SECURITISING BIOLOGY:
BIOLOGICAL THREATS AND STATE PREPAREDNESS IN THE WAKE OF A PANDEMIC

July 2021

Student Numbers:
2486652 (University of Glasgow)
19108338 (Dublin City University)
64053643 (Charles University)

Presented in partial fulfilment of the requirements for the Degree of International Master in Security, Intelligence and Strategic Studies

Word Count: 21.923

Supervisor: JUDr. PhDr. Tomáš Karásek, Ph.D.

Date of Submission: 25th July 2021

TABLE OF CONTENTS

ABSTRACT

The management of infectious diseases in the realm of public health has shown increasingly overlapping areas with biological warfare preparedness. While the acknowledgement of these common elements is not only frequent but also codified in an international treaty and subject to distinct regulations, research into how these two fields connect is scarce. Potential deliberate use of biological weapons typically leads to intense political mobilisation and ensuing dedication of financial resources. Contrarily, the management of health crises over the last decades has been severely flawed, and no country in the world is considered fully prepared to a pandemic, according to the Global Health Security Index. The current COVID-19 pandemic has recently been further proof of the inadequacy of state-level prevention and preparedness capabilities. This dissertation aims at bridging the existing conceptual gap and policy divide between biological warfare and infectious disease preparedness, and to analyse elements that can be mutually applicable and potentially beneficial. It will do so by establishing analytical equivalence between the securitisation of an artificial biothreat and a nature-borne infectious disease in order to show that this approach (i.e., securitisation) has produced generally positive outcomes in the context of biothreat response and preparedness. Consequently, it will show that the opposite approach – anti-securitisation – has instead jeopardised the United States' response to the COVID-19 pandemic. This study thus constitutes the starting point for the elaboration of alternative views on the utility of applying the securitisation theory to the field of infectious diseases and of biothreats in general, with the purpose of improving national and international response to future outbreaks.

Keywords

anti-securitisation, anthrax, biological weapons, biothreats, COVID-19, Ebola, infectious diseases, pandemic preparedness, public health, securitisation, United States.

ABSTRAKT (CZECH LANGUAGE)

Zvládání infekčních nemocí v rámci ochrany veřejného zdraví vykazuje stále více překryvů s oblastí připravenosti na biologickou válku. Přestože uznání těchto překryvů je nejen časté, ale také kodifikované v mezinárodní smlouvě a podléhá specifickým regulacím, výzkum, který by zkoumal propojení těchto dvou oblastí, je vzácný. Možnost záměrného použití biologických zbraní typicky vede k významné politické mobilizaci a k následnému vyčlenění finančních zdrojů. Naopak zvládání zdravotních krizí bylo v posledních desetiletích velmi problematické a podle Global Health Security Index není v současnosti žádná země na světě klasifikována jako plně připravení na pandemii. Současná pandemie COVID-19 je jen dalším důkazem nedostatečné prevence a připravenosti na úrovni států. Tato práce si klade za cíl překlenout stávající koncepční a praktický rozpor mezi připraveností na biologickou válku a na infekční nemoci a analyzovat prvky, které mohou být aplikovatelné a potenciálně prospěšné v obou oblastech. Naplnění tohoto záměru je založeno na ustavení analytické ekvivalence mezi sekuritizací umělé (tj. lidmi vytvořené) biologické hrozby a přirozenými infekčními chorobami s cílem prokázat, že tento přístup (tedy sekuritizace) vede k obecně pozitivním výsledkům v oblasti připravenosti na biologické hrozby v obou výše uvedených formách. Následně práce ukazuje, že opačný přístup v podobě anti-sekuritizace ohrozil reakci USA na pandemii COVID-19. Tato studie tedy usiluje o formulaci koncepčního východiska pro alternativní pohled na možnost aplikace sekuritizační teorie v oblasti infekčních nemocí a biologických hrozeb, s dodatečným cílem zlepšit národní a mezinárodní reakce na budoucí kontingence.

Klíčová slova

anti-sekuritizace, antrax, biologické zbraně, biologické hrozby, COVID-19, ebola, infekční choroby, připravenost na pandemii, ochrana veřejného zdraví, sekuritizace, USA.

ACKNOWLEDGMENTS

Thank you to my supervisor, JUDr. PhDr. Tomáš Karásek, for always sparking brilliant debate that provided me with infinite ideas since our first meeting until the final destination and encouraging me to find my own way of approaching the topic.

Thank you to my mentor at the George C. Marshall Center, Professor Fritz Rademacher, for his continuous support, for believing in me more than I ever did and for making me believe in myself, and for his exceptional encouragement to pursue my dreams. His kind words have driven my creations ever since and will always resurface when most needed.

Thank you to my international family for always bringing the greatest positive vibes to the room and for your invaluable contribution over these two year that went so different than we all had planned. We deserved better, but I am sure that our experience during these unprecedented times will eventually pay off all our efforts. We were all in this together, thanks for teaching me what mutual and unconditional support really means.

Thank you to Dario, you are my home, and your unfailing support anchored me since the day I met you. You deserve endless gratitude for always being my greatest and most patient fan. I owe you much more than words will ever be able to express.

Thank you to my parents, my brothers and all the people that made this possible. “You can have more than one person. I used to think you couldn’t, but I know now. It turns out I have a whole village.”

LIST OF ABBREVIATIONS

AFRO	World Health Organization's Africa Office
BWC	Biological Weapons Convention
CBRN	Chemical, Biological, Radiological, and Nuclear
CDC	Centers for Disease Control and Prevention
COVID-19	Coronavirus Disease 2019
DHS	Department of Homeland Security
EVD	Ebola Virus Disease
FBI	Federal Bureau of Investigation
FDA	Food and Drug Administration
FY	(United States) Fiscal Year
GHS	Global Health Security
H1N1	Influenza A virus subtype H1N1
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IAEA	International Atomic Energy Agency
IHR	International Health Regulations
IR	International Relations
NATO	North Atlantic Treaty Organization
NIH	National Institutes of Health
NSC	National Security Council
PHEIC	Public Health Emergency of International Concern
SARS	Severe Acute Respiratory Syndrome
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
UN	United Nations
UNODA	United Nations Office for Disarmament Affairs
UNSC	United Nations Security Council
UNSIC	United Nations System Influenza Coordination
US	United States
USAMRIID	US Army Medical Research Institute for Infectious Diseases
USPS	United States Postal Service
WHO	World Health Organization
WMD	Weapons of Mass Destruction

CHAPTER 1. INTRODUCTION

1.1. INTERCONNECTEDNESS OF BIOLOGICAL THREATS

As the world approaches the second anniversary of the pandemic caused by the coronavirus disease 2019 (COVID-19), the global response has shed light on the inadequacy of state-level pandemic preparedness. Lively discussions on the origins of the disease that was spreading quickly around the world have dominated the scientific debate since it was first identified as a new virus (Yee *et al.*, 2021: 118). While some initially argued that it was a man-made disease specifically engineered as a biological weapon (e.g., Castro-Chavez, 2020; Law, 2020), this option was soon dismissed as "improbable" by a number of scientific papers (e.g., Andersen *et al.*, 2020; Rasmussen, 2021). This eventuality has, however, sparked the interest of this author. If it had actually been a biological attack, would states have reacted differently? What has historically been the approach to the management of an artificial biothreat? What can be done to improve national pandemic preparedness to be ready for the next one?

The uncontrolled spread of disease-causing organisms and toxins can cause incommensurable human, economic and environmental loss (UNODA, n.d.). In order to prevent the intentional production and use of weapons that could provoke such harm, the Biological Weapons Convention (BWC) – short for 'Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction' – was drafted in 1972 and entered into force in 1975 (ACA, 2020). Originated as the cornerstone of the United States (US) abandonment of a biological weapons programme, the BWC encountered widespread acceptance among the countries embracing the ban of the first entire category of weapons of mass destruction (WMD). In the early 2000s, however, the states participating in the BWC Fifth Review Conference raised concerns regarding an additional need that should have been considered when discussing the scope of the treaty (Enemark, 2010: 487). The emergence and re-emergence of deathly pathogens was threatening humanity again, and the existing mechanisms for international cooperation appeared to be insufficient to contrast these new health risks. Therefore, in 2004, State-parties extended the purview of the treaty with the purpose of "strengthening and broadening national and international

institutional efforts and existing mechanisms for the surveillance, detection, diagnosis and combating of infectious diseases affecting humans, animals and plants" (Enemark, 2010: 487).

Natural disease outbreaks had earlier become central in members' statements regarding the call on a strengthened collaboration. State parties often highlighted the irrelevance of any differentiation between the natural or artificial origins of the disease outbreaks that the improved capacity-building should address and used the two kinds of biothreats interchangeably in their discourses (UNODA, 2012). The juxtaposition of a naturally occurring infectious disease and a deliberate biological attack under the same provisions within the framework of the BWC seems to suggest the undeniable existence of an interrelation between the two fields. Moreover, in synergy with its Article X, Article VII of the treaty imposes the duty on all signatories to aid another member of the same treaty who should be put in danger or fall victim to a biological attack as a result of a breach of the BWC itself (UNODA, n.d.). The association of this duty enshrined in the BWC to the increasing urgency of collaborating in responding to natural disease outbreaks fuels the potential for academic research on how the two fields might influence each other.

1.2. AIMS AND OBJECTIVES

Preliminary research on the mutual relationship between these two aspects has produced scarce results. Despite the evident similarities of the consequences of a deliberate biological attack and a nature-borne epidemic or pandemic (which include little to significant portions of the population getting sick, needing hospitalisation, and potentially die), they are usually addressed separately and the direct connections between the two fields seem scant in the existing literature. The present dissertation aims to provide a stepping-stone to fill this gap from an empirical perspective. Indeed, the underlying goal of this work is to assess what could be improved in the management of a nature-borne health crisis, with particular attention on the management of the current pandemic. In order to do so, provided that the responses to biological attacks and natural diseases have been accepted to be greatly interconnected, it will need to assess *how* these two fields overlap.

Given the increasing recognition of infectious diseases as potential threats to national and international security (Chan *et al.*, 2008: 498), the Copenhagen School's 'securitisation theory' embodies an excellent theoretical framework to bridge the approach to biological weapons with the approach to natural biothreats. To establish guidelines that could strengthen states' responses to the next pandemics, this dissertation will first evaluate whether securitisation has occurred in certain circumstances and, if so, whether it has proven historically effective in dealing with biothreats. Specifically, it will assess previous examples of alleged securitisation of biological warfare by thoroughly analysing President Bush's reactions to the 9/11 attacks, the anthrax attacks and the Iraqi biological programme, and the Obama-led reaction to the 2014 Ebola outbreak.

It will add to the existing body of the literature by establishing an analytical equivalent between the securitisation processes of artificial biothreats and natural epidemics. In contrast to this, it will consider how a diametrically opposite approach – an *anti*-securitisation process – can have influenced the response to the COVID-19 pandemic based on the results of all the analysed cases. To verify whether the outcomes of the three management procedures can indeed be considered positive or negative, it will explore what is generally deemed a successful pandemic preparedness plan and whether the elements that constitute it were met or not following one approach or the other.

1.3. RESEARCH QUESTION AND CHAPTER OUTLINE

What results from this is an analysis that will be based on exploring *how securitisation shapes a state's response to a sanitary crisis*. 'Sanitary' will hereafter be used to encapsulate both man-induced and naturally occurring diseases to facilitate a common understanding of biothreats. By empirically analysing how securitisation has historically impacted the United States' response to crises due to either an artificial or a natural biothreat, it will enable to elaborate on whether the practical outcomes of such an approach are to be considered positive or negative. In fact, academic literature takes a generally critical stance towards the empirical applications of the securitisation theory, mostly focusing on its shortcomings. This research rests on the attempt to demonstrate that, instead, a weighted, justified, and considered resort to a

response based on securitisation can also produce positive outcomes. The answer to the main research question will, then, be extended to the analysis of whether a securitised approach might have changed the outcomes of the management of the current COVID-19 pandemic under the Trump administration and, as a further inference, whether a securitised approach to a similar pandemic could improve how the next one is handled.

This dissertation will take tackle the objectives outlined above in the following way. Chapter 2 will provide the theoretical bases on the securitisation theory to underpin the following sections. It will address separately the securitisation theory itself in its conception by the authors of the Copenhagen School, the securitisation of health and the related literature, and, finally, the securitisation of biological warfare. The final discussion section will establish the first links between the two latter fields. Chapter 3 will thoroughly outline the research design and the methodology adopted for the following analysis and will highlight the main recognised limitations of the research. Chapter 4 will consist of the empirical analyses of whether securitisation was adopted in the first two historical instances – the 9/11 attacks, the following anthrax attacks and the alleged possession of biological weapons by Iraq as regards the securitisation of artificial biothreats; the case of Ebola as regards the securitisation of natural biothreats – and will, then, proceed to introduce the concept of anti-securitisation and to analyse Trump's management of the COVID-19 pandemic. Chapter 5 will discuss what the practical implications of the previous analyses are. By evaluating the elements that constitute an effective biothreat preparedness, it will assess to what extent the securitisation and anti-securitisation processes have produced what outcomes. Lastly, it will draw the logical conclusions and suggest the direction for future research on the topic, recognising that due to the fact that the pandemic is still ongoing, the author's perspective might not be as objective as it might be later in time.

CHAPTER 2. LITERATURE REVIEW

The existing literature seems to express a rather striking lack of communication between biological warfare preparedness and comprehensive emergency management in the public health sector. The present dissertation will attempt to shed light on these potential mutual influences by employing the securitisation theory to bridge the understanding of the two seemingly diverse categories. The literature on this relatively recent theory of international relations is extended, multifaceted, and presents many remarkable contributions. In order to provide a comprehensive overview on what has been produced so far, this section will break down the securitisation theory, its applications to the field of health and biological warfare, and its critiques. Firstly, it will lay out the theoretical elaboration and the defining elements of the securitisation theory, which will allow a deeper conceptual understanding of the following sections. Secondly, it will analyse the literature on the securitisation of health, evaluating its applications and implications on health management. Thirdly, it will turn to the securitisation of bioterrorism and biological warfare. Lastly, it will provide an overview on the overlapping elements between the two.

2.2. THE SECURITISATION THEORY

Elaborated by the scholars of the Copenhagen School Ole Wæver, Barry Buzan and Jaap de Wilde, this theory of international relations entered the global discussion in the late 1980s. The contribution of the Copenhagen School can be framed in the context of the intense debate between the traditionalists of security and the "wideners" that emerged in the late 20th century. The skirmish between the advocates of a narrow understanding of security and the advocates of the need to widen and deepen security issues was the definitory context for the evolution of this new theory (Wæver, 2003: 8). Traditionalists focused mainly on military issues as the composing elements of security. "Wideners" strove to encompass a more numerous range of topics, such as environmental security, but also to deepen the minimal conception of referent object which would only include state actors (Stritzel, 2014: 14). The Copenhagen School "emerged as one suggestion for a viable middle position" and a "third way" to

approach security matters (Wæver, 2003: 8). Wæver, Buzan and de Wilde recognised that the realist and neo-realist understanding of a security issue in international relations as limited to military-political matters of survival was constraining. This led them to elaborate a "method for studying security as the product of certain socio-political discourses and practices" (Holbraad and Pedersen, 2012: 165-166). Securitisation is thus described as presenting a certain issue as "an existential threat, requiring emergency measures and justifying actions outside the normal bounds of political procedure" (Buzan *et al.*, 1997: 24). This procedure has the potential to significantly expand the set of legitimised occasions in which extraordinary measures can be adopted. When describing the full spectrum along which any public issue could be placed, the three authors claim that the classification ranges from non-politicised to securitised. The latter, then, can also be considered as "extreme politicisation" (Buzan *et al.*, 1997: 23).

Three elements need to coexist for a public issue to be securitised: the securitising actor that gives the speech act – the threat is *presented* as existential –, the audience to which the threat is reported, and the adoption of extraordinary measures that break free of normal rules. By accepting the description of securitisation as an act of "extreme politicisation" according to its characteristics, the main securitising actor will be whoever holds a position of power over the audience and who can thereby make the securitising act credible. In line with this, Buzan *et al.* (1997: 31) clarify that the relationship between the securitising actor and the audience that receives the speech act is asymmetrical. In order for the audience to successfully accept the threat as existential, the actor must find itself in a position of power (Bigo, 2000: 178). As a consequence, an implicitly crucial role is attributed to the audience. In fact, when the security actor introduces an issue as a threat, the audience will need to sufficiently accept it as to legitimise the implementation of measures that would otherwise be forbidden.

This central concept insinuates itself into the security discourse as an alternative to Wolfers' (1962: 151) argument that security can be either objective or subjective. The former is interpreted as a situation that enshrines a real threat, whilst the latter takes the form of a perceived threat. When making proper use of the securitisation theory, scholars will approach security via an

intersubjective process. Neither the securitising actor who makes a securitising move (the speech act) nor the audience alone can decide whether a matter becomes a security issue. Within securitisation, security is "part of a discursive, socially constituted, intersubjective realm" (Buzan *et al.*, 1997: 31). Therefore, what constitutes a security issue is decided *among* the groups that take part in the process. This also implies that anything can become a security issue, as long as security professionals claim it as such, and the audience accepts the exceptional nature of the problem. Nonetheless, this requirement also provides a brake to the unregulated and inconsiderate use of such a practice and reduces the risk of top-ranked politicians arbitrarily promoting their own interests. Not every matter will be accepted as requiring measures that break free of standard rules, but only those that gain enough resonance to legitimise emergency actions (Buzan *et al.*, 1997: 25).

