The United Nations as Global Health Keeper

Studying the United Nation emergency response to the 2014-2015 Ebola outbreak in West Africa through an underlying logic of securitization

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A critical story about our taken for granted realities of security in the world

Abstract

This thesis addresses the response of the United Nations in the Ebola health crisis in West Africa in 2014 and 2015. Over recent years, the notion of international security has broadened and included not only military, but also societal and developmental issues. The involvement of the United Nations system in the response and interventions to Ebola, which can be framed as both a security threat as well as a humanitarian crisis, highlights new narratives and responses to the safeguarding of security. This thesis provides insight in the complex array of discourses, stakes and interests that come together in the United Nations system and form the Ebola complex. Based mainly on the theoretical models of securitization and assemblage, this thesis aims to develop further understanding of the deployment of security labels to legitimize extraordinary measures in the context of a health crisis. It intends to pinpoint what securitization does and in so doing sheds light on the social and political implications of securitization. Overall, I will take a critical stance towards the taken for granted realities of security in the world and defend the need for a comprehensive, cultural sensitive and human-rights centered approach to a health crisis like Ebola.

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List of abbreviations

EVD	Ebola Virus Disease
GERC	Global Ebola Response Coalition
IMF	International Monetary Fund
IPI	International Peace Institute
MSF	Médecins sans Frontières
NGO	Non-governmental organization
OECD	Organization for Economic Co-operation and Development
PHEIC	Public Health Emergency of International Concern
R2P	Responsibility to Protect
UK	United Kingdom
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly
UNICEF	United Nations Children's Fund
UNMEER	United Nations Mission for Ebola Emergency Response
UNMIL	United Nations Mission in Liberia
UNSC	United Nations Security Council
US	United States
WHO	World Health Organization

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1. Introduction

On September 18th 2014 the United Nations Security Council (UNSC) adopted resolution 2177 at an emergency meeting, which declared the outbreak of Ebola hemorrhagic fever (Ebola) in West Africa a threat to international peace and security. This occasion marked a unique step in the expansion of the concept of threat. The only previous time a health epidemic has been declared a threat to international peace and security was during the HIV/Aids crisis in the 1980's (de Waal et al 2010).

The Ebola outbreak started late 2013 in Guinea but was not notified by the World Health Organization (WHO) until March 2014. The outbreak rapidly spread to neighboring countries, most importantly to Liberia and Sierra Leone, and particularly affected heavily populated urban areas (Global Ebola Response 2015a). By June 2015, 11.200 people have lost their lives due to the health crisis (Van der Hee in NRC June 30th 2015). Other than that, the outbreak had grave impact on the economies, led to social and political tensions and growing international isolation of the affected African countries, of which some have only recently emerged from instability and civil unrest due to a history of conflict (Burci 2014). The spread of Ebola to third countries has been very limited. Nonetheless, restrictive measures on the entry of nationals from affected countries, suspension of commercial flights and other restrictive measures were imposed by governments (Burci 2014).

The involvement of the Security Council in the intervention and the establishment of the first ever UN-led emergency health mission, the United Nations Mission for Ebola Emergency Response (UNMEER), shows an interesting – and possibly new – profile of political perceptions of security in a globalized world. Such new narratives seem to logically generate new reactions to the safeguarding of international security. This manifestation emphasizes a broadening in the notion of international security by including developmental and societal issues. The involvement of the UNSC may raise the political profile of the situation, thereby mobilizing additional financial resources, generating political commitment and facilitating and legitimizing the deployment of military assets with required organizational, enforcement and logistical capacity (Burci 2014). At the same time, this narrative of international security can generate criticism because of the adoption of security and military strategies in the context of an infectious disease (Fidler 2002; Elbe 2006). Such criticism asks for further analysis of the situation. This thesis takes a critical stance toward the taken for granted 'realities of security' in the world.

Drawing on an poststructuralist approach, implying that subjects have agency and act in a purposeful manner but are at the same time constantly influenced by symbolic orders and dominant discourses, this thesis aims to provide greater understanding of the ideas that shape the alignments, and possible compatibilities, hierarchies and relationships that underlie the approaches adopted by UN related actors that are engaged in tackling the pandemic (Demmers 2012). On the basis of the analytical

models of securitization and (security) assemblages, this master thesis provides further understanding of the deployment of security terms by the UN in the response to Ebola and the legitimization of certain policy practices under these security labels. Based on these insights, this thesis emphasizes the underexposed governing effects and political implications of securitization in the context of Ebola such as the disturbing presumption that during the health crisis more people died from other diseases than Ebola – due to Ebola – than from Ebola itself (Guardian 2015). This thesis provides new and important insights in a growingly visible and complex character of a global 'culture of security'. Its relevance should not only be understood in terms of its contribution to a greater level of awareness of the social and political implications of securitization and global governance for the direct victims of a health crisis such as Ebola and for possible future policy making in this regard. This thesis also contributes to existing literature that address the complexities of security and global governance issues.

Because of the aim to explore a certain social reality and make further research in this regard possible, this qualitative social research is mainly of an exploratory nature. Exploratory research is conducted for a problem that has not always been clearly defined and should draw conclusions with caution (Ragin 2008). In light of this, it is important to mention potential limitations of this thesis. Firstly, as is often the case for exploratory research, this thesis relies mainly on secondary research and therefore has – to some extent - limited access to the research topic. Due to a combination of completing a highly demanding internship in combination with this thesis, the research has been somewhat limited by the available time and capacity of myself as a researcher. Although responses to Ebola have taken place on local, national and international levels (European Parliament 2014), this thesis will focus specifically on the United Nations. Due to the multitude of actors and interventions involved in and around the UN system, and due to the continually changing status of Ebola, this thesis does not aim to provide a comprehensive overview of the current situation but rather sheds light on the complex character of the management of (human) security by the world's best known institution that tries to achieve global peace and stability; the United Nations.

Motivated by personal interest in issues relating to human security and securitization, the data gathering process for this research began eight months ago during which it was mainly based on (Dutch) news sources. Through a continuous, flexible and broadening process of data gathering and -analysis I established sensitizing concepts, such as securitization, containment, global security, threat perceptions and assemblage, that appeared predominantly in both the data as well as in literature relating to conflict studies and human rights. With the help of these concepts I have been able to further narrow down the research topic and steer the data gathering process. Theoretical analyses and information about the UN Ebola response is still somewhat confined due to fact that the epidemic is relatively young and ongoing and it is for that reason that I have been able to analyze the most dominant secondary literature that focusses on securitization of Ebola. I expect the amount of literature about this topic to grow in a rapid manner during the upcoming years which can further expand the secondary sources concerning Ebola

responses to be used in future research. Primary data for this thesis has been selected on the basis of its exposure, it's accessibility, it's relevance in terms of focus on the UN and the response to Ebola on a global level and it's reliability as a source. In this regard, and in order to cope with the large amount of news sources about Ebola, I mainly focused on larger and well known organizations who predominantly reported about Ebola during the past two years, such as the WHO or MSF and larger news and information stations such as the Guardian, BBC, Nieuwsuur, the NRC or Human Rights Watch. Due to my internship at the Dutch Permanent Mission to the United Nations a large part of the used data has been gathered through UN and Dutch Ministry of Foreign Affairs related sources. Again, due to exposure and availability, Dutch sources have, in comparison, been used relatively more than sources from other countries. Throughout the data gathering process I tried to apply methodological triangulation – although to a limited extent - by visiting UN meetings concerning Ebola and informally interviewing and speaking with members of the Dutch Ebola Taskforce in New York about this topic whenever possible (Boeije et al 2009:275). While it is important to acknowledge that much more *can* and *should* be said about global, national and local responses to Ebola in terms of social, cultural, political and economic aspects, it is also important to note that this thesis highlights some important, and at times disturbing, aspects of the Ebola response that can help shape a larger picture. Lastly on methodology, I would like to mention that my internship at the UN has exposed me to confidential information about the research topic that cannot be used as sources for this thesis but must be acknowledged as having a possible influence on my vision and knowledge regarding the research area.

In the second and theoretical chapter of this thesis, key concepts such as human security, global governance, containment and - most importantly - securitization and assemblages, will be explained from an approach that keeps the subject of this thesis in mind. I will lay out different perceptions and methods of using these key concepts, possibly criticize them, and try to establish and verify how I want to deploy or interpret the theoretical concepts that will form the basis of this thesis. The third chapter will provide a more extensive overview of the context of the Ebola crisis and will discuss the (proclaimed) linkages between Ebola and international peace and security. In this chapter I will thus link the concept of human security – including relating ideas about fragile states and security – and globalization to the context of Ebola. The fourth chapter will establish whether Ebola has actually been (partially) securitized and in what way. I will thereby describe which, and in what way, extraordinary measures have been deployed and legitimized by the UN. The most important event I will examine in this chapter is the UNSC meeting of September 2014, during which the resolution that framed Ebola as threat to peace and security was adopted. In the fifth chapter I will discuss why it matters how we think about, and act upon, security issues and defend the need for a holistic view of global responses to a pandemic like Ebola and the way the international community seeks to deal with what is, in the end, a human tragedy. Finally, in the conclusion I will present and recap the main findings of this thesis and make recommendations for future research.

2. Theoretical Framework

2.1 A changing character of security

In 2014, the World Health Organization (WHO) declared that more than 22 million people in mainly Liberia, Sierra Leone and Guinea were in danger of Ebola. This epidemic quickly spread through physical contact and mainly formed a risk for people who live in poor conditions with bad hygiene and regular contact with animal sources of infection. Ebola had, and still has, a large impact on African countries. A decade ago, the notion that an epidemic disease could be a security threat that is of concern to the UN Security Council and different superpowers was a striking innovation (van Raaij 2014; WHO 2014). As presented in the introduction, the only previous time an epidemic has been declared as a global threat was during the HIV/Aids crisis in the 1980's (de Waal et al 2010). Today, however, the integration of human security issues such as disease, environmental problems or hunger, into the international security agenda is part of mainstream and commonplace discussion in foreign ministries and international agencies (Eriksen and Hylland 2010; de Waal et al 2010; Susan Peterson 2002). Debates concerning a deep dissatisfaction among nations and people with what traditional security perspectives had been able to achieve in reality has led to a new, more encompassing discourse on security, namely: Human security (Kaldor 2007).

