Garrett's (1994) *The Coming Plague*.

A second reason is that associated with this acknowledgment that improvements in 'global health' could not, in the past, and perhaps still cannot today be assured through the application of science alone is an emerging sense of 'vulnerability'. As Fidler (2007: 44) suggests, "[t]he emergence of linkages between

security and public health since 1995 adds yet another governance template to the economic-based and human dignity-based frameworks... security-based arguments have contributed to a new emphasis on the material self-interests of states with respect to public health governance". It is upon this aspect of contemporary global health discourse that this paper focuses. It does so for a number of reasons. The first lies in the idea that this discourse is inherently geographical; after all, it is in essence concerned with the flows of human and non-human agents within and, more importantly here, across, national borders (for a discussion of which see recent edited volumes by Bashford, 2006; Ali & Keil, 2008; Lakoff & Collier, 2008). As such, it touches upon issues of temporality and speed, and the increasingly rapid movement of people and things through space. And the problems produced by, and vulnerabilities associated with, such enhanced mobilities.

It is also of interest because a focus on security and vulnerability, and what this means, allows for an analysis that goes beyond the current fixation with emerging and re-emerging infectious diseases. Although it is certainly true that the concern with such diseases dominates, and the recent focus upon H1N1 swine flu is clearly a testament to that, there is also a suggestion that the processes associated with the enhanced threat posed by these diseases are similar to those that have caused non-communicable diseases to become a global health problem too (see Aginam, 2005; Fidler, 2007; Brown & Bell, 2008). Finally, a third reason for focussing on this aspect of the global health discourse is that the subsequent search for 'security' in an increasingly interconnected and insecure world is, for some at least, highly problematic; especially if the question of "who is to be protected, and from what" (Coker & Ingram, 2006: 161) is considered. The remainder of this paper seeks to explore each of these aspects of contemporary health discourse in a little more detail, before drawing this critical commentary together in the form of some concluding remarks.

#### "Vulnerability is universal"

In order to consider more fully these interlinking questions of vulnerability and security as they apply in the context of global health, it is clearly important that we have a sense of what it is that has provoked them. Here it would, of course be possible to turn to the plethora of graphs, tables, diagrams, maps, statistics, and so on that are produced on this subject. However, in their place this paper employs the words of the current Director-General of the WHO, Dr Margaret Chan, who in the preface of a recent edition of the World Health Report painted an especially bleak picture of the state that we are in:

The world has changed dramatically since 1951... Since then, profound changes have occurred in the way humanity inhabits the planet. The disease situation is anything but stable. Population growth, incursion into previously uninhabited areas, rapid urbanization, intensive farming practices, environmental degradation, and the misuse of antimicrobials have disrupted the equilibrium of the microbial world. New diseases are emerging at the historically unprecedented rate of one per year. Airlines now carry more than 2 billion passengers annually, vastly increasing opportunities for the rapid international spread of infectious agents and their vectors. ...

These [and other] threats have become a much larger menace in a world characterised by high mobility, economic interdependence and electronic interconnectedness. Traditional defences at national borders cannot protect against the invasion of a disease or vector. Real time news allows panic to spread with equal ease. Shocks to health reverberate as shocks to economies

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