As argued by Holbraad and Pedersen (2012: 166), the "securitisation theory offers an open-ended method for investigating concrete political discourses and practices rather than a metaphysical treatise on 'the nature of security'". Such construction makes security a self-referential practice because it only exists in function of its presentation as a menace rather than its actual existence as a real and objective threat (Buzan *et al.*, 1997: 24). However, despite its widespread success and its diversified applications to several empirical problems since its conception, the theory of securitisation was subject to many critical readings. Three main strands can be recognised in the critical literature. First, a number of scholars challenges the theoretical elaboration of the theory itself and identify pitfalls in its "explanatory power" (Gad and Petersen, 2011: 316). A second strand focuses on a series of methodological issues; analytical capacities are also evaluated. A last set of authors highlights the ethical and moral implications intrinsic in the process of securitisation. As the first group incorporates a larger number of critiques, the second and the third will be briefly analysed hereafter, while the theoretical complications will follow later in this section.

Regarding the methodological face of the critiques of the securitisation theory, an aspect that was underlined encompasses the need to disaggregate the audience to assess the actual benefits achieved by the securitisation process. Specifically, Salter (2008: 329) evaluated the centrality of developing the

analytical capacity for this. He argued that, depending on the type of audience which receives the speech act, be it the 'average' population, a group of technical figures, or a specific political section of, for instance, the parliament, the securitising moves will produce different outcomes. Moreover, Vuori (2008: 66) advanced a new interpretation of the securitisation theory with the purpose of broadening its application to non-democratic contexts, which are, in his opinion, overshadowed by the fact that the near totality of the theory's elaborations was induced by European politics. In doing so, he linked the effectiveness of the different securitisation processes to their political purpose. Therefore, by emphasising and differentiating the functions of the speech acts, his argumentation moves the discussion towards the results that securitisation will accomplish.

Linked to Vuori's (2008: 66) claim of an excessive "Europeanness" of the securitisation process, Aradau's work was a crucial part of the critical evaluation of the securitisation theory. Some aspects of her thought can be catalogued as dealing with the ethical facet of the issue. Aradau (2004: 392) suggested that a consequence of securitisation is to step away from democratic politics, where the decision-making process abides by formalised rules. She argued that the emergency politics that arises from a successful securitisation act is only conceivable when put on the opposite side of the spectrum to liberal democracy. Aradau (2004: 393) expressed her concern that such exceptional circumstances might become the new normality, thereby undermining the very essence of democracy. Nonetheless, Aradau's argument according to which securitisation processes necessitate this dangerous 'freedom of movement' was rebutted by Roe (2012: 250), who claimed that the existing oversight mechanisms in the democratic systems are more extensive than Aradau evaluated. In any case, her assertion is a strong criticism of the Copenhagen School's neglect of a proper elaboration of a de-securitisation theory – namely the process of bringing a securitised topic back to normal politics (Hansen, 2012: 525) – which she saw, instead, as distinctly preferrable and as what needs to be pursued (Aradau, 2004). However, she seemed to overlook that the Copenhagen School's normative plan was precisely meant to promote de-securitisation, as the extraordinary measures that it envisions are not desirable (Kamradt-Scott and McInnes, 2012: 97).

As opposed to de-securitisation, crucial for this dissertation will be the concept of anti-securitisation. While de-securitisation implies a first successful securitisation and a following deconstruction of the threat to bring it back to the realm of normal politics, the prefix *anti-* is here used to suggest the adoption of specific actions that seek to obtain exactly the opposite procedure that a securitisation process would initiate. This concept was used by Loadenthal (2017) in his analysis of insurrectionary violence as a form of anti-securitisation communication. Indeed, it represents a "perspective that asserts itself as against the logic of securitisation" (Loadenthal, 2017: 222) and that attempts to 'de-exceptionalise' the situation that would otherwise be precisely considered exceptional, thus *preventing* the activation of the securitisation process. This process will be used as the logical counterpart to securitisation in the following analysis.

The most extended section of critical literature on the securitisation theory directs the spotlight towards many flaws within the elaboration of the theory itself. Stritzel (2007) did not accept the fact that security takes the form of both a speech act event and the result of an intersubjective process between two different actors (the securitising actor and the audience). This creates a dangerous conceptual tension that undermines the advancements towards a comprehensive theory. Similarly, Floyd supported that "a securitisation cannot simultaneously operate as an illocutionary speech act and be dependent on the speech act's acceptance by the relevant audience, because the illocution denies a meaningful role for the audience" (2011: 428), highlighting a degree of contradiction. Stritzel (2014: 12) further endorsed his arguments of the securitisation theory being under-theorised and contradictory in a following work by arguing that it lacks a thorough explanation of the theoretical background, and it is insufficiently contextualised in its empirical application.

The claim of securitisation to be an "exception" to normal politics (Buzan *et al.*, 1997: 29) does not necessarily implicate that it is adopted in an entirely arbitrary manner and without any forms of control. Stritzel (2014) argued that the view of 'security' within the securitisation theory is too narrow, while the purpose of the theory itself seems to be showing that anything can be considered a security issue precisely because of its broad meaning. The difficulties in establishing a consensus on what *security* means and the infinite changes that

this concept underwent throughout the centuries, also highlighted by Stritzel himself (2014: 15-16), seem to prove unequivocally the inexistence of a universal acceptance of what constitutes a threat. Therefore, as security has always been "a political construction in specific contexts" (Dalby, 2002: xxii), the Copenhagen School seems to have found an extremely malleable way to produce a jointly agreed upon notion of security that can apply to the most diverse contexts.

Nonetheless, most authors seem to have sided with the critical assumptions and stressed the multifaceted pitfalls in the elaboration of the securitisation theory. As presented so far, to the best of my knowledge, most academic works on the securitisation theory tend to only highlight the negative aspects, with the positive aspects limited to support arguments that are not worth adopting. As opposed to this, the present dissertation will attempt to adopt an alternative perspective by using the securitisation theory to fill this gap.

2.3. SECURITISATION OF HEALTH ISSUES

Over the past decades, the world has been facing a growing risk of infectious diseases outbreaks, which has raised concerns on the potential effects of such situations on national and international stability (Davies *et al.*, 2014: 827). Globalisation, steadily increasing population mobility and world interconnectedness has caused health issues to jump to the very top of the international security agenda since the beginning of the 21st century (Maclean, 2008: 475; McInnes and Roemer-Mahler, 2017: 1323; Rodier *et al.*, 2000). Simultaneously, scholars started recognising emerging and re-emerging infectious diseases and the risk of pandemics and bioterrorism as direct threats to human security and the international order (Chan *et al.*, 2008: 498). On the one hand, the introduction of health issues to the field of international relations (IR) highlighted new applications of the theories that had been limited to more political contexts. On the other hand, it also helped to draw attention to the potential internal challenges of how the discipline itself had been conceived until then (Davies *et al.*, 2014: 827-828). One of the thoroughly analysed theories of IR in relation to global health is precisely the securitisation theory, which was, however, often heavily criticised when applied to health issues.

Elbe and Voelkner (2014) analysed how the securitisation of H5N1 created severe disputes and tensions between developed and developing countries. Similarly, the theory was used as a tool by Jin and Karackattu to evaluate how the WHO started framing infectious diseases as security threats and to underline the disparities with which developed and developing countries are framed in its decisions. In particular, the authors criticised the WHO's securitisation moves based on the fact that it is driven by the security interests of the developed countries (Jin and Karackattu, 2011: 185). As a result, when developing countries find themselves in situations in which extraordinary measures are implemented by an external actor, their willingness to collaborate with the WHO's surveillance systems dwindles, thus undermining the entire prevention mechanism (Jin and Karackattu, 2011: 185).

In relation to these intrinsic differences between developed and developing countries, Enemark (2005: 10) highlighted that the tolerance of infectious diseases' outbreaks diverges based on the country. Indeed, the threshold before an issue is considered an existential threat will vary depending on the context (see also Balzacq *et al*., 2016: 502), the public health system capabilities, and even on the emerging or re-emerging diseases themselves. Therefore, an imposed attempt to securitise a threat internationally might lead to an inappropriate response in some contexts and cause opposite effects to what originally intended. More generally, it is argued that a too narrow focus on one specific disease, as its securitisation would entail, could potentially overshadow other public health necessities, and undermine prompt response to anything but the securitised issue (Enemark, 2005: 10).

In response to these issues, a vast section of the literature has focused on advancing alternative theoretical frameworks. For example, the possibility of restraining the management of health issues to the domain of *human* security was considered. Such an approach would direct the focus towards the individual, rather than the state, as the referent object of the policies (Enemark, 2005: 25). Similarly, by discussing how securitisation might divert the attention away from individual's rights, it was argued that a human security approach to health issues is more appropriate because it leaves room for assessing whose security should be central for policymakers (Maclean, 2008: 476). Nevertheless, this approach risks broadening the practices that deal with health issues

excessively and uncontrollably, given that the concept of human security itself is nearly boundless (Enemark, 2005: 25). It would, therefore, contradict the underlying purpose of the Copenhagen School's elaboration of the securitisation theory to extend security applications beyond the military field by tailoring its construction according to the society's needs but without making a security issue out of every situation. Finally, a human security approach would impede an effective prioritisation among security threats, and it would slow down the entire process of decision-making (Enemark, 2005: 25), rendering the inclusion within the security category of any element irrelevant (Peterson, 2002: 44).

McInnes and Roemer-Mahler (2017) advanced the possibility of framing global health threats as the results of risk assessments, rather than security issues *per se*. Thereby, a response would be activated when threats pass a scientifically established critical threshold. As opposed to the extraordinary actions, urgency and fear that the use of the term 'security' provokes, the concept of 'risk' seems to create an "aura of scientific neutrality", which makes the "'global health risk' frame less politically charged and divisive than the 'global health security' frame" (McInnes and Roemer-Mahler, 2017: 1319). Nonetheless, the analysis concluded that the global health risk approach, despite being an effective tool to promote global collective action thanks to the scientific grounds for it, cannot break free of the interests of high-income countries. Its incapacity of eluding political links makes this approach vulnerable to the same criticalities of the securitisation theory with an added difficulty in prioritising the allocation of the resources (McInnes and Roemer-Mahler, 2017: 1328).

Further negative assessments of securitising health highlighted the danger of subordinating public health to national security. Peterson (2002: 51) argued that health might result in lower importance and become relevant only when placed in a threat context. This would link human health management only to its impact on security, instead of it being a crucial part of the individuals' lives as an inalienable right. Peterson (2002: 51-52) also advocated for independent international organisations to take care of 'health for all' rather than reducing it to a securitised topic which might demand the inclusion of actors that would not normally have any role in this, in particular the military. In general, outlining a health topic as a threat to national security will definitely draw greater emphasis on the health sector, and healthcare professionals will benefit from this.

However, dealing with health through a political lens endangers the overall management of a potentially catastrophic situation by attributing more relevance to the opinions of those who are not qualified to fully understand (Katz and Singer, 2007: 233).

To prevent such an eventuality, a yet different framework to understand health issues in an international context was advanced, namely pure foreign policy (Katz and Singer, 2007). Given that infectious diseases are widely recognised as threatening to national interests, Katz and Singer (2007: 233) highlighted that they are already encompassed in the near totality of foreign policy strategies. By elevating the relevance of these elements within those strategies, hence avoiding framing them as *security* issues, public health would gain crucial consideration without all the downsides that derive from securitisation. Again, this approach seems to present one significant concern that does not allow divergence from securitisation. In fact, in national systems, obtaining funding for medical research is usually an ambitious task. The introduction of certain health issues in the top foreign policy agenda would lead to the same prioritising-one-disease-over-the-other problem that securitising it entails, thus risking the neglect of others that might still be relevant. In conclusion, it seems that no alternative approach to securitisation is fully acceptable or possible to implement. Thus, most authors proceed to criticise the former without managing to advance an effective solution.

2.4. SECURITISATION OF BIOTERRORISM AND BIOWARFARE

Infectious diseases, however, did not become the centre of the discussion around the securitisation of health simply because of their intrinsic potential to constitute a threat to national and international security. These dangers were indeed given increasing attention following the surge of HIV/AIDS cases worldwide. Nevertheless, the spectre of bioterrorism was the catalyst that pushed infectious diseases into the spotlight (Heymann, 2003: 191). In particular, shortly after the 9/11 disaster, the anthrax attacks that occurred between September and October 2001 contributed to a watershed moment in US history. Envelopes laced with *Bacillus anthracis* spores were mailed to media outlets and US senators resulting in five deaths and seventeen infections (FBI,

n.d.; Roos and Schnirring, 2011). The 'Amerithrax' case constituted the deadliest biological attack in the country's history (FBI, n.d.). Despite its relatively low impact in terms of casualties, terrorism has long been the most feared and securitised issue in the security agenda of many states (Zwitter and de Wilde, 2010: 11). The very use of the expression "war on terror" is symbolic of how such threat is seen as possible to defeat only by waging war against it and is representative of a long-standing securitisation of terrorism by the US (Vultee, 2010: 35).

Nevertheless, threats related to terrorism and bioterrorism are often perceived as more imminent than and prevailing over other statistically riskier circumstances. They can become object of excessive attention and, thus, inappropriate securitisation (Koblentz, 2010: 2). This often-excessive dread that such eventualities instil in the public imaginary can cause decision-makers to elaborate policies whose costs may exceed their benefits (Stern, 2003: 91). Indeed, the so-called "probability neglect" represents the tendency of the policymakers to react to specific events and to enforce specific measures only based on the population's emotions, in particular fear, even when these events are statistically negligible to happen (Sunstein, 2003: 121; Enemark, 2017a: xvii). In the present analysis, a clear example of "probability neglect" is, precisely, the ever-increasing funding of counterterrorism operations versus the needs that derive from the nearly unperceived deaths due to infectious diseases yearly, as will be presented later. Since 2001, a total of nearly 3300 Americans have died following a terrorist attack in the US (Our World in Data, 2019) and, as previously noted, only five due to a biological attack. In comparison, the current COVID-19 pandemic has been killing on average the same number of people *per day* in the US during the 2020 winter peak (Rattner, 2021).

For these reasons, Stern's claim that there must exist the need to implement some sort of "qualitative risk trade-off analysis" (2003: 91) when evaluating how to design the response to biological weapons threats in order not to fall into the "probability neglect" trap seems pertinent and legitimate. This concern was linked to what seemed, already back then, an excessive investment in US preparedness for and prevention of bioterrorist attacks. Such apprehension was due to the belief that focusing to that extent on such an unlikely event was simultaneously eroding other competing interests (Stern,

2003: 93), e.g., health research funding. These concerns were corroborated by the federal restrictions applied to biological sciences, which strictly regulates studies and employment of delicate pathogens and imposes security standards that impede uses of such biological agents non-authorised within the biodefence sector (Vingoe, 2015).

In conclusion, securitisation of biological warfare is controversial. On the one hand, approaching this issue as a top security threat provides the governments with compelling funds and a crucial degree of freedom in responding to and preparing for such eventualities. As a consequence, the overall mobilisation of people and capitals is considerable. On the other hand, however, the securitisation of (bio)terrorism might significantly reduce the room for an appropriate management of other public areas, including public health when this is submitted to a disproportionate funding of a competing field (Shelton *et al.*, 2012). Nonetheless, one can infer that securitising health policies in turn might produce similar effects. If an infectious disease becomes the object of a securitisation process, the attention directed towards the concerns arising from the swift spread of a disease will likely lead policymakers to seek similar outcomes. Such a possibility was, indeed, highlighted and mentioned by several scholars, as will be evaluated in the following section.

2.5. DISCUSSION

One of the main issues that arises from the use of biological weapons is that – unlike their chemical and nuclear counterparts – their effects would most likely not be recognised or felt immediately. This problem automatically translates into unique security implications (Enemark, 2005: 11). Because of its very nature, the deliberate spread of an infectious disease might take days or weeks to be identified after it has been induced, as symptoms in infected individuals take a greatly varying extent of time to develop depending on the pathogen. Regardless of whether securitisation takes place or not, it is also likely, precisely because of this intrinsic characteristic of infectious diseases, that the means used, and the personnel involved in the management of a biological attack would be the same as if the disease outbreak had natural origins. Indeed, also in the case of a new infectious disease outbreak, health

officials and experts on the field would require a certain amount of time to realise that what they are seeing is a novel disease, thus placing biological attacks and infectious disease management on the same level (Enemark, 2005: 11). For this reason, tailored government funding towards health research, in general, is crucial to strengthen early detection and preparedness.

Despite the demonstration that different societies can tolerate different degrees of infectiousness and can react based on their past experiences and system capabilities (Enemark, 2005: 10; Jin and Karackattu, 2011), it is also generally true that a late response can make any intervention irrelevant to curb a disease spread (see, for example, Katul *et al.*, 2020: 1). Thus, the allocation of significant resources to augment the rapidity of the response to such circumstances remains vital. Generally, however, within the ranking of national interests and priorities, it is difficult to obtain joint and sustained political will and cooperation to allocate extra resources only advocating for public health. The only way to provide the public health system with sufficient funding to maintain the desirable preparedness is to merge the requests with biological warfare preparedness (Enemark, 2005: 20). Indeed, the two fields overlap in many aspects but cannot be self-sufficient alone. In a non-securitised environment, threats deriving from biological weapons are usually considered too unlikely to occur to justify enormous government spending for preparedness (Falkenrath, 2001: 159). On the other hand, however, also non-deliberate infectious disease spread is not enough to legitimise extraordinary funds because it is only considered as a mere health issue that needs to be dealt with within the resources already allocated to public health (Enemark, 2005: 20).

Nevertheless, investments in the latter can sustain advancements in the former because of the dual applicability of the preparedness plans. Consequently, increased funding of public health can simultaneously contribute to a strengthened biowarfare preparedness. This implies the necessity of linking public health to some sort of security dimension to overcome the obstacle of health issues not justifying extra allocation of funds within the national budgets. When understood within a national security framework, public health will thus constitute the main technicality that will advance biodefence methods and state preparedness by strengthening public health capabilities (Enemark, 2005: 20). Therefore, the securitisation of health is the element that can create a link

between public health necessities and biological warfare concerns, as the development of an effective response to natural diseases constitutes the optimal push to improve biological warfare preparedness (Heymann, 2003: 192).