According to Frerks and Goldewijk (2007) a variety of factors and processes are felt to affect human survival and livelihoods, such as environmental degradation, global warming, recourse depletion and epidemics. The *Worldwatch Institute's State of the World Report* (2005 in Frerks and Goldewijk 2007: 24) in this sense talks about 'problems without passports'. Ebola could thus be seen as such a problem. Some of those non-military threats can have a tangible and direct impact on human life, while others work in a more indirect way, for example by fuelling inter-group tensions and violence. It is often argued that a military approach to such problems alone is inadequate and probably counterproductive. Politicians and practitioners adopted more comprehensive and 'multi-track' approaches to contemporary conflict and to engage development cooperation in the pursuit of peace (Kaldor 2007; Frerks and Goldewijk 2007). This suggests that interventions to Ebola can be seen as such 'peacebuilding activities'.

Human security is thus not a concern with weapons, it is a concern with human life and dignity, as stated by United Nations Development Programme (UNDP) (UNDP 1994:22 in Frerks and Goldewijk 2007:26). Elbe (2006) discusses, with regard to the HIV/Aids crisis, that scholars across a plethora of

disciplines, ranging from economics and sociology to development studies and social policy, have truthfully recognized that the effects of this pandemic will not be confined to individual human tragedies. HIV/Aids had a host of wider political, economic, and social implications around the globe and the same seems to be the case, or at least has been claimed to be the case by different actors, for the Ebola crisis. Such a health epidemic with grave consequences thus needs to be addressed with careful consideration, Elbe suggests (2006). Lastly it is important, as de Waal et al (2010) argue, to realize that framing a health issue such as HIV/Aids, or in this case Ebola, as a human security issue can lead to such a broad framework that it encompasses everything of concern and therefore can be of limited use for policy and perhaps create false hopes and expectations. It is important to be aware of the limitations, values and opportunities of both the traditional state security approach and the human security approach.

2.2 Fragile states as threat to human security

Often presumed to be influential in the distortion of humans security and development are so-called 'fragile states'. As von Einsiedel (2005) states: "Failing or failed states often lead to humanitarian disasters, endemic civil war, immense flows of refugees and internationally displaced persons and international trade in illicit drugs and weapons". Duffield (2007:162) argues that states concentrate poverty and its effects, for example bad health care, and therefore pose great risks to global stability. Global instability challenges the West's ability to achieve its strategic interests, including maintaining the integrity of mass consumption. Unstable countries are also regarded to play an important part in facilitating international terrorism. Lacking various combinations of capacity and political will, fragile states are seen to either ignore or menace the human security of their citizens. This implies that simply by existing they threaten global stability (Duffield 2007:163). Fragile states signify how development and security are being recombined at a time of global insurgency and warfare. Given the dangers of the fragile state, it is often argued that the international community should increase its efforts to strengthen weak states prone to failure, this however is not an easy task (von Einsiedel 2005).

When it comes to the term 'fragile state' or 'failed state' it is problematic to find a definition that is widely agreed upon [1](von Einsiedel 2005), as well as what the term exactly entails and how to measure it (Overbeek et al 2009). Many scholars (Einsiedel 2005; Zartman 1995; Ayoob 1996; OECD

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[1] Most cited, von Einsiedel (2005) argues, is the definition of William Zartman (1995 in von Einsiedel 2005: 15) who argues that a state is 'failed' when the functions of the state are no longer performed. This, however, is of course still very vague. With regard to fragile states, the OECD (2008) states that "a fragile region or state has weak capacity to carry out basic governance functions, and lacks the ability to develop mutually constructive relations with society". Overbeek et al (2009) explain that different indicators are formulated to measure state fragility, and different authors focus on different indicators such as income, state legitimacy, public services, demographic pressures, security apparatus, and others. The relationship between Ebola and state fragility is probably highly complex and non-linear and it is important to note that conclusions concerning this relationship require further fact-based research that is not available for me at this moment.
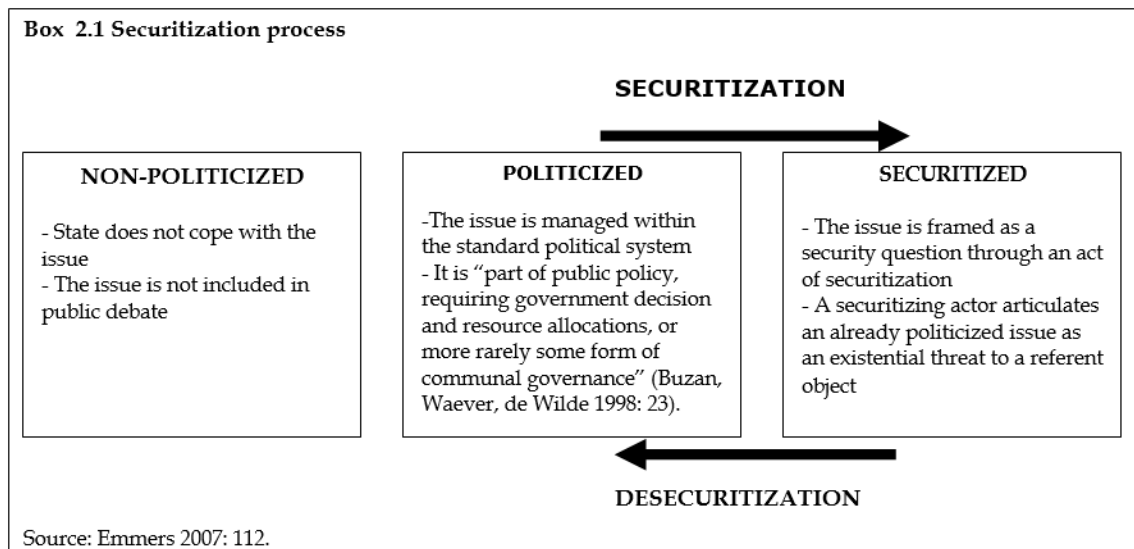
2008; Overbeek et al 2009; Fund for Peace 2015) have debated on this issue and it must be noted that different definitions of the term exist. For this thesis, the Fragile State Index [2] forms a helpful mechanism and provides a basis for drawing conclusions in this regard by providing clear annually updated perspectives and listing of the vitality and stability (or lack thereof) of states (Fund for Peace 2015).

2.3 A classic approach to securitization

In line with the widening and deepening understanding of the concept of security, the Copenhagen School identified five domains of security that encompasses not only military, but also environmental, economic, societal and political security and thereby moves away from the traditionalist view of security by encompassing a multitude of security threats and including both state and non-state actors (Emmers 2007: 110). The Ebola outbreak hereby seems to fall under the category 'societal security issue' due to its variation between being a national and a global health issue. From a Copenhagen School perspective, Buzan et al (1998:5) stated that "Threats and vulnerabilities can arise in many different areas, military and non-military, but to count as security issues they have to meet strictly defined criteria that distinguish them from the normal run of the merely political. They have to be staged as existential threats to a referent object by a securitizing actor who thereby generates endorsement of emergency measures beyond rules that would otherwise bind". This process of so-called "securitization" involves two phases, as established by the Copenhagen School. The first phase involves the portrayal of the issue as being existentially threatening by using 'language of security'. This process can be initiated by both state and non-state actors. The second phase requires the convincing of a relevant audience that the referent object, in this case Ebola, is indeed existentially threatening. If the securitization act is successfully completed, it bestows upon the securitizing actor (the United Nations) the legitimacy to utilize extraordinary measures (Emmers 2007:111-112). Box 2.1 clearly visualizes the stages of the Copenhagen School securitization model whereby a security issue can move from the non-politicized to the politicized and finally to the securitized end of the securitization sprectrum as a result of securitizing acts and, importantly, vice versa through a process of desecuritization (Emmers 2007:111). Central to the stages of securitization is the so-called 'speech act'[3]. The Copenhagen School considers a speech act to be the

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[2] The Fragile States Index, produced by The Fund for Peace, is a critical tool in highlighting not only the normal pressures that all states experience, but also in identifying when those pressures are pushing a state towards the brink of failure. By highlighting pertinent issues in weak and failing states, The Fragile States Index—and the social science framework and software application upon which it is built—makes political risk assessment and early warning of conflict accessible to policy-makers and the public at large (Fund for Peace 2015).

[3] Emmers (2007:112) defines the speech act as the discursive representation of a certain issue as an existential threat to security.

Box 2.1 Securitization process

SECURITIZATION

NON-POLITICIZED

- State does not cope with the issue
- The issue is not included in public debate

POLITICIZED

-The issue is managed within the standard political system
- It is "part of public policy, requiring government decision and resource allocations, or more rarely some form of communal governance" (Buzan, Waever, de Wilde 1998: 23).

SECURITIZED

- The issue is framed as a security question through an act of securitization
- A securitizing actor articulates an already politicized issue as an existential threat to a referent object

DESECURITIZATION

Source: Emmers 2007: 112.

starting point of securitization. A securitizing actor uses language to articulate a problem in security terms and thereby persuades the relevant audience of its immediate danger (Emmers 2007:112).

When studying the Copenhagen School model, a few underlying assumptions should be acknowledged. Firstly, a constructivist perspective on security can be recognized. Whether an issue is a threat depends on the discourse surrounding the issue. This reflects Jabri's observations about the connection between discourse and power (Jabri 1996 in Demmers 2012:125). Jabri (1996:95) defines discourse as 'a story about social reality' that represents 'social truth', thereby extending beyond a simple mirror image of established notions or phenomena. Discourse is considered to be a form of action and relation. Jabri (1996:95) states that "Social texts do not merely reflect or mirror objects, events and categories pre-existing in the social and natural world. Rather, they actively construct a version of those things. They do not describe, they do things". Another underlying assumption that can be recognized is that the articulation of security by the Copenhagen School is based on the existence of a crucial form of security action, mainly focused on a speech act (Strizel 2014). Intrinsically related to securitization in this regard is the concept "framing" and related ideas about the "power of words" as described by Benford and Snow (2000). Framing denotes an active, processual phenomenon that implies agency and contention at the level of reality construction. This entails agency in the sense that what is evolving is the work of social actors. At the same time, it is contentious in the sense that it involves the challenging of existing frames that differ from each other (Benford & Snow 2000:614). Important in the approach of the Copenhagen School in this regard is the concept of power that is apparent among certain securitizing actors who are – at times - able to successfully securitize an issue and thereby legitimize extraordinary actions (Boswell 2007:592).