This dissertation stems from the assumption that the current COVID-19 pandemic revealed severe inadequacies in state-level sanitary crisis preparedness. In particular, the United States' reaction and response under the Trump administration fell well below the expected standards for a superpower, registering the highest infection and death rates worldwide (JHU, 2021). The thesis will add to the existing body of literature by adopting a new perspective to evaluate whether securitising health issues can have benefits and, specifically, whether a securitised approach to COVID-19 in the United States could have produced more positive outcomes. In order to do so, it will approach the study of securitisation of public health through the empirical analysis of the process of securitisation of biological warfare. By comparing the material outcomes of both processes based on historical precedents, it will proceed to evaluate whether securitisation of health can be seen under a beneficial lens, thus contributing to the generally pessimistic literature by highlighting the potential assets of the process.

CHAPTER 3. RESEARCH DESIGN AND METHODOLOGY

This chapter will lay out the research design and methods that will be employed in the present research. The underlying aim is to assess how states can improve their response to a sanitary crisis. In order to do so, it will evaluate how the process of securitisation shapes such responses. The question will be answered by establishing a parallel between examples of securitisation of biological warfare and securitisation of infectious diseases. This will be implemented through an analysis of the United States' securitisation of the former threat and will then compare the outcomes that this episode produced with the outcomes of the latter threat. This will lead to an assessment of how the two securitisation processes have proven to be mutually beneficial and, by extension, generally positive in improving health management at the national level. Stemming from this assumption, it will, lastly, assess how former President Donald J. Trump might have directly jeopardised the United States' response to the COVID-19 pandemic by employing an anti-securitisation tactic.

Firstly, this section will assess how the selected research design fits the research question and the research philosophical underpinnings. Secondly, the motivations that drove the selection of the specific case – the United States – will be presented. Thirdly, it will explain how the analytical equivalent between securitisation of biological warfare and securitisation of infectious diseases will be established. Finally, it will explore how the analysis of Trump's rhetoric will be conducted and how this constitutes an example of anti-securitisation.

3.1. RESEARCH DESIGN

The present research will adopt an embedded qualitative single-case study design. The research design was carefully selected on the basis of the main research question: *How does securitisation shape a state's response to a sanitary crisis?* By responding to this point, the research will assess whether securitisation can have a positive impact on health management. Then, it will highlight the problematics of employing the opposite approach, namely anti-securitisation, to further support the argument. This will drive the following discussion on how the current COVID-19 pandemic could have been handled.

Yin's (2018: 9) parameters were followed in assessing the most appropriate approach to respond to this matter. According to his categorisation of research designs, the three criteria to be met in order to select a case study design are a *how* or *why* question, little or no control over the studied set of events, and the focus on contemporary behaviours (Yin, 2018: 9). Firstly, the form of the research question was acknowledged. In order to explain how the processes of securitisation of biological warfare and of infectious diseases can have impacted state preparedness, a *how* question was adopted. Since the purpose of the present research is to explain how a certain maintained behaviour has led to specific outcomes within a limited context pertaining to one single country, a *how* question and its intrinsic explanatory nature were deemed the most adequate option. Secondly, given that the evaluated set of events is not controllable by the researcher as the considered circumstances have already happened and fully developed, the second criterion is also met. Nevertheless, this must not let the reader think that the research design should instead take the form of historical or archival analysis. The reason behind it is that these events still constitute contemporary events – 'contemporary' meaning "a fluid rendition of the recent past and the present, not just the present" (Yin, 2018: 12). It is safely assumed that the policies sparked by such past events have had an effect on present policies which are worth studying. With the three above mentioned criteria being met, a case study research design is, thus, the most adequate approach to the present research.

Finally, thorough considerations were made to assess whether this research better fitted a multiple-case study or an embedded single-case study. Eventually, based on Bromley's definition of a case study design as "a systematic inquiry into an event or a *set of related events* which aims to describe and explain the phenomenon of interest"[1] (1990: 299), an embedded approach resulted most appropriate. The United States was regarded as a single case study because the consecutiveness among the three Presidential terms and the interconnectedness of the consequences of the three processes are deemed crucial for a full understanding of the case and a comprehensive answer to the research question. The three episodes that will be analysed represent different

[1] Italics added by the author.

subunits, which allow the researcher to focus on diverse salient aspects within the larger case (Scholz and Tietje, 2002: 9-10).

With regards to the philosophical underpinnings, case study research embodies a complex definitory case. Different authors have advocated for a certain degree of malleability of the researcher's philosophical stances when employing a case study research design (Ragin, 2013; Takahashi and Araujo, 2020: 103). Described as an all-encompassing mode of inquiry, case study research design can accommodate most epistemological positions (Yin, 2018: 16). In particular, constructivist and postpositivist stances have been adopted by scholars when evaluating the role of case research. These two positions are most notably represented by Stake (2005) and Yin (2018), respectively. Our interest is directed towards the former orientation. This is based on an anti-foundationalist ontological position (Boblin *et al*., 2013: 1269), namely the belief that our vision of the world is socially constructed and directly influenced by our role in that same world (Marsh and Furlong, 2002: 19). As a result, a constructivist researcher will claim that reality is subjective, constructed, and will attempt to capture how different subjects can affect and illuminate the topic of study (Yin, 2018: 16). Such ontological and epistemological orientations match the central topic of the present research. This is mostly due to the fact that securitisation is, as explicitly defined by its very creators, the social construction of security shaped upon the society's needs (Buzan *et al.*, 1997: 24).

Case study research has often been the subject of several concerns raised by experienced scholars, particularly regarding its rigorousness when compared to experimental research, for example (Seuring, 2008: 128). Four elements are central when determining whether a study is an example of the highest quality of research, and all of them need to be addressed when designing and conducting research. These are construct validity, internal validity, external validity, and reliability (Yin, 2018: 42).

Construct validity requires an elaboration of the valid operational set of measures that allows for establishing a verifiable chain of evidence (Takahashi and Araujo, 2020: 107). In order to fulfil this requirement, the present dissertation will rely on a wide pool of sources of evidence, and it will critically

mention published studies. Given the relevance in this study of timing when assessing the effects of policies, particular attention to the chronological element of the sources will be given. Internal validity refers to the evaluation of existing relationships among the elements of the research and whether these relationships can be considered causal or simply spurious. This point is of particular importance to the present work due to its explanatory value (Yin, 2018: 45). Overall, the internal validity of this research is expected to adhere to the highest standards because it will evaluate how specific reactions by one selected state to a limited number of specific dramatical events have impacted the same state's levels of preparedness for a similar threat and, consequently, how an opposite reaction might have instead jeopardised the same state's response. In addition, both qualitative and quantitative studies have confirmed the existence of a causal relationship between the state's reaction to the emergency and the following preparedness improvements, as will be analysed in Chapter 4.

A particularly relevant obstacle that the present research might encounter is its external validity. This represents the extent to which the study makes it possible to reach generalisable results, hence, to produce findings that can be applied beyond the single case analysed. Despite Yin's suggestions of framing such design as "the opportunity to shed empirical light on some theoretical concepts" (2018: 38), it is recognised that this study will likely suffer from a low generalisability. This issue will be further elaborated upon in the limitations section. Finally, the last requirement is reliability, that is "the extent to which measurements are repeatable" (Drost, 2011: 105). A reliable study allows any other researcher to follow the same steps and procedures as the original study and elicit the same results. Yin (2018: 46) clarifies that adhering to this procedure within case study research means to enable external researchers to study the same case multiple times, and not only to replicate the same results through the analysis of another case. In order to guarantee reliability to this study, the following sections will explain why the case was selected and the methods that will be followed in order to answer to the research question.

3.2. CASE SELECTION

The United States embodies the perfect union of all the elements that constitute the present research – isolated as securitisation of biological warfare, securitisation of health, and anti-securitisation practices. Since 2001, the US implemented both securitisation of biological warfare and securitisation of infectious diseases, as will be demonstrated in Chapter 4. These processes are attributable to both a biological attack – the anthrax attacks in September-October 2001 – and the role that the country played in fighting the spread of several infectious diseases – including SARS, Ebola, Zika, and, currently, COVID-19 (Yong, 2016). The current pandemic happened for the vast part of the emergency under President Trump's period into office. His personality and attitude towards the crisis will constitute the crucial confuting element of the alleged negative impact of the securitisation theory as the right approach to managing a sanitary emergency. Indeed, his anti-securitisation rhetoric will be evaluated against the criteria that characterise a successful process of securitisation.

The United States is considered to have been the first power ever to securitise infectious diseases (Heymann, 2003: 197) and is generally deemed to have developed the most advanced system of securitising such threats (Maclean, 2008: 482). In addition, the amount of funding that was devoted over the decades to biodefence preparedness, improvements, and dedicated programmes is undoubtedly of incomparable size with any other, as will be discussed in the following chapter. Furthermore, according to the 2019 Global Health Security (GHS) Index, elaborated by the Johns Hopkins Center of Health Security and other renowned organisations, the United States possesses the best pandemic preparedness framework out of 195 evaluated countries (GHS, 2019). The GHS Index is the first comprehensive assessment of global health security capabilities and was recently mentioned as key in New Zealand's response to the COVID-19 pandemic. This has proven how knowledge of state-level weaknesses in pandemic preparedness has served to address such shortcomings and improve crisis management (GHS, 2021). However, despite the United States' unrivalled rank in five out of six of the categories evaluated in the GHS Index and the overall first place with a significant deviation from the second-placed, the country registered both the highest number of infections (over 34,4 million

cases, as of 25/07/2021) and the highest number of deaths worldwide (610.859 deaths, as of 25/07/2021) (JHU, 2021).

Therefore, there is an evident mismatch between how the country was *expected* to react to a worldwide pandemic and the actual management of one when it hit. The reasons why such a dramatic clash between expectations and reality exists are worth exploring. The present research will, thus, seek to identify the potential causes in President Trump's anti-securitising attempts based on how his predecessors managed to react to more or less similar circumstances and on what advantages had derived from securitising such threats.

3.3. METHODS OF ANALYSIS

This dissertation will be divided into two main analytical sections. In order to verify the assumption according to which securitisation of biothreats is generally positive, the main procedural steps of the first section in Chapter 4 will be based on evaluating whether and how securitisation of biological warfare and securitisation of infectious diseases have occurred in the United States after 2001. Then, it will assess what outcomes it produced. Securitisation will be operationalised by isolating the three main elements that constitute the theory and assessing whether they can be found in those specific conditions. This will allow an analytical equivalent between the securitisation processes to be established and to assess their outcomes. Afterwards, the same logic will be applied to demonstrate that an anti-securitisation process has taken place during the first year of the COVID-19 pandemic – under the Trump administration – and what outcomes it produced.

Provided that it is methodologically complex to address a counter-factual (Kamradt-Scott and McInnes, 2012: 102) – that is, to evaluate what would have happened if the current pandemic was instead securitised in the US – Chapter 5 will discuss whether a full securitisation might have produced different outcomes based on the results that previous securitisation processes of biological warfare and infectious diseases produced in the same country. This will be done by adhering to a reasoning that resembles the logic of a *reductio ad absurdum*, that is an argument "that proves a proposition by showing that its

denial conjoined with other propositions previously proved or accepted leads to a contradiction" (Britannica, 2017). By demonstrating that anti-securitisation led to generally negative outcomes and to a poor management of the COVID-19 crisis, it will assert that a securitised approach might have been a better solution to handle the pandemic based on the generally positive results that previous examples have confirmed.

3.3.1 OPERATIONALISING SECURITISATION

As presented in the second chapter, three main elements need to coexist in order for a securitisation process to take place: (1) the existence of an existential threat identified as such through a speech act; (2) the acceptance by the audience of such threat and of the consequent need to adopt measures to face it; and (3) the adoption of extraordinary measures to respond to it (Buzan *et al.*, 1997). It must be mentioned that empirical analyses have shown that the securitisation process is a fluid event and that the three criteria do not always occur in this sequence. Indeed, sometimes the speech act can take place after or right before the extraordinary measures have been adopted, and the audience acceptance can be confirmed simultaneously or only considering the entire context of the events. In any case, regardless of the timing, the three elements need to coexist for the situation to be considered (success)fully securitised.

3.3.1.1 The securitising move constructing a threat

For the assessment of whether the first condition took place within the framework of securitising biothreats, Bush's and Obama's responses to the anthrax attacks and the 2014 Ebola outbreak, respectively, will be studied. Trump's rhetoric around the current pandemic will be later assessed. Provided the relevance of speech acts in building up securitisation (Buzan *et al.*, 1997), there seems to be no better method than discourse analysis to ensure the understanding of the *function* of the language, rather than focusing on the form or the structure of the language itself (Brown and Yule, 1983; Potter, 2004: 610). Such focus represents one of the major characteristics of this method. In particular, this approach seems the most appropriate because of the tendency of human beings to not always persuade others in an explicit way, but rather to

choose a less direct way to convey a request or attribute a specific nuance to their words (Potter and Wetherell, 1987: 32). This feature, embedded in discourse analysis, is in line with the unnecessity of using the term "security" to construct it within a securitisation process (Kamradt-Scott and McInnes, 2012: 96). Indeed, the same phenomenon can be explained in a significant number of different ways, and it is the reader's responsibility to extract the true meaning from the context through discourse analysis (Potter and Wetherell, 1987: 33, 35).

Therefore, in order to isolate the speaker's real intentions, three questions will implicitly guide the analysis:

1. "What is this discourse doing?
2. How is this discourse constructed to make this happen?
3. What resources are available to perform this activity?" (Potter, 2004: 610)

This method will allow for the interpretation of how President Bush and President Obama, from their authoritative position, were able to *construct* a security issue in the aftermath of such events. The researcher will try to identify patterns in the Presidents' speeches that prove the depiction of the issue as a security threat. The following intratextual analysis guidelines, derived from Balzacq (2010: 43), will also drive the researcher's evaluations:

1. "What kind of action [does the] text want to achieve (assertive, commissive, expressive, directive, or declarative)? What representations are created by this or that particular action? What are the communicative purposes and domains of relevance of the text?
2. Which heuristic artefacts are favoured, for which meanings (metaphors, pictures, emotions, analogies, and so forth)? What "map" of world politics does it present?
3. What kinds of interactions are generated?"

For the assessment of securitisation of biological warfare, three crucial moments during a three-year time span were isolated. These consist of the 9/11 attacks, the following anthrax attacks in September-October 2001, and the US declaration of war on Iraq in 2003. These events are identified as the ones that sparked the United States' response to terrorism and bioterrorism for evident

reasons. The analysed speeches will be Bush's *Address to the Nation on Terrorist Attacks* (2001) on the night of the 9/11 attacks; Bush's *Address to a Joint Session of Congress and the American People* (2001) on 20/09/2001; Bush's weekly *President's Radio Address* (2001) on 03/11/2001; Bush's *Address to the Nation on Iraq* (2003) on 17/03/2003; and Bush's *Address on the start of war on Iraq* (2003) on 19/03/2003. The example that will be employed to verify the successful securitisation of an infectious disease in the United States will be the case of the 2014 West African Ebola epidemic. Obama's *Remarks by the President on the Ebola Outbreak* (2014) at the Centers for Diseases Control and Prevention (CDC) on 16/09/2014 and the *Remarks by President Obama at UN Meeting on Ebola* (2014) on 25/09/2014 will be dissected by analysing the discourses in order to find elements that can confirm the securitising move.

3.3.1.2 Audience acceptance and adoption of extraordinary measures

The acceptance and reception by the audience will be assessed through public opinion polls available online, such as the renowned Gallup polls. Gallup is a US-based analytics company specialised in public opinion polls (Gallup.com, 2021). Afterwards, in order to assess whether the third criterion for securitisation was met, documents will be analysed for both frameworks. At this point, how the processes of securitisation of biological warfare and infectious diseases began overlapping on the consequences will be shown. An objective differentiation based on what event sparked what extraordinary measures will become complex. This will be particularly clear from the critical reading of the article series "Federal Funding for Health Security" in all Fiscal Years from 2001 to 2018, which will be used to corroborate the extraordinariness of the responses and the general outcomes of the process. Other existing studies and official reports on the measures that crises like the Ebola one sparked will also be leveraged. Finally, conclusions will be drawn based on all the elements that will be collected. An alternative perspective to the most common academic one on how securitisation can constitute a positive tool will be provided.

3.3.2. TRUMP'S ANTI-SECURITISATION ATTEMPTS

For the final section of the analysis, the opposite approach to securitisation will be analysed in order to verify this thesis' counterargument and elaborate the conclusions. Following the same criteria and the same methods described in the previous paragraphs, it will be demonstrated how Trump's management of the current COVID-19 pandemic can represent an attempt of anti-securitisation, as defined elsewhere. This part of the analysis needed to be readapted from what was originally planned due to President Trump's permanent ban from Twitter after he was charged with inspiring and supporting the riot that took place on 6 January 2021 at the US Capitol (Goodwin, 2021; Guardian Staff, 2021). Instead of analysing the President's tweets concerning the pandemic directly, this research will leverage the many newspaper articles available online, in particular from *The New York Times*, *The Guardian* and *The Washington Post*. A significant number of articles have indeed reported the President's original tweets and elaborated on his rhetoric and will, therefore, be a source of data. Given the open-source character of the articles, no prior ethical approval was needed.

3.4. METHODOLOGICAL AND ETHICAL REFLECTIONS

Methodological limitations of this dissertation are linked to the use of a case study design. Non-positivist research is more likely to be criticised (Takahashi and Araujo, 2020: 107), and a central limitation is identified in the generalisation capacity of a single-case study. However, it is recognised that the purpose of the present research is to expand on an existing theory and, therefore, to produce an analytical generalisation, rather than to elaborate conclusive results applicable to populations or universes (Yin, 2018: 20). Another issue is identified in the fact that the different personalities that have been leading the United States during the analysed crises – Bush, Obama, and Trump – differ so much between them that outlining a common policy direction even within the same state seems unachievable (see, for example, Gerber *et al.*, 2010; Caprara and Vecchione, 2013). Nevertheless, the personality trait of the President needs to be assessed within the larger governance context of the US. The Presidents' options remain limited by the characteristic system of *check and balances*.

While the executive branch dominates national-security decision-making, the other branches and the entire bureaucratic structure still constitute a brake on its actions (Deeks, 2016: 68-69). The complexity of the American system and the layers that constitute it will also influence and restrict presidential decisions (Edelson, 2016). Hence, forasmuch as the main purpose of this research is to highlight what the main lessons learnt in the context of health crisis management can be, this study is still expected to produce significant results and recommendations that may serve as a guideline in the next emergency, when appropriately adapted to the alternative context. This is highlighted as an advantage of case study research by Yin (2018: 21), when stressing that this design enables not only a verification of whether something works, but also *how* this works.

The use of data originating only from secondary and tertiary sources can also influence the results of this work. In fact, given the different purposes for which the leveraged studies or articles were intended, it is possible that the interpretation of the original authors does not match the understanding that the present author attributed to them. In particular, given the subjective and interpretative character of discourse analysis, it remains possible that another researcher could interpret the speech acts differently even diligently following the same research methods presented here. To reduce this risk, the present research will explicitly report the sentences that have driven the elaboration of the thoughts expressed. Nonetheless, it remains assumed that discourse analysis is never absolute (Morgan, 2010: 4).

In relation to this, as regards the ethical aspects of the research, secondary and tertiary sources guarantee the respect of the highest standards. Indeed, no human participants have been involved or utilised to collect data for this research. Whenever personal (Trump's) *tweets* have been cited, these have been extracted from secondary sources (publicly accessible newspapers articles) that explicitly reported them. This was both due to the President's permanent ban from the social media and the consequent inaccessibility to the original posts, and as part of a process of simplifying and accelerating data collection. In addition, due to the ongoing pandemic situation, university regulations encouraged the sole employment of data that did not require in-person collection and the use of alternative resources to the fullest. This restricted the originally

planned interview process that was substituted with alternative sources. Therefore, no ethical approval was needed.

Additional potential biases may belong to the researcher. A design bias has been attempted to be avoided by carefully planning the research according to well-established academic criteria as presented earlier. A data collection bias has been attentively dodged by trying to incorporate all kinds of information and resources that could also contradict the initial statement in order to confirm its veracity. However, given the underlying motivations of the research – namely providing an empirical argument that proves that securitisation of infectious diseases can be effective – a confirmation bias cannot be entirely ruled out. The researcher has, in any case, actively checked the design and the methods multiple times in order to ensure rigour to the analysis.

CHAPTER 4. SECURITISATION AND ANTI-SECURITISATION OF BIOTHREATS: AN EMPIRICAL ANALYSIS

Securitisation was defined as the presentation to an audience of a certain issue as "an existential threat, requiring emergency measures and justifying actions outside the normal bounds of political procedure" (Buzan *et al.*, 1997: 24). Crucial for the development of a securitisation is the utterance of an issue as a threat that requires absolute priority. The justification behind this is presented by the Copenhagen School as the existence of something that cannot wait to be tackled because it would render anything else completely irrelevant by ultimately eliminating the chances of being able to respond to any other situation unless that first issue is dealt with. The issue is, thus, removed from the non-politicised or politicised sphere of management to which it belonged by claiming it as a security matter. By overriding the standard hierarchy of procedures in the name of security, the actor can adopt extraordinary measures to tackle it (Buzan *et al.*, 1997: 24).

McInnes and Lee (2005) and Kamradt-Scott and McInnes (2012) suggested that, besides the risk of nuclear annihilation that drove the politics of the Cold War, most of the securitised contemporary threats do not reach the originally proposed *existential* level of danger required by the original theory. Instead, the threshold could be more realistically set by defining the threat as *extreme* or *exceptional* (Kamradt-Scott and McInnes, 2012: 97, 99). This would maintain the three criteria that define securitisation valid, and the securitisation process could still be successful in the post-Cold War era by slightly adapting the threshold to recognise the presence of the threat.

This section will now turn to data analysis in order to verify the validity of the starting assumption of this dissertation. It will employ discourse analysis and document analysis to assess whether securitisation of biowarfare and securitisation of infectious diseases have successfully occurred in the United States and what policy implications these processes have originated. This will serve to establish an analytical equivalent between the two processes and allow for an assessment of the overall role that securitisation played after 2001 in US

policies. Lastly, it will analyse how the opposite concept – anti-securitisation – was adopted by Trump during the current pandemic.

4.1. Bush's securitisation of biological warfare post-9/11 and the War on Iraq

In the first step of this analysis, the securitisation of terrorism by former President George W. Bush following 9/11, biological warfare and bioterrorism following the anthrax attacks, and the declaration of war on Iraq will be evaluated. The 9/11 attacks were deemed crucial for a thorough understanding of how, consequently, the threat of biological weapons falling in the hands of terrorists became a matter of the utmost importance for the US government (Kim, 2003: 85). Hence, 9/11 constitutes the starting point as it is assumed that the anthrax attacks might have been approached differently had they been an isolated event. Indeed, as will be seen, the references to the former attacks in the speeches regarding the latter are numerous.

4.1.1. Extreme threat

The discourse analysis on the two speeches delivered by former President Bush in the aftermath of 9/11 has shed light on how these attacks were perceived as something that not only killed thousands of people, but something that also undermined the foundations of the country ("our very freedom came under attack"; "we go forward to defend freedom", *Address to the Nation on Terrorist Attacks*, 2001; "we are a country awakened to danger and called to defend freedom", *Address to a Joint Session of Congress and the American People*, 2001). In both occasions, the President explicitly referred to terrorism, and identified the 'other' (Campbell, 1998) as a threat to defeat and that required actions to be taken ("series of deliberate and deadly terrorist acts"; "those who were behind these evil acts [will be brought to justice]", *Address to the Nation on Terrorist Attacks*, 2001; "Whether we bring our enemies to justice, or bring justice to our enemies, justice will be done"; "enemies of freedom", *Address to a Joint Session of Congress and the American People*, 2001). Such words and expressions identify a clear cut distinction between who is 'good' and who is 'bad', positioning the US in an unequivocable state of superiority compared to

their enemy ("we're the brightest beacon for freedom and opportunity in the world"; "our nation saw evil – the very worst of human nature", *Address to the Nation on Terrorist Attacks*, 2001; "Al Qaeda is to terror what the mafia is to crime"; "[they are sent] around the world to plot evil and destruction", *Address to a Joint Session of Congress and the American People*, 2001).

All these elements suggest a definitive identification of an extreme threat to the very survival of the country, therefore indicating the existence of the first step to securitise terrorism. Moreover, Bush's words hint to the necessity of employing every resource available to defeat the enemy ("We will direct every resource at our command […] to the disruption and to the defeat of the global terror network" including "every necessary weapon of war", *Address to a Joint Session of Congress and the American People*, 2001). Thus, it evidently refers to the necessity to employ extraordinary measures.

The following anthrax attacks occurred between September and October 2001, only a couple of weeks after the 9/11 attacks, and sharply contributed to raising the national levels of concern around infectious diseases and bioterrorism (Heymann, 2003: 191). Terrorism that involves any weapon of mass destruction (WMD), but in particular biological weapons, and/or non-state actors had been gaining increasing resonance ever since the mid-1990s and the Aum Shinrikyo attacks at the Tokyo subway in March 1995 (Falkenrath, 2001: 159). However, the 9/11 attacks and the anthrax attacks were a watershed in history (Heymann, 2003: 191).

Bush addressed the nation regarding the ongoing investigations into the anthrax attacks in a radio address on 3 November 2001. He explicitly referred to the attacks as terrorist acts which had "no precedent" ("second wave of terrorist attacks upon our country", "Americans have died as a result of these acts of terrorism", "We do know that anyone who would try to infect other people with anthrax is guilty of an act of terror", "ongoing terrorist attack", *President's Radio Address*, 2001). These public declarations contributed to setting the bar high on the need to act quickly. During another speech at the Georgia World Congress Center in Atlanta on 8 November 2001, all these statements highlighting the wrongdoing that the US endured were further stressed, adding that the United States "wage[s] a war to save civilization itself"

(*Transcript of Bush speech in Atlanta*, 2001). Therefore, it seems evident again that the unprecedented terrorist biological attack flanked the very recent outrageous events of 9/11 and contributed to shaping something that was undermining the very existence of the country and of "civilisation itself". Hence, this could not be dealt with in the framework of normal politics. The strongest securitising moves on biological weapons happened, however, nearly two years later.

Following Iraq's disregard of previous UNSC resolutions that requested the government to allow "immediate on-site inspections of Iraq's biological, chemical, and missile capabilities" (UNSC Resolution 687, 1991: 5; see also UNSC Resolution 1284, 1999) to the UN and the International Atomic Energy Agency (IAEA), the Security Council issued a new resolution to state the country's "material breach" of the previous directives and granted Iraq "a final opportunity to comply with its disarmament obligations under relevant resolutions of the Council" (UNSC Resolution 1441, 2002: 3). Despite the collaboration by Iraqi officials with the international organisations during the inspections that followed the resolution, the US concluded that the document filed by the country some months later did not provide sufficient elements to guarantee Iraq's disarmament (*Remarks to the United Nations Security Council*, 2002).

On 5 February 2003, Secretary of State Colin Powell gave a speech to the UNSC. In that occasion, he claimed that the US had gathered solid intelligence that proved that Iraq possessed undeclared biological weapons (*Secretary of State Colin Powell speaks at UN*, 2019). He even claimed to possess evidence that proved "the existence of mobile production facilities used to make biological agents" (*Remarks to the United Nations Security Council*, 2002). The main concerns around the country possessing WMD and the capabilities to produce them was that they could end up in the hands of terrorist actors, as stated in Powell's speech: "Our concern is not just about these illicit weapons; it's the way that these illicit weapons can be connected to terrorists and terrorist organizations that have no compunction about using such devices against innocent people around the world" (*Remarks to the United Nations Security Council*, 2002).

Powell made a case for war on Iraq and urged the United Nations to support it. This option was strongly rejected, but President Bush had allegedly taken the decision even before Powell's speech (*Secretary of State Colin Powell speaks at UN,* 2019). International newspapers, especially European ones, claimed that the speech "convinced only those who were already convinced" and described the presented intelligence as "circumstantial evidence" and inconclusive (*What the international papers say*, 2003). On the other hand, American newspapers claimed that "it [was] hard to imagine how anyone could doubt that Iraq possesses weapons of mass destruction" (*What the international papers say*, 2003).

Nonetheless, despite all these elements and the derived internal and international turmoil caused by such allegations, President Bush conceded Saddam Hussein a 48-hour ultimatum to leave the country and allow the US to enter Iraq peacefully (*Address to the Nation on Iraq*, 2003). In his speech on 17 March 2003, Bush did not fail in separating the 'self' from the 'other', that is his country's national identity and the external enemy (Campbell, 1998); the 'good' ("the United States […] [has] pursued patient and honourable efforts to disarm the Iraqi regime without war", "The United States […] did nothing to deserve or invite this threat", *Address to the Nation on Iraq*, 2003) from the 'bad' ("weapon inspectors have been threatened by Iraqi officials", "we are not dealing with peaceful men", *Address to the Nation on Iraq*, 2003). He identified and explicitly stated that the United States was facing an existential threat, namely the potential collaboration between Saddam Hussein and terrorist organisations that might have used biological weapons to attack the United States, and that it was a matter of national security that required them to "do everything to defeat it" (*Address to the Nation on Iraq*, 2003). All these concepts were re-brought to the attention of the American people only a couple of days later, when President Bush officially announced the beginning of a war on Iraq. Hussein's "outlaw regime that threatens the peace with weapons of mass murder" represented a "grave danger" for the entire world, and American and coalition forces were called to defend it (*Address on the start of war on Iraq*, 2003). Waging war was seen as the only way to tackle the danger after decades of failed diplomacy dealing with "an enemy that has no regard for conventions

of war or rules of morality" and that commits "atrocit[ies] against his people (*Address on the start of war on Iraq*, 2003).

Implicitly adhering to the three guiding questions advanced by Potter (2004: 610) and Balzacq (2010: 43), this analysis shows that Bush's intent was to present biological weapons as something that must be addressed fiercely and consistently. It can, thus, be assumed that Bush's speeches were actually presenting the chances of falling victim to a biological attack as a matter of paramount security. He did so by introducing the 'other' as a despicable actor characterised by inhumanity and who, therefore, required to be treated in an extraordinary manner (*Address on the start of war on Iraq*, 2003). The first criterion to establish the existence of securitisation in this context is, thus, confirmed.

4.1.2. AUDIENCE ACCEPTANCE

In the wake of the 9/11 attacks, President Bush's public approval ratings experienced an unprecedented increase. According to national Gallup polls, his public acceptance jumped from 51% the day before the attacks to 90% only one week after (Hetherington and Nelson, 2003: 37). This event was defined as the "quintessential rally" in the context of the so-called "rally 'round the flag" effect (Schubert *et al.*, 2002: 559). This class of phenomena explains the "sudden and substantial increase in public approval of the president that occurs in response to certain kinds of dramatic international events involving the United States" (Hetherington and Nelson, 2003: 37). In a quasi-experimental study begun on the same morning of the attacks, Schubert *et al.* (2002) analysed the effects that his speech would have had on the population's approval ratings. Right after the speech, that value jumped from 45% to 78% only to further increase within the following week. This resulted in a far more positive attitude towards his response to the attacks than towards his foreign policy ever before (Schubert *et al.*, 2002: 572). The same study supported that it is very likely that the speech on 9/11 provided the audience with both the representation of a strong leader and with the certainty of "a forceful, retaliatory response to the attack" (Schubert *et al.*, 2002: 578).

Shortly after the anthrax attacks were recognised not to be an isolated case but rather a terrorist attack (early- to mid-October 2001), and once the potential link between the attacks and al-Qaeda, first, and Saddam Hussein, after, was made public – as will be explored in the next section –, more than half of the American population stated that *Amerithrax* represented the beginning of a bioterrorism campaign on the United States (Moore, 2001). This seems to suggest a positive reception of President Bush's severe stress on the fact that those events represented an evident terrorist attack that might have been related to the 9/11 hijackings. The levels of concern of having been exposed or knowing someone who might have been exposed to anthrax generally remained low, peaking only in the areas where the tainted letters were found. However, about a quarter declared to have started behaving in a more cautionary way when handling letters, hence recognising the existence of the threat. Some even bought gas masks and protective clothing (Moore, 2001). This demonstrates general public awareness towards the events and suggests that the behaviours of many adapted accordingly. Moreover, most of the population believed that the government had responded appropriately and that it would have been able to respond effectively should a second wave of attacks hit the country. Most notably, 69% of Americans believed that the government did not overreact (Moore, 2001), therefore accepting and agreeing with the actions undertaken to react to the crisis. Only one month later, bioterrorism hit the top of the list of the most urgent healthcare concerns according to the latest Gallup poll. Bioterrorism had not even appeared in the list since 1987 (Carlson, 2001). Again, this seems to indicate a successful acceptance by the audience of the biothreat presented as such.

4.1.3. EXTRAORDINARY MEASURES

In the immediate aftermath of the 9/11 attacks on the World Trade Center and the Pentagon, al-Qaeda was officially recognised as the factual perpetrator, and an astonishing amount of money was immediately mobilised for military counteroperations. One month later, the US-British allied forces conducted a series of air strikes over Afghanistan, targeting al-Qaeda training camps and the Taliban regime's major military facilities (Kim, 2003: 85-86). Within this context, a set of international legal provisions were triggered. In the framework

of the UN Charter, Article 51, advocating the right of UN members to self-defence, was invoked (Kim, 2003: 86). Moreover, Article 5 of the NATO Treaty – collective defence – was activated, for the first and only time in history (Pruitt, 2018). Article 5 enshrines the very essence of the Alliance; it represents a cornerstone of cooperation and collaboration among Member States. The invocation of such article of the Washington Treaty entails that any Ally will provide assistance to the attacked country to the extent to which the Ally deems necessary, in concert with other Allies (NATO, 2021).

The response to the following anthrax attacks and the related investigations involved nearly a quarter of the entire FBI personnel (Kim, 2003: 86). At first, the option of a terrorist attack was dismissed, as only one letter was identified. Soon after, however, when more letters were found to have been tainted with anthrax and the threat of bioterrorism was confirmed, a significant portion of the entire United States Postal Service (USPS) was quarantined as employees started becoming sick and the system was partially shut down (Landers, 2016). In the wake of the very recent 9/11 attacks by al-Qaeda, the White House allegedly tried to push the FBI to blame the anthrax attacks on al-Qaeda (Meek, 2008; Landers, 2016). Several individuals that were somehow related to the terrorist organisation were initially put under investigation by the FBI Amerithrax Task Force (Justice.gov, 2010: 18). The connection that investigators could make between al-Qaeda and the text of those letters – specifically "Death to America, Death to Israel, Allah is Great" – was blatant, and clearly playing on the very real population's distress only one week after the 9/11 attacks (Justice.gov, 2010: 57).

Such possibility was further fuelled by an ABC News reporter who had been claiming for several days that the anthrax samples extracted from the letters contained a very specific additive, known to be used only in Iraq. The reporter claimed that such additive was widely known by the authorities to be the trademark of Iraqi President Saddam Hussein's biological weapons programme (ABC News, 2007), who had been linked and will later be often linked to Bin Laden and al-Qaeda activities by Bush's administration, although with scant evidence (Cheney, 2001; Meek, 2008). Such programme, and the threat that derives from it, would drive the US war on Iraq two years after those events, as previously analysed. Eventually, Saddam Hussein's link to the

anthrax attacks was discredited as the specific strain of anthrax used to taint the letters was identified to belong to the US Army Medical Research Institute for Infectious Diseases (USAMRIID). Allegations of Saddam Hussein being somehow linked to al-Qaeda were also discredited by an official Department of Defense unclassified report (Aftergood, 2008).