Shortcomings of the securitization model should also be mentioned. The theory has often been criticized for being Euro-centric (Emmers 2007:116). Additionally, the model has been accused of being less useful in undemocratic systems because the legitimacy of using extraordinary measures is not

necessarily open for public debate in such systems, which arguably makes it irrelevant whether a speech act was successful (Emmers 2007:124). This point is particularly interesting in the context of Ebola. If we can indeed establish that Ebola has been securitized, this will have happened on a global level where an international entity is apparent, rather than one form of government. Stritzel (2007) additionally criticizes the Copenhagen School in a way that is of particular importance for the topic of this thesis by arguing that the model puts too much emphasis on the semantic side of the speech at the expense of its social and linguistic relatedness and sequentially. Adding to that, I would argue that despite the fact that the Copenhagen School speaks about a 'process of securitization', the model unjustly emphasizes that securitization can be completed with a singular act. When taking the context of Ebola into account, it seems impossible to pinpoint what exact speech or event might have successfully securitized the epidemic. From what I have seen, extraordinary measures such as country lockdowns and house searches were already taken before the Security Council meeting in September 2014. I thus see securitization as more than the basic idea of security as a speech act but rather as a dynamic and multileveled process that includes different securitizing events and manifestations. A more comprehensive understanding of securitization needs to be found to be able to study the topic of this thesis. Stritzel (2007) has in this regard developed a useful alternative framework whereby the empirical study itself can work out which element of the framework is, when and why, most important.

2.4 Securitization: Copenhagen and beyond

In 'Towards a theory of securitization: Copenhagen and Beyond', Stritzel (2007) argues that "the idea of securitization is one of the most important and controversial contributions to a vibrant body of new security theories. Such a theory needs to go beyond the current reflections on securitization by the Copenhagen School." The way that Stritzel suggests to work with securitization is three-layered. Firstly, he argues we need to study the performative force of an articulated threat text. Hereby, the term "text" is helpful in the sense that it broadens the definition of speech act as used by the Copenhagen School and stresses the linguistic structures that evolve sequentially over longer periods of time, consisting of more complex formations which stem from various influences (Stritzel 2007:374). To add to this and in order to move even further away from the semantic focus of the Copenhagen School securitization model, I argue the word "text" should, even better, be replaced with simply "acts". Securitization, as visible in the context of Ebola, is not only about speech or text but also about images, performances, actions and a broader discourse. Secondly, Stritzel argues we need to study the embeddedness of a security issue in existing discourses, thereby broadening the scope of what we study beyond singular events by incorporating broader structures and, as seems important for this thesis, a 'culture of security'. Thirdly, the model of Stritzel focuses on the positional power of securitizing actors in order to take a

broader context, and power relations, into account. The Copenhagen School did not yet clearly define a relation between audience and actor. It splits the actors in two elements: A securitizing actor who performs a securitizing move by uttering a speech act and the relevant audience accepting or refusing this move (Stritzel 2007). But, hereby again linking directly to Ebola: What if the audience and securitizing actor overlap or are even the same, as seems to be the case for the UN? In light of the fact that the UN system is made up of 193 countries, it is hardly possible to grasp who the securitizing actor would exactly be in this regard, let alone who precisely forms the relevant audience.

In light of defending the need to view securitization as a dynamic process, I would lastly like to refer to an interesting analysis of Marieke de Goede (2008) who states that because of its ability to foster current action, so called "security premediation" can offer a fantasy of control and rational management of the uncertain future that "depoliticizes the limits of knowledge". Thereby arguing that early premediation of, and acting upon, security is already performative and that it is perhaps exactly that element of security that should become the subject of political debate (de Goede 2008:17). I find this insight useful when examining the relation between security and care, as studied for this thesis. Possibly, in the case of Ebola, as will be described later on, it is the 'care' element that has turned into a source of existential insecurity. Perhaps the lockdowns, the use of military assets, the lack of health care for non-Ebola diseases, have led to a threat in itself. This adds to the argument that it is thus about broader structures, about a broader process, and certain situations that constitute them as significant to determine whether securitization has taken place. If this is the case, securitization can allow the 'normal' rules of the game of social life to change to a state of exception and legitimize extraordinary behavior because this is seen as a necessary reaction to an extreme situation. As will also become clear in the case study of this thesis, security practices often take place at a level below exceptionality but are nonetheless noteworthy to take into account when researching the culture of security around this issue (de Goede 2008). It seems more useful to see securitization as an overall dynamic and complex process, rather than drawing strict dividing lines between actor and audience and between defining securitizing acts. Overall, Stritzel (2007) and de Goede (2008) provide us with a more externalist and helpful reading of securitization which creates a more visible tension of the idea of performativity.

2.5 Governing and containing security on a global scale

To be able to understand the impact and relevance of the above described concepts, it is important to take the rapidly changing globalizing world into account in which territorial borders are taking on a new significance, leading to new forms of conflict and relating narratives about global security. Saskia Sassen (2006:234) describes contemporary globalization as the rearticulation of global and national structures.

At the centre of these processes is the partial 'disassembling' of national states and the corresponding development of new 'global assemblages'. This last term will be further explored in the next sub-chapter. Security studies mainly seem to focus on territorial borders as spaces that require defence and protection against external threats, in this case that would be Ebola, thereby triggering the need to control (Rumford 2006 in Pickering and Weber 2006). Even though it is clear that Ebola is not a threat that lets itself be controlled by borders, some aspects of 'borders' are worth acknowledging here in order to further understand the need to control and the concept of global governance. Newman (2006) explains that borders are an important part of our daily lives as they play a significant role in the perpetuations of our notions of difference and 'othering'. In light of the case study of this thesis it is important to interpret the concept of borders from a more moral and political perspective, as institutional sites of governance (Walters 2006:1). The transformations of governance, due to deterritorialization, is visible in many aspects of contemporary international politics and has also taken place in the field of security (Abrahamsen and Williams 2009:15). As Johnston and Shearing (2003 in Abrahamsen and Williams 2009:3) argue: "The growth and pervasiveness of (private) security is linked to contemporary dominance of neo-liberal modes of governance". Johnson et al. (2011:62 in Dijstelbloem and Broeders 2014:3) found an appropriate notion of borders that is very useful for this thesis by stating that "Borders are now to be regarded as processes, practices, symbols, institutions, networks or discourses through which power works". Global governance can be understood as a political interaction of transnational actors aimed to manage global affairs that affect more than one state or region (WHO 2015a). As there is no global government, global governance typically involves a range of actors including states, as well as regional and international organizations (WHO 2015a). Often, a single organization or entity, and the United Nations is a perfect example of such an entity, may nominally be given the lead role on an issue. The WHO (2015a) furthermore describes global governance as an international process of consensus-forming which generates guidelines and agreements that affect national governments and international corporations. Acknowledging globalization and global governance helps us understand how a concept such as 'global health' can exist, and this is important when considering the relation between security and care on a global level as evident in the UN response to Ebola.

Important when investigating global governance is the distinction between developed and underdeveloped life that Duffield (2007) has described, thereby building on Foucault. Duffield (2007:229) refers to the difference between the global north and south through dichotomies such as advanced versus backwards, active versus passive, civilized versus barbaric and so on. He recognizes the rise of a discourse in which 'developed' countries portray 'developing countries' as a threat to 'the western way of live', referring to 'our' social cohesion, stabilized way of life and borders of mass consumer society (Duffield 2007 in Demmers 2012:72). This is where the concept of containment comes in, that Duffield (2008:146) describes as the need to regulate and discipline people. He highlights the priority for western politicians to manage circulatory flows that link the underdeveloped and developed

worlds in the interest of international security (Duffield 2007:151). By drawing on notions of Foucault about technologies of power, Duffield (2008) explains that such technologies can be seen as means of governance with the aim to control people living in the margins of global society. Such technologies, aimed at (remote) controlling people, have become increasingly far-reaching and sophisticated (Pickering and Weber 2006:12). Adding to this, Duffield mentions that such technologies of power can lead to simplification, manipulation and simulation, thereby touching upon the dangers that lurk in such remote technologies of power, or 'remote management' in the context of development aid. Power relations are intrinsically related to global governance, which cannot only be seen as driving forces behind the changing character of safeguarding security, but as an overall important underlying concept in this thesis (Walters 2006:199).

Taking all this back to the context of Ebola, framing this pandemic as a threat to security by the UN seems to have both advantages and disadvantages. As mentioned in the introduction of this thesis, securitization and governing of Ebola can raise the political profile of the situation, thereby mobilizing additional financial resources, generating political commitment and facilitating and legitimizing the deployment of emergency assets. Perhaps it is due to the fact that Ebola is framed as a security threat that the international community is mobilized to try and overcome this epidemic. As Goodhand (2006) says: "It is about providing 'them' with development, in turn for 'our' security". And as Duffield (2008:146) and Zetter (2007:17) argue, although more focused on the context of refugees, technologies of power can be justified and accepted as necessary means for the defence, stability and security of the European welfare state. Following on Foucault (2007) and Duffield (2007), the regimes to global security seem to reveal a political rationality to regulate populations by isolating 'bad' circulations from 'good' circulations. Taking this further, it seems we can recognize global security as a two-faced manifestation with on the one hand an almost altruistic and positive want to care for distant others and on the other hand a self-interest motivated need of western countries to extend forms of remote control in the 'Global South' in the name of a health crisis. This thesis thereby builds on the underlying tension, and it is here that the relation between security and care clearly comes into play, between the protection of the West, its citizens and its health on the one hand and the protection of the direct victims of Ebola on the other (Carling and Hernández-Carretero 2011:44). A possible danger of a security centered response to a health crisis is acknowledged by Elbe (2006) who explains that securitization, and the responses that arise from this, can lead to a situation whereby actors push the disease away from civil society toward military and intelligence organizations with the power to override the civil liberties of persons living with, in this case, Ebola.

2.6 The United Nations as a security assemblage

The United Nations is an international organization founded in 1945 that is made up of 193 member states and different UN organizations such as UNICEF, UNDP, WHO or UNFPA. The work and mission of the UN are guided by the principles and purposes contained in its founding Charter. Further, the organization has six main organs: the General Assembly, the Security Council, the Economic and Social Council, the Trusteeship, the UN Secretariat and the International Court of Justice (UN 2015). From only this limited description of the UN it already becomes clear that we are dealing with a complex entity consisting of countless actors with divergent interests and stakes. Such a formation of partnerships between multiple stakeholders seems to be very fitting in our current neo-liberal world. In this regard, to find a more accurate description and conceptual lens to study, in the words of Goede and Simon (2013:317), the ways complex social and material formations that consist of heterogeneous elements but still hold together and exercise power - within in this case the peace industry - the concept 'assemblage', as will be further explained below, has shown to be very helpful.

Murray Li (2007:286) has advanced a helpful so called 'analytic of assemblage' by taking up a Foucauldian approach and examining how heterogeneous elements – such as discourses, institutions, laws, scientific knowledge, administrative measures, moral prescriptions, material interests – are assembled to constitute a technical field fit to be governed and improved. In this sense, the UN can be seen as an assemblage that brings together an array of agents and objectives (Li 2007:263). Li (2007:263) delineated six practise that contribute to holding these diverse elements together: forging alignments, rendering technical, authorizing knowledge, managing failures, re-posing political questions and reassembling as the ground shifts. An important element is the emphasis on agency in her work without, as she says herself, re-inscribing the self-sovereign subject with a singular interest and intention. Other than that, she emphasizes contingency and fracture as the possibility that an assemblage may disintegrate under the weight of its own contradictions or be reassembled in forms so different that it can no longer work in the way it 'normally' does (Li 2007:287).

Specifying explicitly on security, Abrahamsen and Williams (2009:1) show us how a range of different global and local and public and private security agents and normativities interact, compete and cooperate to produce institutions, practices and forms of security governance. Such global security assemblages mark important developments in the relationship between the sovereign state, structures of political power and authority, operations of global capital and security. Security governance increasingly takes place beyond the state, embedded in a complex transnational security architecture that is both a reflection and a significant component of the shifting structures of global governance (Abrahamsen and Williams 2009:15; de Goede and Simon 2013). Coming back to Li (2007:87): She tries to discover the

logic behind the alliance of actors – the assemblage - through assemblage analytics and argues that assemblages are traversed by a will to govern. With regard to the underlying logic, the security assemblage that has taken shape around the Ebola crisis seems to act in accordance to a logic of securitization. In this case a new approach to security is observable, namely an epidemiological - or health – approach. Interesting in this regard is to find out which (political, moral and social) questions *are*, and even more importantly, which questions are *not* asked, in the UN approach and response to Ebola. Why is it, for example, possible that some areas of the world, like in this case West Africa, are governed on a global level and others are not? Overall, in light of this I aim to further discover which elements *form* the Ebola complex. One thing is clear about (security) assemblages: We are no longer dealing with a singular (state) approach but with a complex of actors with multiple stakes and interests that all play a part in the framing, securitizing, containing and approaching of the Ebola crisis. Assemblage analytics in this regard offers us an opportunity to analyze the United Nations in a more comprehensive manner that extends beyond mere positive versus negative representation of responses to global security. The UN in its response to Ebola can be seen as an assemblage of security governing that is mobilized through particular threat representation, knowledge practice and strategies for intervention. By making strange the idea of security, and security representation itself, this thesis aims to challenge contemporary security-minded thinking (de Goede and Simon 2013).

3. Ebola as a threat to international peace and security

Ebola Hemorrhagic Fever, Ebola Virus Disease (EVD) or simply Ebola is a severe and potentially fatal illness in humans. The virus transmits from wild animals to people and can spread quickly through human-to-human transmission. The case fatality rates have varied from 25 to 90 per cent during past outbreaks. The current outbreak in West Africa was first notified in March 2014 and is the largest and most fatal Ebola outbreak since the virus was first discovered in 1976 (WHO 2015b). The first cases of Ebola in West Africa occurred in Guinea and then spread to Sierra Leone, Liberia, Nigeria, Senegal and Mali, of which Guinea, Liberia and Sierra Leone have been most affected. These countries are characterized by a history of long periods of conflict or instability, weak health systems and lack of human and infrastructural resources (United Nations General Assembly 26th May 2015). On August 8th 2014, the WHO Director-General declared the outbreak a Public Health Emergency of International Concern, as established under the International Health Regulations[4] in 2005 (WHO 2014; 2015b). In this chapter I will further elaborate on the potential relation between a health crisis such as Ebola and international peace and security by touching upon ideas concerning fragile states, destabilized regions, security and the overarching concept of human security as laid out in the theoretical framework. In doing this, I will at times refer to the only health crisis that has been framed as threat to peace and security before: The HIV/Aids crisis in the 1980's. This chapter will increase the level of knowledge and understanding of the context and thereby form a basis for further chapters that will elaborate on the processes of securitization and governing of Ebola by the UN.

3.1 Ebola in relation to fragile states

As explained in the theoretical framework, it is problematic to find a definition that is widely agreed upon when it comes to the term 'fragile state' [5](von Einsiedel 2005) However, it may be noted that all West African countries that are currently affected by Ebola are listed on the Fragile States Index [6]of 2015 as being in a situation of 'Alert' or in the case of Guinea 'High alert' (Fund for Peace 2015). It is

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[4] International Health Regulations (adopted on 23 May 2005, entered into force on 15 June 2007), 2509 UNTS 79. The IHR as most recently revised in 2005 are the latest manifestations of an international legal document that began in the mid-19th Century. On the history of that development and an extensive analysis of the IHR, see D. Fidler 'From International Sanitary Conventions to Global Health Security: The New International Health Regulations' (2005) 4 Chinese Journal of International Law 325. (WHO 2015).
[5] See footnote 1
[6] See footnote 2

thus clear that the affected countries 'suffice' to some, or many, of the different indicators that are commonly used to measure state fragility. Central to discussions about state fragility is the security-development nexus [7] and therefore human security issues (Overbeek et al 2009; OECD 2008) The theoretical framework in this regard has provided us with a broadened, more holistic and people-centered, rather than state-centered, conceptual understanding of security. Human security touches upon the complex interactions between natural disasters, social inequality, poverty, broken institutions and post-Cold War conflicts that all characterize the origin and spread of Ebola in West Africa. Different authors (OECD 2008; Serwer and Thomson 2007) and news sources (van Raaij 2014; Guardian 2014; Global Ebola Response 2015a and 2015b) argue that the root causes and (non)containment of Ebola should be sought in areas such as fragile or broken health systems, densely populated urban areas, cultural practices that led to new infections, lack of public education, deep-seated distrust among the population and toward governments and health workers, and urbanization of Ebola.

During the time of the HIV/Aids crisis, it was feared that entire states would collapse under the epidemic (de Waal et al 2010). Burci (2014) describes the perception that a highly pathogenic infectious disease like Ebola can undermine the economic, political and social bases for a state's stability, plunge it into chaos and possibly lead to massive population displacement. This can, in turn, reverberate regionally and cause further instability and conflict that can affect the security perception of third states with interests in the affected region. Another rationale is offered by David Fidler (2002) who explains that when an outbreak occurs, the public health system forms the first line of defence. By strengthening public health from a biosecurity[8] perspective, the dual purpose of defending against biological weapons as well as from naturally occurring diseases is achieved. The relationship between Ebola and fragile states, and the overall relationship with international peace and security is probably highly complex and non-linear and it is important to note that conclusions concerning this relationship require further fact-based research that fall beyond the scope of this thesis. What is clear nonetheless is that Ebola is linked to sociocultural, political, economic and security issues and that, regardless of whether this is true or not, due to the fact that the causality between fragile states and security is perceived as real, it has real consequences for both the ongoing debates as well as implementation of intervention strategies (Overbeek et al 2009; Jabri 1996).

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[7] Overbeek et al (2009:11) explain that the development-security nexus is frequently mentioned within the Fragile State Debate. The Fragile State discourse is generally based on the assumption that fragile states pose a threat to national and international security. Through this perspective, a two-way causality is apparent between development and security issues. The dominant, often implicit metaphor framing policy discussions about the security-development nexus in post-conflict settings is the vicious circle or conflict trap (Collier 2003; Menkhaus 2004; Waddell 2006 in Overbeek et al 2009). At the same time, several authors have challenged underlying assumptions of the security-development nexus. However, regardless of the fact whether this causality is real, it is believed to be real by policy and decision makers and has therefore real consequences for both the Fragile State Debate and the implementation of donor strategies.

[8] There is growing literature on securitization of health and implications of the biosecurity agenda for public health. Fidler in this regard provides a useful framework. See Fidler (2008) Biosecurity in the Global Age. Standford UP.

3.2 Developments in the safeguarding of public health and security

In light of the trend of human security and given the increasing perception that a health crisis like Ebola can threaten regional and global security it is perhaps not so surprising that the disease appeared on the agenda of the Security Council. In the medical journal 'The Lancet', Elbe (2011) points out that the year 2000 marked a fundamental shift toward 'securitization of disease' by convening a meeting to address the HIV/Aids pandemic. The article states that since then "The rise of the new health security paradigm has even seen some health issues becoming formally incorporated into national security strategies". Laurie Garrett, a senior fellow for global health of the Council on Foreign Relations pronounces that "The economic impact of a serious virulent pandemic is so severe that it can undermine trade and prosperity in any affected country. This has changed how countries response to even the most distant threat" (Council on Foreign Relations October 2014). In preparation for the World Summit in 2005, the UN Secretary-General brought out a report of the High-level Panel on Threats, Challenges and Change that stated that "Any event or process that leads to large-scale death or lessening of life chances and undermines states as the basic unit of the international system is a threat to international security" and thereby proposed a separate cluster of threats including "economic and social threats, including poverty, infectious diseases and environmental degradation" (Burci 2014:33). The UNSC additionally recommended that the WHO should keep the UNSC informed during suspicious or overwhelming outbreak of infectious disease and the Council could take over responsibility of the WHO in case of an outbreak (Burci 2014:33). Resolution 2177 concerning Ebola shows that health issues have become increasingly securitized within the UN system. It also suggests that the UN is continuing to push the boundaries of what constitutes a threat to international peace and security under international law to align more closely with a human security framework (Snyder in IPI 2014). The International Peace Institute (IPI 2014) explained that while it is true that health concerns don't fall under the traditional security paradigm of war, weapons of mass destruction or sanctions, they do fall under human security. Overall, it is clear that human security can challenge the international institutional order and laws and methods of organizations such as the UN.