This event, together with the 9/11 attacks and the beginning of the 'war on terror', has led to huge investments within the federal budget to prevent and prepare for bioterrorism (Gursky and Bice, 2012: 55). Overall, the amount of the US discretionary budget for all counterterrorism operations counted for 16% of the total budget between 2001 and 2017 (Mehta, 2018). When narrowing down to biowarfare-related funds, or biodefence, since 2001, the trend seems to follow a pattern. On the one hand, 10% of the entire budget destined for biodefence was allocated to programmes uniquely including biodefence goals. A 2013 report concluded that $14 billion would be allocated to sole biodefence programs in the US by the end of the following year (Mehta, 2018). On the other hand, 90% of the total amount from 2001 to 2014 included both biodefence and non-biodefence goals and applications and was expected to reach $80 billion by 2014 (Sell and Watson, 2013). For instance, right after the anthrax attacks, $52 million were destined for building up a civilian stockpile of therapeutics for the sole purpose of meeting threats such as anthrax, plague, tularaemia, smallpox and nerve agents (US Government, 2002). Only over the first four years since the anthrax attacks, biodefence funds totalled nearly $22 billion (Schuler, 2004: 86).

The analysis of US Fiscal Year (FY) reports from 2001 to 2018 confirms a generally increasing trend in biodefence funding in the first decade (Schuler, 2004; Schuler, 2005; Lam *et al.*, 2006; Franco and Deitch, 2007; Franco, 2008; Franco, 2009; Franco and Sell, 2010; Franco and Sell, 2011; Franco and Sell, 2012; Sell and Watson, 2013; Boddie *et al.*, 2014; Boddie *et al.*, 2015). A significant portion of such funds was destined for addressing emerging infectious disease programmes and preparedness plans for pandemic influenza (Boddie *et al.*, 2015). Left out of the general biodefence funding is the so-called Project BioShield. The project was approved and signed by President George W. Bush in 2004. It was meant to provide additional funding "to accelerate the research, development, purchase, and availability of effective medical

countermeasures against biological, chemical, radiological, and nuclear (CBRN) agents" (Medicalcountermeasures.gov, n.d.). The funding of this project adds to the total amount invested in biodefence by authorising a "Special Reserve Fund" totalling $5.6 billion over ten years (Medicalcountermeasures.gov, n.d.). On a side note that will be useful to understand the analysis later in this chapter, it must be mentioned that the Trump administration has approved throughout the years significantly lower budgets to biodefence compared to previous administrations (Boddie *et al.*, 2016; Watson *et al.*, 2017; Watson *et al.*, 2018), reaching the lowest point in FY2019 with only $1.61 billion (Watson *et al.*, 2018: 282), compared to the $6.69 billion in FY2014 (Sell and Watson, 2013).

Finally, the declaration of war on Iraq "to free its people and to defend the world from grave danger" (*Address on the start of war on Iraq*, 2003) clearly represented the ultimate situation in which the situation exceeds normal politics. Waging war against an enemy was considered as the extreme solution by Buzan *et al.* themselves (1997: 26) in their elaboration of the securitisation theory, and as the epitome of overriding the rules that would normally bind the actor. All these actions undoubtedly constitute blatant examples of the application of extraordinary measures to respond to the constructed threat. The third criterion for securitisation is also met and, therefore, it can be argued that Bush was able to successfully securitise the threat of biological warfare and bioterrorism.

4.2. Obama's securitisation of infectious diseases: The case of Ebola

In March 2014, after the alarm on the severity of the outbreak was sounded by the WHO's Africa office (AFRO), the West African Ebola epidemic was moved to WHO internal grade 2 emergency (Honigsbaum, 2017: 270-271), which activates a moderate response by the intergovernmental organisation (WHO, 2017: 28). However, despite some claims that it was not necessary to call a public health emergency of international concern (PHEIC), it was deemed that a mid-level alert did not provide enough attention to the emergency and might have seriously jeopardised the response (Ravelo, 2021). The declaration of an outbreak as a PHEIC, expected to occur when a disease starts transcending

international borders and is unexpectedly severe (WHO, 2019), directly implies the duty on all members of the International Health Regulations (IHR) to respond promptly to the emergency and to take active measures to curb the spread (Wilder-Smith and Osman, 2020: 2). It is believed that the failure of the WHO to anticipate the scope of the crisis hampered its management, leading the organisation to declare the outbreak a PHEIC only as late as in August (Honigsbaum, 2017: 272, 274).

4.2.1. EXTREME THREAT

In September 2014, addressing first the CDC and the week after the United Nations, President Obama took the lead of the international response, stressed the importance of a global action towards the Ebola outbreak, and pushed other heads of state to fight together against this common enemy ("this is a global threat, and it demands a truly global response"; "More nations need to contribute"; "more urgency to this effort – a global health initiative – that we have been pushing internationally", *Remarks by the President on the Ebola Outbreak*, 2014).

As opposed to President Bush, Obama did not circumvent the usage of the word 'security' and asserted that the Ebola outbreak was declared "a national security priority". The entire government was mobilised in order to effectively tackle it (*Remarks by the President on the Ebola Outbreak*, 2014). Similarly, a week later, he declared again that it represented "a growing threat to regional and global security" (*Remarks by President Obama at UN Meeting on Ebola*, 2014). By stressing the necessity of tackling this issue as an absolute priority that would otherwise render anything else irrelevant – "if the outbreak is not stopped now, we could be looking at hundreds of thousands of people infected, with profound political and economic and security implications for all of us" (*Remarks by the President on the Ebola Outbreak*, 2014) –, Obama adhered to Buzan *et al.*'s (1997: 24) outline of what a 'securitisable' issue looks like.

In this case, the 'other' is something non-tangible and is not a person or a specific group of people. Nonetheless, the construction of the 'self' and the 'other' seems to follow the same logic of the previously analysed examples. The 'other' is isolated as something that is threatening the very existence of the

population and that requires a joint response; an unprecedented threat that was wreaking havoc ("an epidemic of the likes that we have not seen before. It's spiralling out of control", *Remarks by the President on the Ebola Outbreak*, 2014). At the time when President Obama was giving this speech, in fact, the disease was spreading fast and it was killing people indistinctly, regardless of their age or health condition, and the world was witnessing "gut-wrenching" scenes that required "daunting" tasks (*Remarks by the President on the Ebola Outbreak*, 2014). Ebola was described as "a horrific disease" that was "wiping out entire families" (*Remarks by President Obama at UN Meeting on Ebola*, 2014). Therefore, by playing on people's emotions and by directly calling the disease a grave danger to national and global security, Obama's speeches clearly seem to construct the threat from an infectious disease, thus meeting the first criterion for this analysis.

4.2.2. AUDIENCE ACCEPTANCE

The case of securitisation of Ebola by President Obama represents one of those particularly fluid events in which it is problematic to distinguish whether the adoption of extraordinary measures precedes the acceptance of the threat as such by the audience or vice versa. The present analysis will follow the same order as the previous one for logical coherence and clarity. It remains, however, assumed here that the exact chronology with which the criteria present themselves does not constitute an essential requirement for the securitisation process to occur.

Despite clearly recognising the extremely low chances of a significant Ebola outbreak in the territories of the United States (*Remarks by the President on the Ebola Outbreak*, 2014), almost a quarter of the American population was concerned about getting infected (Dugan, 2014). Ebola is mentioned as one of the model cases of "probability neglect" as presented by Enemark (2017a: xvii). It is argued that when people's emotions are strongly engaged in an emergency, they are more likely to be far more concerned about this than other statistically riskier issues they might face. At the time of the polls, the confirmed cases of Ebola in the US totalled only 6. However, the percentage of people concerned equalled or even exceeded the number of surveyed adults that felt worried about

H1N1, when the total of infected people in the US reached the multiple tens of millions (Dugan, 2014).

According to an early-October survey, one week after Obama pushed for a global response at the UN meeting, 61% of the Americans believed in the government's capabilities and supported measures adopted (Dugan, 2014). As happened after Bush declared the anthrax attacks a terrorist attack, Ebola entered the top US problems from the population's perspective for the first time since the outbreak started 10 months earlier and only two weeks after Obama's speech at the UN. Such confirmation of the acceptance of the threat as such came right at the time when the people who had been in contact with a confirmed Ebola case were ending their quarantine weeks (McCarthy, 2014). The second criterion is, thus, met, and it will now be linked precisely to the extraordinary measures that the emergency required.

4.2.3. EXTRAORDINARY MEASURES

As extensively evaluated by Honigsbaum (2017), the Ebola Virus Disease was mishandled for most of its existence since its discovery in 1976. After proving that it was not aerosol-transmittable and that its genomic structure was significantly stable, hence that the chances of dangerous mutations were low, the total number of victims attributed to EVD was limited enough for it not to be considered such a highly threatening disease to spark international response or to justify extraordinary measures based on previous outbreaks. Moreover, studies on all the previous outbreaks had shown that most of the infections occurred in a hospital setting with poor hygiene standards and that the virus would have eventually spontaneously exhausted. Despite this, in 2014, the WHO mobilised around a thousand experts to provide support to the affected governments. Nonetheless, this first response by the WHO proved to still be insufficient and the alleged refusal of the Guinean government to provide full details on the status of the emergency constituted another catalyst of the disaster. At the same time, the WHO's refusal to declare it a PHEIC, due to concerns regarding the negative effects of border closures and travel bans, only deteriorated the situation (Honigsbaum, 2017: 279), leading to a catastrophic outbreak.

In September 2014, the United Nations Security Council took action and adopted two resolutions (UNSC Resolution 2176 and 2177, 2014) in which an apparent attempt to de-securitise Ebola transpired. As analysed by Enemark (2017b), however, it appeared clear that the main aim of the UNSC was not to downplay the seriousness of the situation but rather to push governments to lift travel bans that might have hindered a quicker mobilisation of resources. Despite this, the UNSC did not avoid using security and threat language, and therefore provides further confirmation of the securitisation of Ebola according to the first criterion of this analysis also within an international framework.

The adoption of travel bans and strengthened border checks are proof of the extraordinary measures by local and foreign governments in the attempt to curb the spread (Enemark, 2017b). Imposed quarantine is another example of breaking free of the normal rules as it constitutes an example of "placing limitations on otherwise inviolable rights" (Buzan *et al.*, 1997: 24), e.g., freedom of movement and personal freedom, and it, therefore, constitutes an extraordinary limit that people accepted. Similar measures, though to some extent lighter, were also adopted by President Obama. On the one hand, at the domestic level, incoming flights from West Africa were diverted to only five selected US airports which possessed "enhanced screening and additional resources in place" (DHS, 2014). All incoming passengers from the affected countries were tested multiple times before being admitted into the United States and were required to undergo additional protective measures, such as an enhanced entry risk assessment and post-arrival monitoring processes enabled by the CDC (Cohen *et al.*, 2016: 61). However, a full travel ban-option was discarded by Obama (Roberts, 2014). Finally, extraordinary funding for emergency research on the development of an effective vaccine to fight the Ebola virus was made available to the National Institutes of Health (NIH) (White House, 2014).

On the other hand, at the international level, Obama's actions to help curb the spread of the disease proved to be somehow more radical. Applying a whole-of-government approach and mobilising different types of resources, the Obama administration deployed the US military forces setting up headquarters in the affected countries to provide support to local governments. The deployed military totalled an estimated 3000 forces and over 100 medical experts (White

House, 2014). As of September 2014, the US administration had committed over $175 million to fight Ebola abroad (White House, 2014). In conclusion, it can be safely claimed that mandatory quarantines, enhanced risk assessments, diverted travel routes, the deployment of the military, and exceptional emergency funding do represent elements that prove the adoption of extraordinary measures to thwart the danger. Overall, given the very limited impact of the Ebola outbreak on the United States, it can be assumed that the securitised management of the epidemic by the Obama administration was successful. Finally, given the applicability of all the three criteria, it is proven that securitisation of Ebola by President Obama was achieved.

4.3. TRUMP'S ANTI-SECURITISATION PRACTICE DURING THE COVID-19 PANDEMIC

A preliminary assessment of the management of the COVID-19 pandemic by the Trump administration has shed light on a practice that seems to take on the opposite premises of securitisation, thus highlighting that this event does not present the same elements that would allow an analysis that is parallel with the previous ones. Instead, President Trump's actions seem to tend to what can be described as a process of *anti*-securitisation, as previously argued based on Loadenthal's definition (2017: 222).

The negative management of the current pandemic is evident, as presented in the case selection section. In order to show that securitisation of COVID-19 in the United States might have produced positive outcomes, the opposite approach will anchor the *reductio ad absurdum* reasoning. Given that anti-securitisation constitutes the assumption opposite to securitisation, the following section will proceed to demonstrate that the basic assumption – that is, that securitisation produces generally positive outcomes when it comes to biothreat preparedness and management – is applicable by demonstrating that its denial leads to a contradiction when paired with previously ascertained concepts. In this case, this means that the denial of securitisation (i.e., anti-securitisation) produces generally negative outcomes, thus implying that securitisation would have produced positives ones. The analysis will proceed to prove that Trump's approach can be described as opposite to securitisation in

the first place. To do so, it will follow the same criteria that guided the previous two demonstrations.

In the present analysis, President Trump's banalization of the dangers that a global pandemic could spark is thought to have played a crucial role in the management of the crisis and to have profoundly impacted the population's opinion and position towards the virus. His constant downplaying of the seriousness of the situation is hereafter taken as the quintessential example of anti-securitisation. Indeed, as it will be shown, it cannot be considered a de-securitisation process because full securitisation did not happen in the first place. Moreover, his approach to the sanitary crisis, characterised by apparent disregard of safety measures and logical sense, seems to suggest that it can barely be placed in the 'politicisation' side of the spectrum. The following analysis will adhere to the abovementioned criteria and attempt to establish whether securitisation has happened in the case of COVID-19 under the Trump administration. The line of thought will be constructed through official statements, publicly available articles which explicitly report the President's tweets – whose direct analysis of these is impossible due to the indefinite ban of the President's Twitter account – the news section and opinion articles from renown newspapers. Finally, it will advance how anti-securitisation can be said to have occurred and the consequences to which it has led.

4.3.1. EXTREME THREAT

The analysis of President Trump's discourse throughout the months of the pandemic presents an uncommonly complex scenario. His official statements, the adoption of executive orders, and the number of tweets from his official Twitter account depict highly contradictory impulses. Some opinion articles have advocated for a clear securitising stance taken by the Trump administration in the approach to the current pandemic, arguing that the threat was framed as such by using explicit expressions referring to it as a security issue (e.g., Sears, 2020). Indeed, only two days after the WHO declared COVID-19 a pandemic (WHO, 2020b), the President of the United States declared it a national emergency on 13 March 2020 (US Embassy in Italy, 2020), while the first European countries were already entering total lockdowns. A few days later, on

18 March 2020, the administration approved an Executive Order which proceeded to allocate priority funding and resources to respond to the rising crisis. In this occasion, Trump's selection of words leant more towards Obama's explicit usage of the term 'security' than the subtle reference to it adopted by Bush. He recognised "the threat that the novel (new) coronavirus known as SARS-CoV-2 pose[d] to [their] national security" (*Executive Order 13909*, 2020), and claimed on the same day that he was "a wartime president" leading the country against the "Chinese virus" (*Remarks by President Trump*, 2020). This definition of the novel coronavirus as the "Chinese virus" is seen by some scholars as further evidence of a securitising move which identified the threat in a foreign country, thus establishing that the danger came from another state-level actor that could actually pose a serious threat to the very existence of the United States.

Nevertheless, this oversimplification is unlikely to have been employed because the origins of a *disease* were to be blamed on a foreign population as if it had been a voluntary attack. Instead, what these words initiated was a series of racist acts and harassment against Asian Americans due to the problematic link between the word "Chinese" and an entire ethnicity, instigating his supporters' cognitive bias against immigrants (Viala-Gaudefroy and Lindaman, 2020). Such statements were also openly going against the guidelines established by the WHO regarding how to name diseases, elaborated precisely "with the aim to minimize unnecessary negative impact of disease names on trade, travel, tourism or animal welfare, and avoid causing offence to any cultural, social, national, regional, professional or ethnic groups" (WHO, 2015: 1). These actions may also be interpreted as the identification of the 'other', as seen in previous securitising moves. He indeed identified the 'other' (the disease) as an "invisible enemy" for which everyone "must sacrifice together" and that will require "whatever it takes" to fight it (*Remarks by President Trump*, 2020). However, despite all this, Trump's explicit attempts to link COVID-19 to an existential threat for the US population, even though they are present, were quickly overshadowed by an extensive series of opposite statements.

In fact, the discourse analysis conducted on Trump's personal tweets and public interviews shows a lengthy and dangerous series of statements evidently

downplaying the threat. Here, only a few blatant examples will be reported. In late February, President Trump stated that the risk of infection in the United States was "very low" and that it would "disappear like a miracle" (Victor *et al.*, 2020; Stevens and Tan, 2020). Since January 2020 through the summer, President Trump has claimed that the virus would not pose any risk to the average US population, that only elderly people needed to take extra precautions, and that the virus "affects virtually nobody" (O'Kane, 2020), even after the contrary was widely demonstrated when young adults and children started being among the victims (O'Kane, 2020). At the time of these claims (21 September 2020), the death toll had surpassed 200.000 in the US, and he was still describing his administration's management of the pandemic "amazing" (O'Kane, 2020). The contrast is striking when compared with the declaration of Ebola as a security threat when the number of total confirmed cases (not deaths) was only 6.