3.3 Criticism on framing Ebola as global threat

From a human security perspective, the wider dynamics of the Ebola crisis seem be taken into consideration and an underlying commitment to scale up international efforts to respond to, and manage, this disease seems to go hand in hand with this. The General Assembly and the Security Council

stipulated, in 2005, that states have 'a responsibility to protect' their citizens, non-observance of which can trigger Security Council-mandated intervention (in OECD 2008:70). Snyder (in IPI 2014) suggests that the UN can and should jointly take up measures to protect the broader notion of human security by developing a system of early warning mechanisms for health and security situations. This is in line with warning systems that are in place for cases of genocide and mass atrocities (UN 2015). Additionally, the UNSC could streamline health considerations into some of its other agendas such as peacekeeping, Snyder argues (IPI 2015). During the time of the HIV/Aids crisis, resolution 1983 recognized that "peacekeeping operations can be important contributors to an integrated response to HIV and Aids through such means as incorporating HIV/Aids awareness in its civic and community outreach projects" (Snyder in IPI 2014).With regard to this progressive belief in the benefits framing of a health crisis as security issue, Goodhand (2006) argues that the intervention of development as a strategic tool for conflict management and peacebuilding shows that, in a sense, aid and politics have been reunited.

However, justification for framing a health crisis as threat to international peace and security has not remained unchallenged (Burci 2014; Elbe 2006; de Waal 2010; 2014). Important criticism is that the link between infectious diseases and political instability cannot be proven by historical records. Neither the HIV/Aids pandemic in Africa nor the Spanish influenza pandemic in 1918-1919 had an evident effect on the political stability of affected countries, including on their military forces that were expected to be more strongly affected by the diseases (de Waal 2010). Additionally, authors such as Peterson (2002:81) have raised the possibility that the normative aspects involved in framing a crisis such as the HIV/Aids crisis as a security issue may be more complicated than has thus far been assumed in debates. Scholars such as de Waal (2014) noted that the greatest dangers in situations like these come from panicked or coercive reactions by non-affected states. As mentioned before, Elbe (2006) warns us that by characterizing diseases as security threats it can push the response from civil society toward military and intelligence organizations as well as towards an authoritarian approach and coercive measures that may easily lead to stigmatizations of victims and human rights violations without evident public health benefits. Other scholars argue that a security framework can bring into play a 'threat-defense' logic that can undermine international public health efforts that for example may skew rational investment and prioritize funding for their elites and security forces as 'first responders' to a disease, rather than health care workers and capabilities (Elbe 2006). By working through a logic of security, responses and manifestations in the context of the HIV/Aids crisis or Ebola seem to convey the impression that 'more security' is always preferable. Buzan et al (1998:29) have argued this to be a very narrow minded view because the 'threat-defense' thinking that is linked to such security logic might not always show beneficial for the wanted solutions.

It is clear that a normative debate exists about whether or not a societal issue should be framed as a security issue or not. Within this discussion, benefits in terms of focus, mobilization and attention go hand in hand with possible problematic ethical side-effects as shortly touched upon above. It seems

to be important to remain critical about whether or not a certain issue should be addressed through a language of security. And rather more, it remains important to be conscious of the fact that deploying a language of security remains a choice, as Elbe (2006:20) argues. Ebola could just as well have been framed as, for example, a developmental or human rights issue. Moreover, Elbe (2010), together with other international relations scholars, concludes that understanding international health cooperation on the basis of national security interests can complicate the negotiations and political environment around a health issue and entangles them with a wider set of political disputes than would be the case if negotiations had been held within an exclusively public health framework. The normative debate about this rather new manifestation of responses to security underscores the need for a better understanding of the linkages between health and security measures in which, in the case of Ebola, guidance toward the UNSC might be helpful.

4. Legitimizing extraordinary measures through securitization

The extensive body of literature on securitization points out there seems to be no singular way to determine securitization. As explained by Buzan et al (1998:23-24), an issue can become securitized when it is presented as an existential threat that requires emergency measures and justifies actions outside the normal bounds of political procedures. In addition to the Copenhagen Model, I will incorporate ideas of Stritzel (2007) and intend to study securitization as a dynamic and multileveled process, whereby the performative force of articulated threat acts, the embeddedness of Ebola in existing discourses and lastly, the positional power of the UN as securitizing actor form underlying focus areas. With regard to the last, it will be important to integrate assemblage analytics in this chapter in light of the complexity of the UN-system whereby multiple actors, discourses and interests come together. I intend to establish which security terms have been deployed by the UN and in what way such security labels have legitimized interventions, practices and policies in the Ebola emergency response. By researching the ways in which these interventions are institutionalized, thus turned into acceptable rules and measures, it will be possible to pinpoint what securitization does. The most important event in this regard is the UNSC meeting where the resolution that framed Ebola as threat to peace and security and called upon and legitimized a global emergency response, resulting in the establishment of e.g. UNMEER, was adopted. For that reason, this incident will receive specific attention in this analysis.

4.1 Securitizing acts

As stated before, the West African Ebola outbreak can be traced back to late 2013 and it was not until march 2014 that the WHO officially stated its awareness of the outbreak (WHO 2014). Furthermore, it was not until July 2014 that efforts to securitize Ebola were made by UN actors by regularly updating on affected countries and numbers of casualties, stressing the misery for victims of the disease and expressing its overall "deep concern over the current outbreak of the Ebola virus in some countries in West Africa" (WHO 2015b). Arguably, the image of Ebola as an incurable and gruesome disease, widely portrayed by popular (social) media, has played a role in shaping perceptions of the outbreak as a threat to international security (Kleeman 2014). On the 8th August 2014, the WHO released an official statement through its International Health Regulations Committee regarding the 2014 Ebola outbreak in West Africa. The committee stated that the Ebola outbreak was a Public Health Emergency of International Concern (PHEIC) (WHO 2015b). Through the use of the term 'emergency' and the reference to 'international concern', it becomes clear that the WHO considered Ebola a threat to global

health. The committee furthermore entitled the outbreak an 'extraordinary and unprecedented event' and emphasized the possible consequences of an international spread that could be very serious in light of the virulence of the disease (WHO 2015b). Counter-measures were advised by the WHO that called for "a coordinated international response" as "essential" for halting the spread of Ebola (WHO 2015b; Global Ebola Response 2015a). By pointing out that Ebola derogates the region's "social, political and economic conditions" the WHO – and this has been largely echoed by the UN Secretary-General and member states –names three out of five security sectors as identified by the Copenhagen School (Emmers 2007). In this regard it already makes a strong case for securitization of Ebola whereby the danger of Ebola to global public health is at least one of the main concerns of the organization. Providing a full overview of events that can be of importance to the Ebola securitization process falls beyond the scope of this thesis. However, when studying a range of news sources and articles, (UN 2014; WHO 2015b; van Raaij 2014; World Food Programme 2014; NOS Nieuwsuur 2014; MSF 2014; Global Ebola Response 2015a and 2015b; Guardian 2014) about the situation at the time in the affected West African countries, a few remarkable manifestations of the securitization process of Ebola stand out. These manifestations will shortly be described in the following sections and will be presented more clearly in a schematic overview in subchapter 4.3.

It seems that local populations in affected countries lived in fear, not only of Ebola but also of the securitization of the disease. Country governments had restricted travel, banned public gatherings, closed schools and sporting, shopping or entertainment facilities. Different quarantine interventions were invoked, ranging from stay-at-home days to home confinement under guard. The police and military were often deployed for traveller checkpoints, house-to-house searches, the separation of people and regions of the country and the prevention of anyone leaving. Fear of isolation and starvation had risen, as food prices soared and governments completed multiple day or week long quarantines. The borders of West-African countries are porous, and therefore quarantine can never be fully achieved, van Raaij argued in an article in the Volkskrant (September 2014). Overall, it seems mixed reactions were elicited as a result of the lockdowns (van Raaij 2014; World Food Programme October 9th 2014). As Silas Kpanan' Ayoung Siakor, a Liberian man interviewed by NOS Nieuwsuur on the 20th October (NOS Nieuwsuur 2014) said: "At the time the Ebola crisis started, people did not believe the government and for very good reasons. A culture of distrust and fear existed between the population and the government and therefore it took a while before people started to realize that this is a crisis on our doorstep. By then it was too late." The international community, which mainly seemed to come in action after the UNSC meeting in September 2014 has often been criticized for starting their actions 'too late' (MSF 2014).

On September 18th 2014, the UNSC called an 'emergency meeting' to garner support for the combatting of Ebola. The UN called on its member states to raise one billion dollars in aid money and join together to curb the spread of the disease. During the meeting, the Council unanimously adopted resolution 2177, determining that the unprecedented extent of the Ebola outbreak in Africa constitutes

a threat to international peace and security. (UNSC Meetings Coverage 18th September 2015). A record number of 130 states signed resolution 2177 and the International Monetary Fund (IMF) agreed to loan the most affected three countries 127 million dollars to boost their health care infrastructures. The UN set up the Global Ebola Response Coalition (GERC) aimed at coordinating and streamlining the work of the parties involved: Member states, donors, NGO's, UN organizations, the African Union and private sector (Global Ebola Response 2015b; Multi-Partner Trust Fund Office, UNDP 2015). Outside the UN, many countries and organizations pledged to send money or troops into West Africa to help fight the disease and increase health care standards. US Congress, for example, mobilized 500 million dollars and 3000 military to fight the pandemic (Multi-Partner Trust Fund Office, UNDP 2015).

It becomes clear that as a result of the transfer of the health crisis to the UN system, a solid basis of international governmental support was established for an epidemic that up to now has killed 11.200 people. One day after the UNSC meeting, the General Assembly formalized Resolution 69/1 that requested "the Secretary-General to take such measures as may be necessary for the prompt execution of his intention" to establish the United Nations Mission for Ebola Emergency Response (UNMEER). In conjunction with resolution 69/1 of the United Nations General Assembly (UNGA), resolution 2177 highlights a growing impact that public health issues can allegedly have on international security and the "securitization" of public health (Global Ebola Response 2015a; WHO 2015). UNMEER received the mandate to coordinate and direct the UN system's response to Ebola in West Africa on the basis of five priorities known as STEPP: Stopping the outbreak, treating the infected, ensuring essential services, preserving stability and preventing further outbreaks (Global Ebola Response 2015a). UNMEER operated under the leadership of the UN Secretariat and the WHO and became the first UN mission with regard to a health crisis. The main aim of UNMEER was to be an interagency organization – a crisis manager - who coordinated the work of the complex interplay of more than 2000 different actors involved in the Ebola response. In terms of military assets, UNMEER coordinated the work of a large number of local police and military staff and (partly) coordinated the work of approximately 5000 military, coming mainly from the UN Mission in Liberia (UNMIL), US, UK and France. Military personnel helped guard security, mainly in and around overloaded health care centers, helped aid workers to ensure isolations by cordoning cities or regions or conducting house-to-house searches and assisted in logistical work such as the building of Ebola recovery centers. In addition to personnel, military assets such as technical and logistical resources and means of transportation such as helicopters and trucks have been deployed under the coordination of the UN mission (Military advisor UNMEER[9]; Park and Umlauf 2014; Global Ebola Response 2015b; Snyder in IPI 2014).

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[9] See footnoot 10

4.2 Statements in the UNSC Meeting on 18 September 2014

A few quotes are specifically worth highlighting when examining the statements that were made during the UNSC meeting (UNSC Meetings Coverage 18th September 2015). UN Secretary-General Ban Ki-moon for example said that "The suffering and spill-over effects in the region and beyond demand the attention of the entire world. Ebola matters to us all" and "This unprecedented situation requires unprecedented steps to save lives and safeguard peace and security." Ms Chan, Director of the WHO stated that "Everything now is unprecedented. Everything now is happening faster than ever before. The needs are immense, and we know it. It will take some time, but the Ebola outbreak can be contained". Hereby, she not only clearly portrays an immense threat to the global community, but at the same time installs hope for the future if the international community will act in an unprecedented and timely manner. A representative of Médecins sans Frontières (MSF), quiet drastically, said that "If the international community does not stand up, we will be wiped out. We need Member States' help. We need it now". The United States (US), in its statement, almost seems to personify Ebola by saying that "The virus *jumped* across borders and *penetrated* urban areas, and local burial customs aided its spread" and "We have seen those kinds of things in Hollywood movies, but not in real life in recent history. We have to find resources that, right now, many think they cannot afford to spare." At the same time, a country such as the United Kingdom (UK) stressed that "It is important to remember that Ebola is a preventable and containable disease, but only if we all work together to stop it and confront the fear and stigma associated with the disease". Lastly, as the representative of Guinea said during his statement in the UNSC meeting, and this was echoed by different member states among which Liberia and Sierra Leone: "Border closures, flight restrictions, stigmatization of victims, isolation of affected countries and repatriation of their citizens constitute a weapon that is more dangerous than the scourge being combatted," thereby advocating to isolate Ebola, but not the countries itself to avoid further sub-regional crises.

4.3 Changing the 'rules of the game'

The above described securitization acts, that extended and evolved during the period before, during and after the UNSC meeting in September 2014 have at times legitimized the right to use exceptional means and abuse power relations (Emmers 2007). This is visible in light of the fact that for example the first ever UN mission has been installed to 'fight' a health crisis, millions of dollars and resources have been mobilized and political attention has been strongly heightened at an international level. Securitization of Ebola led to the fact that cultural and traditional practices and daily practices of life, as visible in the scheme below, changed in different areas of the affected countries. Confusion and dilemma existed

about how and by whom patients were cared for. Instructions to report family with Ebola immediately were, for example, given. These persons were however thereafter often refused at the gate of a health center. Furthermore, instructions were given to no longer bury the dead but wait for government to collect bodies. However, this led to great stress for remaining family members (Burci 2014; Park and Umlauf 2014; WHO 2015). Safety and care for healthcare workers was a dilemma as well which at times led to difficult situations. Authors such as Simon Rushton, a researcher on global politics of health at the University of Sheffield, stated that "One of the biggest problems with the Ebola outbreak has been a lack of public trust in not only West Africa's own governments but in the west. According to him, sending a load of troops, as a result of the securitization of Ebola, is unlikely to build trust and might even have the opposite effect. People with Ebola have been known to hide from the public view, afraid of being kept in quarantine and wary of health workers (Vox September 17th 2014). The Ebola crisis seems to influence ghost images of disintegration and fear, fed by a history of civil war with which these countries often cope. In September 2014, for example, eight Ebola health workers were murdered in in Guinea (BBC September 19th 2014). Post-war states will almost by definition be divided, and many which were weak before the conflict, in terms of institutions and resources, are even weaker after. The basic trust in state-structures may be further shaken or destroyed (van Raaij 2014). A danger is also, argued by Rushton, that health resources sent to Africa become disproportionately focused on the Ebola threat whereby health threats such as malaria and diarrhoea or maternal mortality are not given the important focus they deserve (Vox September 17th 2014). Most disturbing of all, in my opinion, in this regard is the fact that data increasingly proves that during the Ebola crisis more people died of other diseases – mainly malaria and diarrhoea – than Ebola itself due to restrictive health measures and lack of health care due to Ebola (Guardian 2015). The WHO has stated that due to the fact that early signs of malaria and Ebola are very similar, it is likely that many malaria patients who went seeking for health care were unnecessarily exposed to Ebola. Other than that, the WHO experienced that less than 35 per cent of patients with pneumonia, diarrhea or malaria were seeking care during the Ebola crisis, and strikingly, health care visits of children under five years old dropped from approximately 250 per day to 12 per day during the peak of the Ebola crisis (WHO 2015; Stone in Forbes 2015). Overall, 11.000 more people died of malaria than in the previous fifteen years. To give a final clear overview of what securitization has made possible, the scheme on the next pages gives an overview of some important manifestations of securitization of Ebola, as partly described in this chapter so far. This scheme highlights some important changes in the regular lives, and thus 'rules of the game' of people living in affected countries due to measures taken in response to Ebola.

Schematic overview of manifestations of securitization

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Isolation

- Throughout 2014 and 2015 flights to and from the affected countries were suspended.
- By December 2014, borders between affected countries largely closed and travel restrictions within the countries were imposed thereby limiting movement of people and goods, and hampering global responses and the transfer of medication.
- Multiple (involuntary) stay-at-home and area lock-downs were imposed throughout 2014 in Sierra Leone, Liberia and Guinea. Sierra Leone e.g. imposed two national country lockdowns, in September 2014 and March 2015, which requested the entire population of 6 million people to stay at home for multiple days.

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Education

- By December 2015 the majority of schools in Guinea, Sierra Leone and Liberia had largely closed, leaving 5 million children uneducated.

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Tourism

- Tourism-dependent areas came under increasing pressure as travel plans were cancelled. By December 2014, tour operators experienced drops in bookings between 20 to 70 per cent to affected countries.

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Food

- Food prices have risen exponentially in all affected countries due to isolation.
- Lack of backup food and water due to poverty and isolation led to increasing hunger.
- Food markets that used to be affordable for lower-income population largely closed down.

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Economic aspects

- The World Bank projected an economic slowdown of between 2.1 and 3.4 per cent in the affected countries. This corresponds to a loss of $355 million. As is the case for the points below, this was not only due to Ebola itself but importantly also due to restrictive measures that have been taken.
- Ebola raised expenditures by about 30 per cent in affected countries during the peak of the crisis. Household incomes strongly dropped.
- By now, half of the people who were working at the beginning of the outbreak in Liberia lost their job and many companies went bankrupt in the three affected countries.
- The Africa Cup of Nations football tournament was relocated from Morocco to Equatorial Guinea in January 2015, meaning a loss of income for the West African region.
- The reduction in revenue caused by the outbreak has disrupted further progress towards achievement of the Millennium Development Goals.
- The export of raw materials, on which large parts of the economy is dependent, has dropped

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Health

- By July 2014, the at first 350 Ebola treatment centers expanded to 2000 in August.

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- Local health systems came under increasing strain and lost income due to the increasing number of Ebola treatment centers that were set up by international aid workers
- By December 2014, (almost) all local health systems in Monrovia, Liberia, had shut down depriving those who needed care (not only Ebola patients) of medical assistance.

Military and security assets

- Local police and military personnel conveyed house-to-house searches to trace hidden Ebola cases and force these patients to health care centers.
- On September 18th the UNSC held an emergency meeting which declared Ebola a threat to international peace and security and stated that the Ebola response needed a 20-fold increase in support. Creation of first health UN-mission, UNMEER, was announced.
- In October 2014 UNMEER was deployed with 250 direct staff members, including a broad range of expertise, from health to security to organizational.
- Different peacekeeping troops who were already present in the region due to ongoing conflict contributed to 'fighting' Ebola. The multidimensional Liberian UN-peacekeeping mission UNMIL for example played a role in humanitarian and logistical support as well as in providing existential security protection in Ebola affected regions.
- Countries such as France, the UK, the Netherlands and the US sent military troops to contribute to the Ebola response. The US military sent approximately 3000 military personnel to the affected countries and France sent 750 in October 2014. Such involvement increased military presence in the countries.

Culture and fear

- Experts have estimated that 40 to 70 per cent of Ebola cases were caused by unsafe traditional burials. Traditional burials became illegal and by November 2014 a strategy of isolation and treatment and safe burial was being implemented which led to a drop in rates of transmission in some areas. Civilians were requested to report family members who passed away so aid workers could ensure safe burial
- A history of civil conflict and distrust in authorities, illiteracy and experiences of Ebola as a mysterious illness further strengthened beliefs that the virus was deliberately spread by governments and led to further tensions such as attacks on aid workers and health care centers. This again seemed to lead to increasing securitization of the disease.

Source: Global Ebola Response 2015a; WHO 2015; UNGA 2015; Burci 2014

What becomes clear from what has been described so far is that humanitarian help, and care, goes beyond the provision of medical relief. Care, as described by Park and Umlauf (2014) is a technology of belonging, restoring security by producing closeness, intimacy and trust. In this regard, it can be considered as a form of human security. However, in the case of Ebola the safeguarding of care and a broader sense of human security forms an additional problem because personal contact should be avoided. As a Dutch Military Adviser and coordinator of UNMEER [10]within the Dutch Ministry of

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[10] Author's interview on 30th May 2015 with Lieutenant-Colonel Jim van Hoven. First Secretary, Deputy Military Adviser and coordinator of UNMEER. To guard the privacy of the interviewee, the name that is mentioned here has been changed.