Additionally, the former President blamed the media to be inflating the situation which, in his opinion, was not as serious (Stevens and Tan, 2020). The President himself, his wife, and several others caught the virus in early October 2020, probably after attending what was considered a super-spreader event at the White House in late September (Shesgreen, 2020). On that occasion, the pictures and videos showed that nearly no one had followed the basic rules regarding social distancing and face masks (BBC.com, 2020). Even after contracting it and being admitted to the hospital for it, Trump kept minimising the danger and claimed that people should not be afraid of it. Such statements were soon denounced as dangerously jeopardising all the recommendations that health officials had been pleading until then (Cooper, 2020). Furthermore, in an extremely dangerous remark on 23 April 2020, the former President suggested publicly that disinfectant could be injected or ingested to treat COVID-19. This was immediately denied by health officials and even disinfectant producers had to release official statements begging Americans to not listen to such a comment (Rogers *et al.*, 2020). The consequences of such statements were serious, as will be further explored in the next section.

Moreover, Trump seriously undermined the effectiveness of wearing face masks and adopting safety measures by claiming that they were not necessary but voluntary, only urging the population to wear face protection in August

2020. At the same time, he has long been the first in not wearing one – he only wore it in public for the first time in July 2020 (Summers, 2020) – and has continuously fluctuated between encouraging people to do it and ridiculing those that actually did (3 April 2020: "The CDC is advising the use of nonmedical cloth face covering as an additional voluntary public measure. […] I don't think I'm going to be doing it"; 13 August: "We have urged Americans to wear masks, and I emphasised this is a patriotic thing to do"; on 7 September, he asked a reporter to remove it because he was "very muffled" when asking him a question; on 29 September, he said that "masks were OK" but mocked Joe Biden for always wearing one, Victor *et al.*, 2020).

All these elements point to what can be described an attempt to actively avoid taking emergency measures and downplay the risks attached to the exponential spread of what we have experienced to be a disease with devastating consequences under several points of view. All the behaviours displayed, the rhetoric adopted, and the continuous accusations to both the media and the medical experts to be exaggerating the severity of the disease by the President and many within his team appear as a deliberate attempt to sabotage the response to it. Hence, it appears that Trump did not try to construct the threat through his speech acts but instead to *de*-construct what most already believed to be a threat that required to be dealt with the utmost urgency. In conclusion, it can be assumed that the first criterion for a full securitisation is not met. Instead, it was actively and purposefully dismissed.

4.3.2. AUDIENCE ACCEPTANCE

The previous paragraphs have shown that, according to the standards laid out by the securitisation theory, no threat was constructed through speech act as regards COVID-19 in the United States. Instead, what was done was the exact opposite, namely downplaying the danger and deconstructing what was perceived and dealt with as a threat in nearly any other country in the world. Consequently, there are no direct bases onto which to verify some form of acceptance of the threat by the audience since it was not constructed. However, an analysis can still be conducted in a more indirect form. Indeed, despite Trump's continuous attempts to deny the existence of the threat, extraordinary

measures to curb the spread of the infectious diseases were still adopted and the public opinion in this regard can be researched through several other related polls.

For example, between early February and early March, in conjunction with the WHO's declaration of the pandemic and Trump's declaration of a national emergency, the percentage of Americans significantly worried about the virus increased by 24 points, reaching 60% of the respondents. These levels were much higher than during SARS and anthrax (McCarthy, 2020a). This value would reach 84% only one month later (McCarthy, 2020b). At the same point in time, the share of respondents that was confident that the government would effectively respond to the emergency decreased by 16 points (McCarthy, 2020a), from 77% to 61%. The first value preceded the declaration of the national emergency and the pandemic, while the second followed it. By the end of April, Trump's approval rates had dropped to 50%, registering an average 10-point loss right before his statements on ingesting disinfectant to treat the infection (Jones, 2020).

This latter event and its related consequences can also be leveraged to explore to what extent the President's statements produced reactions in the Americans and used as an example to evaluate how the claims advanced by the President can influence the population's behaviour during a crisis. Most notably, the CDC had already been registering an increase in accidental poisonings due to the much more frequent use of bleach and disinfectants since the beginning of the pandemic. However, even though the cases had increased from 5% to 93% from January through March compared to the same months the previous year, the total number of cases of such accidental poisonings increased 121% in April, in correspondence with Trump's statements (Kluger, 2020). To determine precisely whether such statements are the underlying cause of the extreme data is problematic, and the President's words might not necessarily be it. Nevertheless, it is indisputable that the presidential setting and the authority of the speaker is a powerful "megaphone" that can project dangerous ideas and influence people (Kluger, 2020). Hence, it remains possible that Trump's 'suggestion' was the cause of such a threatening increase, which would prove that his words were processed by at least a section of the population and, thus, that his constant downplaying of the risks posed by the disease was embraced.

Finally, more than half of the population has agreed on the fact that state governors have been conveying more transparent, clear, and coherent information as regarded the measures and the disease than both the CDC and the federal government, including both the Trump administration (only one in three respondents agreed that the information was clear and the response effective) and the President-elect Biden (little less than half). In addition, Democratic governors stood out over the Republican ones as regards their emergency response (Brenan, 2020a). Generally, nationwide satisfaction with the entire US administration's job fell to its lowest point since 2017 in early June 2020, reaching the minimum level of 20% (Brenan, 2020b).

All these elements seem to suggest at least two opposite perspectives. On the one hand, the lowest levels of satisfaction with Trump's management of the health crisis and the overall disappointment with the entire federal government point to a general perception that things were not handled as they should have been or, at least, as the population was expecting the government to tackle the crisis. Consequently, it is inferable that many still believed in the health authorities' final word on the dangers derived by the crisis. On the other hand, the citizens who actually listened to Trump's 'suggestions' and still supported his actions might suggest that a non-negligible share of the population was induced to believe that the situation was in fact not as threatening as most other authorities were declaring, hence enabling dangerous outcomes. This also means that Trump's rhetoric might have contributed to the lower perception of the severity of the crisis. In any case, the second criteria according to which the audience must accept the existence of the threat as such and, thus, of the extraordinary measures to be adopted to tackle it does not seem to be fully met on this occasion. Nonetheless, this conclusion only belongs to the author of the present dissertation and is open to different interpretations. To the best of my knowledge, in-depth studies on the topic were not yet produced due to the still ongoing pandemic. A better and more comprehensive analysis of these events might be elaborated in the near future.

4.3.3. EXTRAORDINARY MEASURES

In order to comprehensively evaluate how the measures to prevent and curb the spread of COVID-19 were implemented in the US, it is necessary to look back to some key moments that marked the beginning of the Trump presidency. The first months of the Trump presidency in 2017 were defined by what we can now consider terrible mistakes. Firstly, in January, as part of a legally required transition exercise between the outgoing and the incoming US administrations, the Obama team led the new Trump team through a potential pandemic scenario. When introduced to this development of a new influenza virus that was raging over entire cities in Asia and Europe and that had already reached American shores, the incoming Trump team was presented with crucial information regarding the risks of having to face a global pandemic and was provided with the key elements that could have helped respond. However, three years later, the majority of the team members that attended that exercise were no longer in office for President Trump when COVID-19 hit (Toosi *et al.*, 2020).

Secondly, the incoming team decided not to adopt a step-by-step pandemic playbook that had been elaborated by the previous administration's National Security Council (NSC). According to such plan, Trump's team should have started procuring personal protective equipment and adopting a whole-of-government approach at least two months earlier than it did, namely as early as in January, when the alarms of the potential scope of the disease were sounding and many states were already adopting extraordinary measures such as travel bans and quarantines (Diamond and Toosi, 2020). Moreover, US health intelligence was also already raising the levels of concern that a COVID-19 pandemic seemed imminent, even weeks before the WHO declared it (Goodman and Schulkin, 2020).

Thirdly, in March 2017, Trump tried to cut more than $277 million from pandemic preparedness funds. The proposal was rejected with bipartisan support (Goodman and Schulkin, 2020). However, in February 2018, the President managed to sign a bill that would decrease the CDC's Prevention and Public Health Fund by $1.35 billion over the next ten years, also dismantling much of the advancements that had been enabled by Obama's securitised response to the Ebola crisis (Sreenivasan, 2018). Shortly later, the White House

proposed an extra cut of about $252 million for health security preparedness which had remained available from the Ebola epidemic (Goodman and Schulkin, 2020). Finally, in May 2018, the NSC removed the top official responsible for pandemic response – Rear Admiral Ziemer – and dismantled the Directorate for Global Health Security and Biodefense. This decision left a serious gap within US pandemic preparedness capabilities, since Ziemer was the only senior official in the administration specialised on it and he was not replaced after being fired (Smith, 2020; Goodman and Schulkin, 2020).

All these elements might have clearly played a crucial role in the US response to the COVID-19 pandemic. Despite all the experts and the relevant information that intelligence services were providing him, Trump kept on claiming that the pandemic was "an unforeseen problem" and that it "came out of nowhere" (Dale, 2020). The President "regularly pat[ted] himself on the back" (Kessler, 2020) for his administration's management of the pandemic and, in particular, for being the first in imposing restrictions on travels from China, leveraging such decision as the main argument to prove his administration's effort to curb the virus. Nevertheless, at least 45 countries had already implemented stricter travel bans when the US enforced one (Bollyky and Nuzzo, 2020). Simultaneously, asymptomatic subjects were confirmed to be effective spreaders of the virus, and the scientific community concluded that a pandemic was then inevitable (Goodman and Schulkin, 2020). While President Trump kept claiming that the situation was "very much under control" (Goodman and Schulkin, 2020), widespread quarantines, "stay-at-home" directives, and massive screening protocols and testing started being implemented. Thus, the practical response to the rather out-of-control spread of the virus appears to have been enforced via the standard scientific protocols for managing a disease outbreak. Nonetheless, this was done in parallel with the country's top political authority constantly disregarding the experts' opinions and contradicting their recommendations (Thorp, 2020).

Since March 2020, around $13.3 trillion have been approved in COVID-related relief bills (Committee for a Responsible Federal Budget, 2021). Despite the absence of a comprehensive review of how the current pandemic impacted the federal budget as the ones analysed earlier in this chapter, it appears clear that the scope of the extraordinary funding that was approved to tackle the

health, social and economic consequences of the pandemic is unprecedented. Nonetheless, many senators, economic and political advisors, and health experts often claimed that the emergency funding came too late, not allowing the health system to work effectively and probably hindering the response (Goodman and Schulkin, 2020).

In conclusion, it can be argued that extraordinary measures were enforced. Indeed, they mostly took the form of what already analysed in the previous crises as part of standard science- and evidence-based health security protocols. Nonetheless, as only one criterion for a successful securitisation seems to be met in this circumstance, it cannot be said that it took place. Instead, it can be argued that an anti-securitisation process occurred. Anti-securitisation is here used to describe a process in which a person that performs an authoritative role – who could, thus, enforce a securitisation – actively sabotages and downplays an absolute threat that is, instead, recognised and dealt with as a real threat to national security. Therefore, anti-securitisation does not pretend to be an attempt to establish any new normative theory. Rather, it is the result of an analytical description of facts. It represents the conceptual product of the present analysis, and it will be now used, in conjunction with the securitisation process, to discuss the final outcomes and potential applications of both processes.

4.4. Conclusion

This chapter has proceeded with analysing the applicability of the three defining criteria of securitisation for three emblematic cases of biothreats management in the history of the United States and, therefore, with assessing whether securitisation has taken place. First, it has demonstrated that President Bush successfully securitised artificial biothreats in the aftermath of the 9/11 and the anthrax attacks and in light of the alleged possession of biological weapons by Iraq. This process led to huge investments in biodefence, biowarfare preparedness, and widespread public acceptance of both the threat as such and the actions undertaken by the administration to respond to it. Second, this chapter has proven that President Obama managed to successfully securitise the threat arising from the potential for an epidemic of Ebola in the US by presenting it as an existential threat to both national and international

security. This process drove huge funding for both the national and the international response to the existing outbreaks and the elaboration and improvement of pandemic preparedness plans. The response was generally accepted by the public, and the administration gained the confidence of most of it. Third, it has delved into the recent (mis)management of the current COVID-19 pandemic by showing that a full securitisation process cannot be said to have occurred on that occasion. Instead, what was demonstrated is that an attempt to actively trying to prevent the situation from being considered a security threat was carried out. The constant downplaying of the risks deriving from the pandemic is thought to have grounded the severely inadequate response of the United States. This resulted in the highest infection rates and death rates in the entire world. The following section will now discuss how these outcomes can be evaluated and draw the conclusions of the research.

CHAPTER 5. DISCUSSION

Guidelines and recommendations for disease prevention and control are crucial for avoiding catastrophic outcomes for both artificial and natural biothreats. A whole-of-society approach is the only way to tackle such issues and limit their occurrence (WHO, 2018: 28). It is argued that due to all the intrinsic characteristics of the globalised world in the 21st century, disease response is no longer a matter of mere prevention, but rather one of preparedness which needs constant improvement and political willingness to collaborate (Lakoff, 2008). This section will highlight what are considered to be the steps that constitute a successful pandemic preparedness and response. Then, it will proceed to evaluate which of the empirical approaches analysed in the previous section produced those elements and the logical implications of an opposed *modus operandi*.

5.1. SUCCESSFUL BIOTHREAT PREPAREDNESS

The paramount steps for biological warfare preparedness were often explored by several academics, medical experts, and national and international organisations (see, for example, Koblentz, 2010; CDC, 2018b), including extensive elaboration on the structure and weaponization of different pathogens (Flora and Pachauri, 2020; Georgiev, 2009) and on the importance of oversight (Koblentz, 2010). Moreover, dual-use biological technology (Atlas and Dando, 2006; Koblentz, 2010) as well as the development of increasingly precise detection technologies (Parida *et al.*, 2020) were often analysed. Besides all the necessary tools for international arms control and non-proliferation that are meant to prevent any form of biological attack from occurring in the first place, it is possible to identify a number of key areas that should guide the responses to a biological attack. As previously elaborated, the responses to a biological attack mostly overlap with what the responses to a natural infectious disease outbreak would imply and vice versa. This understanding of biothreats has, indeed, grounded the present dissertation. Hence, the responses to both events will be treated in the same way leveraging preparedness plans elaborated on either of them. According to the WHO, such steps include early detection, intelligence and surveillance that produce effective oversight as part of the

prevention of dangerous outbreaks; containment, control and mitigation as part of the response once the outbreak has occurred (WHO, 2018: 29-30).

Early detection measures imply the requirement of thorough investigations in case of a suspect outbreak or unusual events (such as a number of related sudden inexplicable deaths). This will pave the way to an effective and rapid implementation of containment measures, should a new disease outbreak be confirmed. In order for early detection to work adequately, public health surveillance and diagnostic tests (even massive testing on the population if needed) are identified as the key elements to prevent any epidemic or pandemic (WHO, 2018: 29-30). Additionally, a combination of surveillance and medical treatment to rapidly detect the potential existence of a new virus can contribute to the early detection of a biological attack and are, thus, also central to health security. Indeed, while discussing the advantages of shifting the offence-defence balance towards defence by investing conspicuous amounts of resources in defence systems in order to discourage the use of biological weapons, Koblentz (2010: 232) highlighted that the consequence of such actions would also bring crucial benefits to the management of natural outbreaks. This further proves the interconnectedness and inseparability of the two frameworks.

Containment measures, on the other hand, are the attempts to limit the consequences of an already confirmed infectious outbreak and prevent it from becoming a large-scale emergency. These steps mainly engage skilled medical professionals, who will need to have been previously trained to handle that kind of emergency (or at least a similar one) (WHO, 2018: 30). Control and mitigation include all the measures aimed at reducing the impact of the epidemic/pandemic and limiting its social, economic, and political side-effects. Mitigation measures can take the form of pharmaceutical (vaccines and/or taking medicines) or non-pharmaceutical interventions (social distancing, frequently washing hands, quarantine, isolation, etc.) (CDC, 2020).

5.2. RESULTS

Despite the limited impact on the US territory of the 2014 Ebola outbreak, a serious securitising move by President Obama occurred, several important measures were put in place, and a significant audience acceptance and general

public awareness of the threat were appreciated. All these elements manifested themselves in the US social context regardless of the relatively low chances of transmission. Indeed, the Ebola virus was transmittable only through direct contact with infected bodily fluids, resulting in lower infectiousness when compared to influenza viruses or coronaviruses which spread through droplets when a sick person simply talks or coughs (CDC, 2015; CDC, 2018a; Rogers, 2020; CDC, 2021). The case of securitisation of biological weapons between 2001 and 2003 by President Bush is comparable in terms of the low chances of happening and a wide pool of people potentially being infected.

The results of the securitisation of artificial biothreats and Ebola at the national level in the United Stated are analogous to what Kamradt-Scott and McInnes (2014) thoroughly explored to be the positive outcomes of the securitisation of pandemic influenza at the international level. This study, based on empirical data and drawing upon an official UN and World Bank report, corroborates the evidence presented so far on how securitisation of biothreats can produce acceptable and positive outcomes, in contrast to what generally argued by most scholars in the field. In their study of the securitisation of pandemic influenza since the late 90s, the authors described how a remarkable frequency of securitising moves undertaken by different classes of actors has translated into public awareness of the threat as such and how the process has produced remarkable results. Most notably, the 2010 report by the United Nations System Influenza Coordination (UNSIC) and the World Bank showed that the majority of governments worldwide had proceeded with substantial pandemic preparedness progress, enormous financial investments in preparedness, and – when possible – the conclusion of unprecedented purchase agreements with pharmaceutical manufacturers as the result of the securitisation processes that had occurred (UNSIC and World Bank, 2010: 2). Indeed, the change in the presentation of health threats as such through strengthened securitising speech acts is thought to have had a profound impact on how the risk of catastrophic pandemics was perceived (Kamradt-Scott and McInnes, 2014: 102).

In summary, both the securitisation of biological warfare following the anthrax attacks and in justifying the declaration of war on Iraq by President Bush and the securitisation of Ebola in 2014 sparked a response that

encapsulated all the necessary elements for an effective management of present and future threats of comparable scope. They have supported the development of stronger and more consistent pandemic preparedness plans, and they have injected significant amounts of resources meant to be directly spent and invested in biodefence. Finally, they have contributed "to attract priority political attention, a higher level of resource allocation for public health, and the implementation of emergency-response measures" (Enemark, 2009: 200), as shown in the previous analyses. Therefore, it can be concluded that, by meeting all the requirements to strengthen the response to biothreats, the two securitisation processes have generally produced positive outcomes, even producing supplementary benefits when combined.

Similar results cannot be entirely encountered in the context of the response to COVID-19. Trump's anti-securitised approach to the current pandemic has instead constantly downplayed the risks and produced late responses to what had already been recognised as a serious health threat by most health experts and other countries' governments. This was often considered to have been the underlying cause of the bad management of the pandemic in the US (Thorp, 2020). Trump's point of view on the development of the outbreak in his country was defined as "dissociated from reality" (Dale, 2020), and often went against most medical authorities' recommendations. Following the abovementioned WHO's steps to respond to a pandemic, it can be argued that Trump's approach has been entirely detached from the standard plans.

For example, correctly employed early detection measures could have signalled earlier the significant community spread that was occurring in Washington as early as March 2020, while Trump was instead declaring that the virus spread in the US was under control (Thorp, 2020). Public health surveillance and the management of diagnostic tests were also severely criticised, as the administration failed in running massive screening that could have contained early outbreaks. The ratio of tested people over the total number of citizens sparked outrage when it was declared that over the first two months roughly ten thousand people out of 327 million had been tested. The contrast was clearer when compared, for example, to South Korea, which was testing 130 times more people *per day* (Pilkington, 2020).

Trump's little confidence and mistrust in the teams of medical experts that were supposed to lead the country's response to the pandemic has also played a role in jeopardising the containment measures which were supposed to engage those figures. Furthermore, Trump's approach is very likely to have severely undermined the mitigation measures that needed to be put in place to limit the most devastating impacts of the pandemic. For instance, as regards pharmaceutical interventions, he pushed medical experts to use anti-malarial drug hydroxychloroquine (Solender, 2020) based on "a feeling" ("I feel good about it. That's all it is, just a feeling, you know, smart guy. I feel good about it", Facher, 2020). He even forced the Food and Drug Administration (FDA) to approve it for emergency use with little to no evidence that it was effective to treat COVID-19 (Diamond, 2020). As regards non-pharmaceutical interventions such as face masks and social distancing, several examples of how the former President simply ignored scientific evidence of their effectiveness and did not adopt them, even encouraging people to follow him, were already presented.

The consideration of all these elements results in the conclusion that the President's anti-securitised approach to the sanitary crisis has produced generally negative outcomes given that most of the steps for a successful response to a pandemic were not only not followed, but entirely ignored. Therefore, according to the abovementioned logic of a *reductio ad absurdum*, given the demonstrated positive outcomes of a securitised approach in similar situations in the past, the opposite approach leads to a contradiction in the sense that it did not produce comparable results. Thus, it can finally be argued that it is reasonable to think that a securitised approach to the COVID-19 pandemic could have produced better outcomes and possibly resulted in lower infection and death rates. By extension, it is possible to suppose that securitisation of infectious diseases at the national level can be the source of beneficial factors that can direct and improve future health emergencies management. This assumption, however, might be addressed in future studies.

5.3. FUTURE RESEARCH

Countries that were included in the same pandemic preparedness category ('Most prepared') as the US in the Global Health Security Index, such as France and the United Kingdom, are argued to have securitised their responses to the current pandemic. For instance, the leaders of both countries used on more occasions security language to describe the threat posed by the evolving pandemic. On 16 March 2020, Emmanuel Macron declared that "We are at war" (Momtaz, 2020). On the same day, Boris Johnson used similar analogies to justify the stay-at-home directives that were being enforced (*Prime Minister's statement on coronavirus*, 2020). Full analyses of these potential examples of European securitisation of the COVID-19 pandemic fall beyond the scope of the present dissertation. However, it is acknowledged that further research to assess whether their approaches to the pandemic have produced positive outcomes – as intended so far – can be both interesting on the academic level and advantageous on the policymaking level. The present dissertation aimed at creating a starting point for an alternative understanding of securitisation of health and infectious diseases. Further demonstrations that the securitisation of the current pandemic has produced generally positive outcomes is, however, needed in the future. Since COVID-19 is still ravaging many countries in the world today, it is believed that the perspective of any author cannot be entirely objective until a hindsight analysis is made possible. A comparative case study analysis between the European and the American approach to the pandemic is deemed of particular interest and utility and might be pursued once the pandemic is over.

At no point in this dissertation has the author pursued the establishment of new patterns that could fuel the elaboration of a new normative theory. Instead, this dissertation was elaborated in the attempt to explore the application of the securitisation theory to a context that was often criticised. It was rooted in the belief that the extension of matters of public health to matters of national and international security can produce preparedness plans that can live up to the requirements and expectations of the globalised world in the 21st century. Nonetheless, all the potential disadvantages of employing such an approach at the international level presented by several authors as exposed in the literature review of this work are acknowledged.

CHAPTER 6. CONCLUSION

The present dissertation aimed at identifying what could be improved in the management of a nature-borne health crisis, with a particular thought directed towards the management of the COVID-19 pandemic. Given the interconnectedness of biological warfare and extended public health crises management in terms of measures to be adopted and governmental responses and, however, the scarce literature appreciating it, an analysis was conducted by merging the two areas. The securitisation theory was argued to be the best theoretical framework to bridge the existing conceptual and policy divide between the two fields. Following the criteria established by the Copenhagen School, the first two analyses have shown how biothreats have been securitised in the United States on two specific occasions. It has been demonstrated that, generally, securitisation of biothreats has produced positive material outcomes, such as huge investments in biodefence and significant increase in public awareness, which were recognised to be the driving forces in pandemic preparedness and the most effective tools in responding to unusual natural outbreaks.

Similar advantages of securitisation of infectious diseases were also identified by Elbe (2006) in a seminal work on the securitisation of HIV/AIDS. In addition, Enemark also confirmed in a study that securitising biothreats "may serve to attract priority political attention, a higher level of resource allocation for public health, and the implementation of emergency-response measures" (2009: 200). By arguing that the benefits deriving from securitisation of infectious diseases – drawing upon Elbe's assumptions – can be extended to pandemic influenza (Enemark, 2009: 200), the expert raised a point that can lead us now to claim that such responses would have been crucial in the response to the COVID-19 pandemic. COVID-19 and pandemic influenza are comparable as regards the elements that shape the responses. Both viruses are transmitted in the same ways and have a similar disease presentation and development. Therefore, the response to both would activate the same public health measures, and the same actions are required to prevent an incontrollable spread (WHO, 2020a). As a further inference, it can be assumed that the resources that originate from the securitisation of infectious diseases, and which can be extended to

pandemic influenza, can therefore logically be extended to the management of a pandemic like COVID-19. Hence, securitisation would have been beneficial to the management of the current health crisis.

In fact, the last section of the empirical analysis has demonstrated that an anti-securitisation practice – namely the opposed approach to securitisation – has instead taken place under the Trump administration. Such a different attitude towards the global pandemic was proven to have produced outcomes that matched the elements that were presented to be the recommended steps for pandemic management only to a very little extent. Therefore, it was argued that an anti-securitisation process has proven to be negative. In conclusion, this means that it is possible to assume that, should the COVID-19 pandemic have been securitised in the US like biological weapons and Ebola were in the recent past, it could have had produced different, and probably better, outcomes. This development opens up pathways for future research on the positive aspects of the applications of the securitisation theory to infectious diseases and constitutes an interesting starting point for further investigations on the current pandemic once this is over.

REFERENCES

ABC News (2007) *Troubling Anthrax Additive Found; Atta Met Iraqi*. Available at: https://abcnews.go.com/US/story?id=92270&page=1. (Accessed: 24 July 2021)

Address on the start of war on Iraq (2003). Available at: https://www.theguardian.com/world/2003/mar/20/iraq.georgebush. (Accessed: 24 July 2021)

Address to a Joint Session of Congress and the American People (2001). Available at: https://georgewbush-whitehouse.archives.gov/news/releases/2001/09/print/20010920-8.html. (Accessed: 24 July 2021)

Address to the Nation on Iraq (2003). Available at: https://millercenter.org/the-presidency/presidential-speeches/march-17-2003-address-nation-iraq. (Accessed: 24 July 2021)

Address to the Nation on Terrorist Attacks (2001). Available at: https://catalog.archives.gov/id/6171390. (Accessed: 24 July 2021)

Aftergood, S. (2008) *DoD Report on Captured Iraqi Documents*. Available at: https://fas.org/blogs/secrecy/2008/03/dod_report_on_captured_iraqi_d/. (Accessed: 24 July 2021)

Andersen, K.G.; Rambaut, A.; Lipkin, W.I. *et al.* (2020) 'The proximal origin of SARS-CoV-2', *Nature Medicine 26*, pp. 450-452. DOI: https://doi.org/10.1038/s41591-020-0820-9.

Aradau, C. (2004) 'Security and the democratic scene: desecuritization and emancipation', *Journal of International Relations and Development 7(4)*, pp. 388-413. DOI: 10.1057/palgrave.jird.1800030.

Arms Control Association (ACA) (2020) *The Biological Weapons Convention (BWC) at a Glance*. Available at: https://www.armscontrol.org/factsheets/bwc. (Accessed: 24 July 2021)

Atlas, R. M. and Dando, M. (2006) 'The Dual-Use Dilemma for the Life Sciences: Perspectives, Conundrums, and Global Solutions', *Biosecurity*

and Bioterrorism: Biodefense Strategy, Practice, and Science 4(3), pp. 276-286. DOI: 10.1089/bsp.2006.4.276.

Balzacq, T. (2010) *Securitization Theory: How Security Problems Emerge and Dissolve*. London: Taylor & Francis Group.

Balzacq, T.; Léonard, S. and Rudicka, J. (2016) '"Securitization" revisited: theory and cases', *International Relations 30(4)*, pp. 494-531. DOI: 10.1177/0047117815596590.

BBC.com (2020) *Trump says not to fear Covid-19. Do Americans agree?*. Available at: https://www.bbc.com/news/election-us-2020-54443147. (Accessed: 24 July 2021)

Bigo, D. (2000) 'When two become one: Internal and external securitisations in Europe', in Kelstrup, M. and Williams, M. (2000) *International Relations Theory and the Politics of European Integration*. London: Routledge, pp. 171-204.

Boblin, S. L.; Ireland, S.; Kirkpatrick, H. and Robertson, K. (2013) 'Using Stake's qualitative case study approach to explore implementation of evidence-based practice', *Qualitative health research 23(9)*, pp. 1267-1275. DOI: https://doi.org/10.1177/1049732313502128.

Boddie, C.; Sell, T. K. and Watson, M. (2014) 'Federal funding for health security in FY2015', *Biosecurity and bioterrorism: biodefense strategy, practice, and science 12(4)*, pp. 163-177. DOI: 10.1089/bsp.2014.0050.

Boddie, C.; Sell, T. K. and Watson, M. (2015) 'Federal funding for health security in FY2016', *Health Security 13(3)*, pp. 186-206. DOI: 10.1089/hs.2015.0017.

Boddie, C.; Watson, M. and Sell, T. K. (2016) 'Federal funding for health security in FY2016', *Health Security 14(5)*, pp. 284-304. DOI: 10.1089/hs.2016.0063.

Bollyky, T. J. and Nuzzo, J. B. (2020) *Trump's 'early' travel 'bans' weren't early, weren't bans and didn't work*. Available at: https://www.washingtonpost.com/outlook/2020/10/01/debate-early-travel-bans-china/. (Accessed: 24 July 2021)

Brenan, M. (2020a) *Governors Rated Highest for Conveying Clear COVID-19 Plan*. Available at: https://news.gallup.com/poll/327854/governors-rated-highest-conveying-clear-covid-plan.aspx. (Accessed: 24 July 2021)

Brenan, M. (2020b) *Satisfaction With U.S. Direction Lowest in Four Years*. Available at: https://news.gallup.com/poll/312575/satisfaction-direction-lowest-four-years.aspx. (Accessed: 24 July 2021)

Britannica, The Editors of Encyclopaedia (2017) *Reductio ad absurdum*. Encyclopaedia Britannica. Available at: https://www.britannica.com/topic/reductio-ad-absurdum. (Accessed: 24 July 2021)

Bromley, D. B. (1990) 'Academic contributions to psychological counselling. 1. A philosophy of science for the study of individual cases', *Counselling Psychology Quarterly 3(3)*, p. 299. DOI: 10.1080/09515079008254261.

Brown, G. and Yule, G. (1983) *Discourse Analysis*. Cambridge: Cambridge University Press.

Buzan, B.; Wæver, O. and de Wilde, J. (1997) *Security: A New Framework for Analysis*. Boulder, CO: Lynne Rienner Publishers.

Campbell, D. (1998) *Writing Security: United States Foreign Policy and the Politics of Identity.* Minneapolis: University of Minnesota Press.

Caprara, G. V. and Vecchione, M. (2013) 'Personality Approaches to Political Behavior', in Leonie, H.; Sears, D. O. and Levy, J. S. (eds.) *The Oxford Handbook of Political Psychology* (2nd edition), pp. 23-58. New York: Oxford University Press. DOI: 10.1093/oxfordhb/9780199760107.001.0001.

Carlson, D. K. (2001) *Americans Call Bioterrorism Most Urgent U.S. Health Problem*. Available at: https://news.gallup.com/poll/5074/Americans-Call-Bioterrorism-Most-Urgent-US-Health-Problem.aspx. (Accessed: 24 July 2021)

Castro-Chavez, F. (2020) 'Anticovidian v.2 COVID-19: Hypothesis of the Lab Origin Versus a Zoonotic Event which can also be of a Lab Origin', *Global Journal of Science Frontier Research 20(3)*, pp. 9-53.

URL: https://globaljournals.org/GJSFR_Volume20/2-Anticovidian-v-2-COVID-19.pdf. (Accessed: 24 July 2021)

Centers for Disease Control and Prevention (2015) *Is it Flu or Ebola?*. Available at: https://www.cdc.gov/vhf/ebola/pdf/is-it-flu-or-ebola.pdf. (Accessed: 24 July 2021)

Centers for Disease Control and Prevention (2018a) *How Flu Spreads*. Available at: https://www.cdc.gov/flu/about/disease/spread.htm. (Accessed: 24 July 2021)

Centers for Disease Control and Prevention (2018b) *Preparation and Planning for Bioterrorism Emergencies*. Available at: https://emergency.cdc.gov/bioterrorism/prep.asp. (Accessed: 24 July 2021)

Centers for Disease Control and Prevention (2020) *Nonpharmaceutical Interventions (NPIs)*. Available at: https://www.cdc.gov/nonpharmaceutical-interventions/index.html. (Accessed: 24 July 2021)

Centers for Disease Control and Prevention (2021) *Transmission*. Available at: https://www.cdc.gov/vhf/ebola/transmission/index.html. (Accessed: 24 July 2021)

Chan, M.; Støre, J. G. and Kouchner, B. (2008) 'Foreign policy and global public health: working towards common goals', *Bulletin of the World Health Organization 86(7)*, p. 498. DOI: 10.2471/BLT.08.056002.

Cheney, D. (2001) *The Vice President Appears on NBC's Meet the Press*. Available at: https://georgewbush-whitehouse.archives.gov/vicepresident/news-speeches/speeches/vp20011209.html. (Accessed: 24 July 2021)

Cohen, N. J.; Brown, C. M.; Alvarado-Ramy, F. *et al.* (2016) 'Travel and Border Health Measures to Prevent the International Spread of Ebola', *MMWR Supplement 65(Suppl-3)*, pp. 57-67. DOI: http://dx.doi.org/10.15585/mmwr.su6503a9.

Committee for a Responsible Federal Budget (2021) *COVID Money Tracker*. Available at: https://www.covidmoneytracker.org/. (Accessed: 24 July 2021)

Cooper, M. (2020) *Trump's 'Don't be afraid of Covid' exhortation is denounced by Democrats and disease experts*. Available at: https://www.nytimes.com/2020/10/05/us/elections/trump-covid-tweet-democrats.html. (Accessed: 24 July 2021)

Dalby, S. (2002) *Environmental Security*. Minneapolis: Minnesota University Press.

Dale, D. (2020) *Analysis: Trump says the pandemic crisis was 'unforeseen' - but lots of people foresaw it*. Available at: https://edition.cnn.com/2020/03/15/politics/fact-check-trump-coronavirus-nobody-predicted/index.html. (Accessed: 24 July 2021)

Davies, S. E.; Elbe, S.; Howell, A. and McInnes, C. (2014) 'Global Health in International Relations: Editors' Introduction', *Review of International Studies 40(5)*, pp. 825-834. DOI: 10.1017/S0260210514000308.