Foreign Affairs told me: "The level of suffering from Ebola is high and very visible. The protective suits that Ebola health care workers wear remind people of the Plague and form a scary image. Interventions in the context of Ebola therefore will always look quiet extreme." A major concern is that by ignoring broader notions of security in health care, a situation of exacerbated confusion, stigma and mistrust in global health interventions that are aimed at the containment of Ebola can arise (Park and Umlauf 2014). As Elbe (2006) has described with regard to the HIV/Aids crisis: Securitization theory cannot resolve this complex dilemma but it is important for activists, scholars and policy makers to be aware of the effects of securitizing a pandemic to minimize its negative effects. Of course, it should again be mentioned that much more can be said about the diverse UN responses and interventions to Ebola and the deployment of security labels in this regard. The above subchapters provide a brief indication of some important elements that have formed the Ebola complex. What seems clear from what has been described above is that we can establish that several securitizing acts have been performed by UN actors which at times led to successful securitization of the disease. Extraordinary and unprecedented measures have been taken by the UN in order to stop the Ebola disease from spreading and in the end eradicate it completely with consequences diverging from both the promotion and protection of human security as well as the cause of greater human insecurity.

4.4 Analysis of the UN through a lens of 'assemblage'

The adoption of resolution 2177, the statements made by member states and the overall UN response to Ebola reveal a high level of endorsement of the UN's determination that the outbreak constitutes a threat to international peace and security and actions by the Council are justified on that basis. The statements give messages of desperation and emphasize the need for immediate and unprecedented action (UNSC Meeting Coverage 18th September 2014). At the same time, warnings are given to not further isolate the affected countries due to the negative consequences that this could possibly generate for national and global stability. It thus seems that messages of securitization and de-securitization are given at the same time. Overall, the responses to Ebola by UN actors seem to carry diverse underlying interests and intentions. Actors advocate for heightened political attention and commitment, for additional (financial) resources, for the facilitation and legitimization of deployment of military assets with required enforcement, organization and logistical capacity and for a people-centred approach to the disease that does not undermine human rights of victims, all at the same time. It is here, in order to explain the diverse discourses, stakes and interests at hand in the UN response to Ebola, that the importance of the concept 'assemblage' comes in. The term assemblage, as explained in the theoretical framework,

clarifies that there is not one uniform and likeminded action plan of the UN against Ebola but rather that many different elements play a part in the Ebola complex (de Goede and Simon 2013; Li 2007). Underlying dynamics for the pledges that are made by UN actors are for example the way the UN wants to portray itself to the public and, very importantly, the possible economic or political benefits that are at stake and influence the response. As Abrahamsen and Williams (2009:3) explain: "This is a setting where a range of different global and local, public and private security agents and normativities interact, cooperate and compete to produce new institutions, practices, and forms of security governance". When analyzing the UN assemblage in light of the Ebola crisis it seems two forms of responses or interventions can be recognized: a care-based intervention and security-based intervention. These responses contradict at times and are negotiated within the UN system, but at the same time forge an alignment in the UN response (Li 2007; de Goede and Simon 2013). The Secretary-General's Special Envoy on Ebola, Dr. David Nabarro said "Ebola has presented the world with unprecedented challenge, and at the same time with a unique opportunity". In addition to this, the Executive Director of the World Food Programme stated that "I have never seen the UN community work like this together before" (Global Ebola Response 2015a). New perceptions of security, as explained specifically in the theoretical framework with regard to human security, have led to the fact that new elements are grafted into the assemblage we are studying here. It is through securitization that a logic of governing – a response to Ebola on a global security level - is enabled. Underlying to the UN rhetoric with regard to Ebola is thus a logic of securitization and more specifically; an epidemiological approach to security whereby one of the key objectives of the assemblage seems to be the alignment between security and care.

5. The relevance of contemporary security thinking

This chapter will reflect on the visible link between Ebola and security and analyze why it matters how we think and act upon security in this context. As shown, framing the Ebola health crisis as a threat to international peace and security encourages a certain way of dealing with the proposed problem. The practice of framing the need for a global, and partially military-based response to Ebola as the most appropriate method of intervention reflects the expression of new and changing policies and narratives concerning global security and methods for 'third world problem' management. By taking up a critical stance toward the taken for granted realities of security in the world this chapter will describe and discuss how logics of governing are enabled by securitization in the context of Ebola. In light of these findings, this chapter will then defend the need for a more comprehensive and people-centered approach and response to the Ebola complex whereby the disease is not merely framed and approached as a security issue, but also as, among others, a health, developmental, social and cultural issue.

5.1 Contradictions and logics of governing in the Ebola response

Ebola has sparked a complex interplay of insecurities among which poverty, nexus of war, human insecurities and disease. This explains the contradiction in the UN systems' response, whereby an underlying tension between the protection of the West, its citizens and its health on the one hand and the protection of the direct victims of Ebola on the other can be recognized (Carling and Hernández-Carretero 2011:44). It seems that both care- or humanitarian-based as well as security-based interventions and interests have become visible in the UN response to Ebola. The at times contradicting and new elements that are grafted into the UN assemblage operate in the name of securitization and alignments seem to be forged between these care-driven and security-driven responses (de Goede and Simon 2013). Johnston and Shearing (2003 in Abrahamsen and Williams 2009:3) argue that the growth and pervasiveness of security is linked to contemporary dominance of neo-liberal modes of governance. Referring to notions of Duffield (2007; 2008) the different experiences that are apparent in the UN response to Ebola could be seen as the insistence to frame Ebola as a disease of the "global other". From this perspective, the assemblage at hand seems to not only reflect a strategy aimed at defending western health and security, but – arguably - also a neoliberal and culturalistic mindset, aimed at helping and curing people who are not able to ensure this themselves. Scholars such as Weiss and Thakur (2010) state that mechanisms of global governance can be useful in situations in which states do not take their responsibility to protect (R2P) human rights of all people on its territory because they are either unwilling or because they do not have sufficient capacity. Mazzanti (2013:218) explains that while there

is consensus that states are responsible to protect their own population (also outside the national territory), discussion persists as to whether the breach of this state obligation automatically leads to a 'duty to protect' by the international community. Overall, the concept of R2P, which can be seen as a political or moral obligation rather than being of a binding nature, is still highly debated upon (Mazzanti 2013:222).

I feel it is important to acknowledge that when analyzing this case study, it is not only possible to recognize securitization and a response from the international community but we should also acknowledge a 'lack of response capacity' from the African countries that are actually affected. An article on Ebola of World Mic (by Kleeman 2014) argues that Western media mostly tells a story of Ebola as a pandemic that forms a serious threat to Western countries. Although it is important to remember that the UN entity is formed by *all* countries, thus reflecting both 'developed' and 'developing' countries, it still seems that the affected countries are, for a large part, not the actors who (are able to) 'tell the story' concerning Ebola due to a lack of funding, capacity, media power and arguably also willpower. This story seems to largely be told by countries in the West who try to fight Ebola through different interventions, and for different reasons. It is here that a manifestation of differing power relations can be recognized (Walters 2006:1). Buzan et al (1998:29) have expressed concerns about how security language has historically served to silence opposition to the state, how it has given state representatives special powers that can be exploited for domestic purposes and how it can lead to the suspension of important democratic control mechanisms. The fact that only a few people have been infected with Ebola in America or other Western countries, compared to 11.200 people killed in West Africa seems to thus be overshadowed by the portrayed threat that Ebola poses to the West. This associates with Duffield's (2007) arguments about a clear difference nowadays between 'insured' people and 'non-insured' people. By implication, the lives of western people are worth much more than lives of Africans. This appears to be in line with the fact that Western media mostly aims its attention to stories concerning patients from the U.S. or Europe as oppose to individual stories about African patients. African patients are treated more as an indistinguishable crowd, Sophie Kleeman argues (2014). Duffield (2007) explains that the metaphorical distinction between 'insured' and 'non-insured' life was used to contrast the biopolitics of development and underdevelopment respectively. It is here that the Duffieldian concept 'containment' can be recognized; because the UN not only reflects a care-centred mind-set but also a security-centered mindset aimed at the protection of 'our' peace and security, thereby framing Ebola as threat to the western world. From this perspective, securitization can contribute to the justification of the control and containment of Ebola by the UN. As Duffield argues, containment has not only deepened but also extended to constitute a 'virtual global ban' on flows of unwanted problems such as irregular immigration or in this case Ebola. This has created technologies of containment, also referred to as technologies of power, that maintain and support the biopolitical division that separates the global north and south (Duffield and Evans 2011:95). In this regard, the UN response to Ebola could be seen as a policy of containment.

5.2 A comprehensive approach to Ebola, including a human rights perspective

Arguably influenced by the fact that I am an anthropologist myself and due to the fact that I have a great interest for, and attach great importance to, the protection of human rights, it seems important to highlight the need to not only further integrate a human rights approach [11]in the UN response to Ebola, but an overall more comprehensive and people-centered approach. Firstly, a human rights perspective might help steer the debate and mobilize a broader range of actors and organizations to improve the humanitarian and care aspect of Ebola interventions. UN High Commissioner for Human Rights, Zeid Ra'ad Al Hussein, stated that respect for the rights of survivors and affected communities are at risk of being sacrificed. He also stressed that a disregard for human rights to things like health, education, sanitation and good governance had allowed Guinea, Liberia and Sierra Leone to become fertile ground for the outbreak in the first place (UNMEER External Situation Report October 2014). Additionally, Human Rights Watch said some Ebola quarantines had been ineffective and did not meet human rights standards as they disproportionately impact people unable to evade the restrictions, including the elderly, the poor, and people with chronic illness or disability. (UNMEER External Situation Report October 2014). In the context of the UN response to Ebola, it seems that practices of care became an existential insecurity – for example because of quarantine measures, house-to-house searches, existing dilemmas about who cares for patients and the establishment of isolation units for patients – as a result of securitization of the disease. The taken measures might have been necessary. However, as anthropologists Park and Umlauf (2014) explain, a major concern is that by ignoring the broader notion of (human) security in health care, levels of mistrust, stigma and confusion will grow exponentially thereby leading to other forms of human insecurity. By ignoring the loss of a broader view on security we run the risk of creating a global public health system based on fear, Zournazi (2003:15) argues. Boldly formulated, whereas it seems the UN has developed an Ebola strategy that portrays itself and a predominantly western audience as an almost heroic player who is – if willing – capable of stopping further spread of the disease, its strategy seems to cause additional harm to the direct victims of Ebola at the same time.

Even though UNMEER's mandate includes the operational principle to work through a regional approach that promotes ownership, a context specific working method that includes building trust among the community and effective use of local trained staff, results have not always proven a context sensitive approach (Global Ebola Response 2015a). Holmes (2014) argues that a deeper understanding of the social, cultural and historical context surrounding disease-based beliefs in West Africa is needed to reduce side-effects such as increased resistance, violence and hostility among the infected

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[11] Human rights are basic rights and freedoms that all people are entitled to regardless of nationality, sex, national or ethnic origin, religion, race, language or other status. They are all interrelated, interdependent and indivisible (OHCHR 1996–2015)

populations while intervening in the crisis. Perhaps such increased understanding could reduce the overall chance of Ebola becoming a threat to international security. From this perspective, Holmes (2014) emphasized that "rather than propagating xenophobia, the focus should be on delivering critical information on the ground through creative methods that resonate with local people, such as UNICEF's Ebola Song". Elevating the threat of the virus into the realm of "Panic Politics" simply does not address the root causes of the Ebola outbreak; poverty, ineffectual health infrastructure and skewed incentive systems for the development of vaccines to combat diseases of the poor." Also, it is interesting that governance and weak health structures seem to almost be taken as a given, rather than examined more closely. In the UNMEER External Situation Report of 17 October 2014, the UN itself advised to take practical measures such as better and quicker evaluations of NGO public health initiatives in foreign countries or greater transparency of funds and resources as the UN prepares to roll out its "emergency plan", rather than a flood of financial stimulus into countries with serious structural inequity.

While we must not forget to appreciate the advantages of securitization of Ebola, it seems that a more comprehensive framework can complement the diverse dimensions of Ebola; being a health issue, an economic issue, a developmental issue, a political issue, a social issue, a gender issue, and yes, also a security issue. These dimensions, when acknowledged and taken into consideration in responses such as the one to Ebola, might be able to further strengthen and complement each other. Security seems to form only one dimension of the problem and we should be wary about framing Ebola purely under (international) security rhetoric. Although it is the notion of human security that has played a part in relating a health crisis like Ebola with international security in the first place, the response of the UN toward Ebola seems to reflect a state-centered and traditional security-centered approach that is arguably mainly based on self-interest. Elbe (2006:11) argues that addressing global health issues based on self-interest has, historically, shown to be ineffective. However, I would argue that interventions to world problems on a global level are, and probably always will be, for a large part based on self-interest. Nonetheless, it seems that to avoid future comparable disease crises and unwanted side-effects a more comprehensive approach to a situation such as this one is needed. One that includes a human rights approach, that frames Ebola as more than a security issue, that focusses on structural alleviation of inequality and poverty and that is sensitive to cultural, social, developmental and political issues. Regardless of the intension – whether from a perspective of pure self-preservation or from a humanitarian or ideal perspective – this should be worth the investment.

6. Conclusion

This thesis has attempted to understand and describe the UN system response to the Ebola crisis in West Africa through a logic of securitization. As the findings have demonstrated this response seems to reflect underlying tensions between a care-centered and security-centered approach to the protection of both the direct victims of Ebola on the one hand and the safeguarding of international peace and security on the other. This thesis has examined how life's 'normal rules of the game' can be broken and transformed through the process of securitization which bestows the UN as securitizing actor with the legitimacy to implement extraordinary measures. Overall, it has described and studied emerging new narratives and reactions concerning the notion of international security and its diverse effects. This chapter will provide a recap of the main findings in this regard and conclude with some final remarks, reflection and recommendations for future research.

6.1 Theoretical reflection

As explained, the involvement of the UN in the Ebola health crisis displays a continued broadening of the notion of international security through the concept of human security, by including developmental and societal issues. In the words of Burci (2014), the debates on a threat such as Ebola and linking interventions showcase the most recent manifestation of consolidated practice that arguably reflects the political perception of security in a globalized world. This narrative of international security has generated both political traction and criticism due to the lineage between security strategies and an infectious disease. Due to the involvement of the UN, and specifically the Council, the political profile of the situation has been raised, thereby resulting in higher political commitment, additional financial resources and the deployment of security and military assets in order to fight Ebola. This thesis has shown that securitization of public health has diverse consequences that give cause for reflection, such as the fact that it is highly likely that more people died of other diseases than Ebola, due to Ebola, than of Ebola itself.

This thesis has highlighted some shortcomings in theories of securitization and has reasoned to grasp securitization as a dynamic and complex process whereby empirical data should form the lead in identifying the significant aspects of the process. It has not always been possible to clearly identify the securitizing actor or audience due to the complexity of the broad international context and the broadness of the UN assemblage as actor itself. Given its positional power, due its broad audience, authority and global impact, the process of securitization might arguably be even more successfully completed in the hands of the UN (Stritzel 2007). Findings show that securitization of the disease did take place at times

and many UN related actors had authority over resources, resulting in the proclamation of a world-wide state of emergency and the eventual implementation of extraordinary measures, among which the deployment of the first UN led emergency mission in the context of a health crisis.

This thesis has used contemporary assemblage theories (de Goede 2008; de Goede and Simon 2013; Li 2007) to describe and understand the UN system as an entity consisting of many different actors with diverse discourses, stakes and interests that drive the response to the health crisis. From the data that has been studied for this research, it seems two main underlying motivations can be recognized in the UN emergency response to Ebola: a care-based intervention and a security-based intervention. These responses have shown to be contradicting but at the same time have shown to forge an alignment in the UN response. Furthermore, from a more Duffieldian (2007; 2008) approach, securitization of Ebola arguably contributed to the justification of the control and containment of Ebola by the UN whereby the security assemblage at hand seems to reflect a self-interested and neo-liberal and culturalistic mindset. Lastly, this thesis has shown that while on the one hand the UN has broadened its view of security which has led to this unprecedented response to a health crisis, it has at the same time ignored a broader view on human security in its actual interventions. It is for this reason that I have advocated the need for a more people-centered, comprehensive and human rights minded approach and strategy of framing the disease in order to possibly reduce unwanted 'side-effects' within the affected countries. This could additionally reduce the chance that Ebola, or a comparable disease in the future, not only forms a threat, but actually destabilizes international peace and security. This insight and recommendation, referring to important underlying social and socio-political consequences of the UN response to Ebola through a logic of securitization, deserves some more attention in the next section before moving on to recommendations for future research.

6.2 Toward a more comprehensive approach

As stressed before, it is important to acknowledge the advantages of securitization of Ebola in terms of the heightened focus, attention and mobilization of resources to fight Ebola. However, this thesis has also shown that practices of care can become an existential insecurity. In this regard, Ebola sparks a complex interplay of insecurities including disease, poverty, human insecurities and conflict. This not only proves the complexity of a coordinated and effective response to the health crisis but most of all prompts the need to reconsider and reflect on whether a language of security is the most appropriate method for addressing such an issue. It seems to remain a political choice to securitize a certain issue and important to reflect on its consequences and potential dangers. As explained, human security is a people-centered approach to security. Human security itself is holistic in the sense that it captures the

complex interactions between all the different characters that point to both the origin and the spread of Ebola in West Africa. Whereas human security speaks for a people-centered approach it seems exactly this element that has sometimes been missing in the UN response to Ebola. This seems to be the case in spite of UNMEER's mandate that includes the operational principle to work through a regional approach that promotes ownership and a context specific working method. It is for this reason that I advocate for a more comprehensive strategy toward Ebola that not only describes and handles it as an issue with a security dimension, but additionally acknowledges its social, economic, political, developmental, gender, etc. dimensions. By doing this, strategies of an assemblage like the UN can further complement each other and address the needs of both direct victims of Ebola as well as of a more global community. Another perspective that seems to be inadequately reflected in the Ebola response is a human rights framework. A human rights perspective can open up further discussion and public debate about whose security is truly at stake in light of the measures taken by the international community. A human rights perspective raises the question of how far quarantine measures that have been taken in order to fight Ebola can expand. Overall, this thesis has shown that it remains important to keep questioning the way in which security terms are used and critically examine the logic of the language used in relation to Ebola and how this influences an intended audience. A broader, more holistic approach and view of the issue, that incorporates a human rights framework, can further enhance a global response such as the one toward Ebola and the way the international community seeks to deal with what is, in the end, a human tragedy.

6.3 Security as a pressing issue of our time

As brought forward in the introduction, this thesis has several limitations that must be acknowledged such as time constraints, being based on secondary sources and having limited access to the research topic. Also, as this research is of an exploratory nature it is important to emphasize that the conclusions above should be read with caution. The aim to reflect thoroughly on the implications of securitization by the UN in the context of Ebola is undoubtedly a very large task that easily exceeds the limits of this thesis. In conjunction with additional research and sources about the topic at hand this thesis nonetheless provides useful and important insights with regard to the at times alarming social and socio-political consequences of securitization on a global level in the context of a health disease and ongoing discussions and additions to normative debates in this regard. Future research in this regard is needed so that not only different case studies can form a more comprehensive picture of the governing effects of securitization but where grassroots studies can also complement the literature-based understandings of a thesis such as this one. By creating a more comprehensive understanding among academia and policy makers we can work toward a more suitable and realistic approach to the issue of epidemiological

securitization and emergency responses in this regard with respect for human rights, including economic, social and cultural rights of victims. In the words of Donald Kaberuka, President of the African Development Bank: "This is not the last epidemic we will be facing as humanity. We know epidemics can easily get out of control in parts of the world where health systems are weak. We need to figure out how to ensure that we are better prepared and this requires that we take another look at how the UN is organized and at the means they have at their disposal" (Global Ebola Response 2015a, Emphasis added). Security issues seem to be a pressing phenomenon of our time and it is therefore important to further investigate the best solutions to occurring problems.

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