Deeks, A. (2016) 'Checks and Balances from Abroad', *University of Chicago Law Review 83(1)*, pp. 65-88. URL: https://heinonline.org/HOL/P?h=hein.journals/uclr83&i=67. (Accessed: 24 July 2021)

Department of Homeland Security (DHS) (2014) *Statement by Secretary Johnson on Travel Restrictions and Protective Measures to Prevent the Spread of Ebola to the United States*. Available at: https://www.dhs.gov/news/2014/10/21/statement-secretary-johnson-travel-restrictions-and-protective-measures-prevent. (Accessed: 24 July 2021)

Diamond, D. (2020) *FDA issues emergency authorization of anti-malaria drug for coronavirus care*. Available at: https://www.politico.com/news/2020/03/29/fda-emergency-authorization-anti-malaria-drug-155095. (Accessed: 24 July 2021)

Diamond, D. and Toosi, N. (2020) *Trump team failed to follow NSC's pandemic playbook*. Available

at: https://www.politico.com/news/2020/03/25/trump-coronavirus-national-security-council-149285. (Accessed: 24 July 2021)

Drost, E. A. (2011) 'Validity and Reliability in Social Science Research', *Education Research and Perspectives 38(1)*, pp. 105-124. Available at: https://www3.nd.edu/~ggoertz/sgameth/Drost2011.pdf. (Accessed: 24 July 2021)

Dugan, A. (2014) *One-Fifth of Americans Worry About Getting Ebola*. Available at: https://news.gallup.com/poll/178097/one-fifth-americans-worry-getting-ebola.aspx. (Accessed: 24 July 2021)

Edelson, C. (2016) *Limiting presidential power*. Available at: https://www.baltimoresun.com/opinion/op-ed/bs-ed-presidential-power-20160712-story.html. (Accessed: 24 July 2021)

Elbe, S. (2006) 'Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/AIDS and Security', *International Studies Quarterly 50(1)*, pp. 119-144.

Elbe, S. and Voelkner, N. (2014) 'Viral Sovereignty: The Downside Risks of Securitizing Infectious Disease', in Brown, G. W.; Yamey, G. and Wamala, S. (2014) *The Handbook of Global Health Policy*. Hoboken, New Jersey: John Wiley & Sons, Ltd., pp. 305-317.

Enemark, C. (2005) 'Securitizing Infectious Diseases', *Paper presented at the 46th Annual Meeting of the International Studies Association*. Honolulu, 5 March 2005. Available at: https://www.isanet.org/Help/Knowledge-Base/ID/5584/46th-Annual-ISA-Convention--Honolulu-HI-2005. (Accessed: 24 July 2021)

Enemark, C. (2009) 'Is Pandemic Flu a Security Threat?', *Survival 51(1)*, pp. 191-214. DOI: 10.1080/00396330902749798.

Enemark, C. (2010) 'The role of the Biological Weapons Convention in disease surveillance and response', *Health Policy and Planning 25*, pp. 486-494, DOI: 10.1093/heapol/czq049.

Enemark, C. (2017a) *Biosecurity Dilemmas: Dreaded Diseases, Ethical Reponses, and the Health of Nations*. Washington, DC: Georgetown University Press.

Enemark, C. (2017b) 'Ebola, Disease-Control, and the Security Council: From Securitization to Securing Circulation', *Journal of Global Security Studies 2(2)*, pp. 137-149. DOI: 10.1093/jogss/ogw030.

Executive Order 13909 (2020) *Prioritizing and Allocating Health and Medical Resources to Respond to the Spread of COVID-19*, (March 18, 2002) 85 FR 16227. Available at: https://www.federalregister.gov/documents/2020/03/23/2020-06161/prioritizing-and-allocating-health-and-medical-resources-to-respond-to-the-spread-of-covid-19. (Accessed: 24 July 2021)

Facher, L. (2020) *Trump says his belief in one potential coronavirus drug is 'just a feeling'*. Available at: https://www.statnews.com/2020/03/20/trump-coronavirus-drug-just-a-feeling/. (Accessed: 24 July 2021)

Falkenrath, R. (2001) 'Analytic Models and Policy Prescription: Understanding Recent Innovation in U.S. Counterterrorism', *Studies in Conflict & Terrorism 24(3)*, pp. 159-181. DOI: 10.1080/10576100151130252.

Federal Bureau of Investigation (FBI) (n.d.) *Amerithrax or Anthrax Investigation*. Available at: https://www.fbi.gov/history/famous-cases/amerithrax-or-anthrax-investigation. (Accessed: 24 July 2021)

Flora, S. J. S. and Pachauri, V. (2020) *Handbook on Biological Warfare Preparedness*. London: Elsevier Inc.

Floyd, R. (2011) 'Can securitization theory be used in normative analysis? Towards a just securitization theory', *Security Dialogue 42(4-5)*, pp. 427-439. DOI: 10.1177/0967010611418712.

Franco C. and Deitch S. (2007) 'Billions for biodefense: federal agency biodefense funding, FY2007-FY2008', *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science 5(2)*, pp. 117-133. DOI: 10.1089/bsp.2007.0014.

Franco C. (2008) 'Billions for biodefense: federal agency biodefense funding, FY2008-FY2009', *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science 6(2)*, pp. 131-146. DOI: 10.1089/bsp.2008.0025.

Franco C. (2009) 'Billions for biodefense: federal agency biodefense funding, FY2009-FY2010', *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science 7(3)*, pp. 291-309. DOI: 10.1089/bsp.2009.0035.

Franco C. and Sell, T. K. (2010) 'Federal Agency Biodefense Funding, FY2010-FY2011', *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science 8(2)*, pp. 129-149. DOI: 10.1089/bsp.2010.0013.

Franco C. and Sell, T. K. (2011) 'Federal Agency Biodefense Funding, FY2011-FY2012', *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science 9(2)*, pp. 117-137. DOI: 10.1089/bsp.2011.0018.

Franco C. and Sell, T. K. (2012) 'Federal Agency Biodefense Funding, FY2012-FY2013', *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science 10(2)*, pp. 162-181. DOI: 10.1089/bsp.2012.0025.

Gad, U. P. and Petersen, K. L. (2011) 'Concepts of politics in securitization studies', *Security Dialogue 42(4/5)*, pp. 315-328. DOI: 10.1177/0967010611418716.

Gallup.com (2021) *Who we are*. Available at: https://www.gallup.com/corporate/212381/who-we-are.aspx. (Accessed: 24 July 2021)

Georgiev, V. S. (2009) 'Defense Against Biological Weapons (Biodefense)', *National Institute of Allergy and Infectious Diseases, NIH: Volume 2; Impact on Global Health*, pp. 221-305. DOI: https://doi.org/10.1007/978-1-60327-297-1_23.

Gerber, A.; Huber, G.; Doherty, D.; Dowling, C., and Ha, S. (2010) 'Personality and Political Attitudes: Relationships across Issue Domains and Political Contexts', *The American Political Science Review 104(1)*, pp. 111-133. URL: http://www.jstor.org/stable/27798542. (Accessed: 24 July 2021)

Global Health Security (GHS) Index (2019) *Global Health Security Index*. Available at: https://www.ghsindex.org/wp-content/uploads/2019/10/2019-Global-Health-Security-Index.pdf. (Accessed: 24 July 2021).

Global Health Security (GHS) Index (2021) *Top New Zealand Health Official Cites GHS Index as Key to Country's Successful COVID-19 Response*. Available at: https://www.ghsindex.org/news/top-new-zealand-health-official-cites-ghs-index-as-key-to-countrys-successful-covid-19-response/. (Accessed: 24 July 2021)

Goodman, R. and Schulkin, D. (2020) *Timeline of the Coronavirus Pandemic and U.S. Response*. Available at: https://www.justsecurity.org/69650/timeline-of-the-coronavirus-pandemic-and-u-s-response/. (Accessed: 24 July 2021)

Goodwin, C. (2021) *Trump social media: Twitter suspends account sharing ex-president's posts*. Available at: https://www.bbc.com/news/technology-57018148. (Accessed: 24 July 2021)

Guardian Staff (2021) *Twitter says Trump ban is permanent – even if he runs for office again*. Available at: https://www.theguardian.com/us-news/2021/feb/10/trump-twitter-ban-permament-social-media. (Accessed: 24 July 2021)

Gursky, E. A. and Bice, G. (2012) 'Assessing a decade of public health preparedness: progress on the precipice?', *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science 10(1)*, pp. 55-65. DOI: 10.1089/bsp.2011.0085.

Hansen, L. (2012) 'Reconstructing desecuritisation: the normative-political in the Copenhagen School and directions for how to apply it', *Review of International Studies 38(3)*, pp. 525-546. URL: https://www.jstor.org/stable/41681477. (Accessed: 24 July 2021)

Heymann, D. L. (2003) 'The Evolving Infectious Disease Threat: Implications for national and global security', *Journal of Human Development 4(2)*, pp. 191-207, DOI: 10.1080/1464988032000087541.

Hetherington, M. J. and Nelson, M. (2003) 'Anatomy of a Rally Effect: George W. Bush and the War on Terrorism', *PS: Political Science and Politics 36(1)*, pp. 37-42. URL: https://www.jstor.org/stable/3649343. (Accessed: 24 July 2021)

Holbraad, M. and Pedersen, M. A. (2012) 'Revolutionary securitization: an anthropological extension of securitization theory', *International Theory 4(2)*, pp. 165-197. DOI: 10.1017/S1752971912000061.

Honigsbaum, M. (2017) 'Between Securitisation and Neglect: Managing Ebola at the Borders of Global Health', *Medical history 61(2)*, pp. 270-294. DOI: 10.1017/mdh.2017.6.

Jin, J. and Karackattu, T. (2011) 'Infectious Diseases and Securitization: WHO's Dilemma', *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science 9(2)*, pp. 181-187. DOI: 10.1089/bsp.2010.0045.

Johns Hopkins University (JHU) Coronavirus Resource Center (2021) *Global map*. Available at: https://coronavirus.jhu.edu/map.html. (Accessed: 24 July 2021)

Jones, J. M. (2020) *Americans Divided on Trump's Handling of COVID-19 Situation*. Available at: https://news.gallup.com/poll/309593/americans-divided-trump-handling-covid-situation.aspx. (Accessed: 24 July 2021)

Justice.gov (2010) *Amerithrax Investigative Summary*. Available at: https://www.justice.gov/archive/amerithrax/docs/amx-investigative-summary2.pdf. (Accessed: 24 July 2021)

Kamradt-Scott, A. and McInnes, C. (2012) 'The securitisation of pandemic influenza: Framing, security and public policy', *Global Public Health 7(2)*, pp. S95-S110. DOI: 10.1080/17441692.2012.725752.

Katul, G.; Mrad, A.; Bonetti, S.; Manoli, G. and Parolari, A. J. (2020) 'Global convergence of COVID-19 basic reproduction number and estimation from early-time SIR dynamics', *PLoS ONE 15(9)*, p. e0239800. DOI: https://doi.org/10.1371/journal.pone.0239800.

Katz, R. and Singer, D. (2007) 'Health and security in foreign policy', *Bulletin of the World Health Organization 85(3)*, pp. 233-234. DOI: 10.2471/BLT.06.036889.

Kessler, K. (2020) *Trump's claim that he imposed the first 'China ban'*. Available at: https://www.washingtonpost.com/politics/2020/04/07/trumps-claim-that-he-imposed-first-china-ban/. (Accessed: 24 July 2021)

Kim, T.-H. (2003) 'War on weapons of mass destruction and terrorism: The right track for human security?', *Global Economic Review 32(3)*, pp. 85-93. DOI: 10.1080/12265080308422926.

Kluger, J. (2020) *Accidental Poisonings Increased After President Trump's Disinfectant Comments*. Available at: https://time.com/5835244/accidental-poisonings-trump/. (Accessed: 24 July 2020)

Koblentz, G. D. (2010) *Living Weapons: Biological Warfare and International Security*. New York: Cornell University Press.

Lakoff, A. (2008) 'The Generic Biothreat, or, How We Became Unprepared', *Cultural Anthropology 23(3)*, pp. 399-428. DOI: 10.1525/can.2008.23.3.399.

Lam, C.; Franco C. and Schuler A. (2006) 'Billions for biodefense: federal agency biodefense funding, FY2006-FY2007', *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science 4(2)*, pp. 113-127. DOI: 10.1089/bsp.2006.4.113.

Landers, J. (2016) *The Anthrax Letters That Terrorized a Nation Are Now Decontaminated and on Public View*. Available at: https://www.smithsonianmag.com/smithsonian-institution/anthrax-letters-terrorized-nation-now-decontaminated-public-view-180960407/. (Accessed: 24 July 2021)

Law, P.K. (2020) 'COVID-19 Pandemic: Its Origin, Implications and Treatments', *Open Journal of Regenerative Medicine 9*, pp. 43-64. DOI: https://doi.org/10.4236/ojrm.2020.92006.

Loadenthal, M. (2017) 'Insurrection as anti-securitization communication', in Loadenthal, M. (2017) *The politics of attack: communiqués and insurrectionary violence*. Manchester: Manchester University Press, pp. 198-225.

Maclean, S. J. (2008) 'Microbes, Mad Cows and Militaries: Exploring the Links Between Health and Security', *Security Dialogue 39(5)*, pp. 475-494. DOI: 10.1177/0967010608096149.

Marsh, D. and Furlong, P. (2002) 'A Skin, not a Sweater: Ontology and Epistemology in Political Science', in V. Lowndes, D. Marsh and G. Stoker, eds. *Theory and Methods in Political Science*. London: Macmillan International Higher Education, pp. 17-41.

McCarthy, J. (2014) *Ebola Debuts on Americans' List of Top U.S. Problems*. Available at: https://news.gallup.com/poll/178742/ebola-debuts-americans-list-top-problems.aspx. (Accessed: 24 July 2021)

McCarthy, J. (2020a) *U.S. Coronavirus Concerns Surge, Government Trust Slides*. Available at: https://news.gallup.com/poll/295505/coronavirus-worries-surge.aspx. (Accessed: 24 July 2021)

McCarthy, J. (2020b) *Three in Four Americans Worry About COVID-19 Exposure*. Available at: https://news.gallup.com/poll/307646/three-four-americans-worry-covid-exposure.aspx. (Accessed: 24 July 2021)

McInnes, C. and Lee, K. (2005) 'Health and security', *Tiddsskriftet Politik 8(1)*, pp. 33-44.

McInnes, C. and Roemer-Mahler, A. (2017) 'From security to risk: reframing global health threats', *International Affairs 93(6)*, pp. 1313–1337. DOI: 10.1093/ia/iix187.

Medicalcountermeasures.gov (n.d.) *Project Bioshield Overview*. Available at: https://www.medicalcountermeasures.gov/barda/cbrn/project-bioshield-overview/. (Accessed: 24 July 2021)

Meek, J. G. (2008) *FBI was told to blame Anthrax scare on Al Qaeda by White House officials*. Available at: https://www.nydailynews.com/news/world/fbi-told-blame-anthrax-scare-al-qaeda-white-house-officials-article-1.312733. (Accessed: 24 July 2021)

Mehta, A. (2018) *Here's how much the US has spent fighting terrorism since 9/11*. Available at: https://www.defensenews.com/pentagon/2018/05/16/heres-how-

much-the-us-has-spent-fighting-terrorism-since-911/. (Accessed: 24 July 2021)

Momtaz, R. (2020) *Emmanuel Macron on coronavirus: 'We're at war'*. Available at: https://www.politico.eu/article/emmanuel-macron-on-coronavirus-were-at-war/. (Accessed: 24 July 2021)

Moore, D. W. (2001) *Most Americans Not Personally Worried About Anthrax*. Available at: https://news.gallup.com/poll/5005/most-americans-personally-worried-about-anthrax.aspx. (Accessed: 24 July 2021)

Morgan, A. (2010) 'Discourse Analysis: An Overview for the Neophyte Researcher', *Journal of Health and Social Care Improvement*, pp. 1-7. Available at: https://docplayer.net/35496849-Discourse-analysis-an-overview-for-the-neophyte-researcher.html. (Accessed: 24 July 2021)

North Atlantic Treaty Organization (NATO) (2021) *Collective defence - Article 5*. Available at: https://www.nato.int/cps/en/natohq/topics_110496.htm. (Accessed: 24 July 2021)

O'Kane, C. (2020) *Trump said coronavirus "affects virtually nobody," as U.S. surpasses 200,000 deaths*. Available at: https://www.cbsnews.com/news/covid-it-affects-virutally-nobody-trump-coronavirus-rally/. (Accessed: 24 July 2021)

Our World in Data (2019) *Deaths from Terrorism, 2001 to 2017*. Available at: https://ourworldindata.org/grapher/fatalities-from-terrorism?tab=chart&time=2001..latest&country=~USA. (Accessed: 24 July 2021)

Parida, M. M.; Kumar Dash, P. and Shukla, J. (2020) 'Advance detection technologies for select biothreat agents', in Flora, S. J. S. and Pachauri, V. (eds.) (2020) *Handbook on Biological Warfare Preparedness.* London: Elsevier Inc, pp. 83-102.

Peterson, S. (2002) 'Epidemic disease and national security', *Security Studies 12(2)*, pp. 43-81. DOI: 10.1080/09636410212120009.

Pilkington, E. (2020) *Anger grows at Trump administration's coronavirus testing failures*. Available

at: https://www.theguardian.com/world/2020/mar/12/coronavirus-us-testing-failures-trump-administration. (Accessed: 24 July 2021)

Potter, J. (2004) 'Discourse Analysis', in Hardy, M. and Bryman, A. (Eds.) *Handbook of Data Analysis*. London: SAGE Publications, pp. 607-624. DOI: https://dx.doi.org/10.4135/9781848608184.

Potter, J. and Wetherell, M. (1987) *Discourse and Social Psychology: Beyond Attitudes and Behaviour*. London: SAGE Publications.

President's Radio Address (2001). Available at: https://www.c-span.org/video/?167116-1/presidents-radio-address. (Accessed: 24 July 2021)

Prime Minister's statement on coronavirus (COVID-19): 16 March 2020. Available at: https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-16-march-2020. (Accessed: 24 July 2021)

Pruitt, S. (2018) *What Is NATO's Article 5?*. Available at: https://www.history.com/news/nato-article-5-meaning-history-world-war-2. (Accessed: 24 July 2021)

Ragin, C. C. (2013) 'Reflections on casing and Case-Oriented research', in D, Byrne., & C. C. Ragin (Eds.) *The SAGE Handbooks of Case-Based Methods*. London: SAGE Publications, pp. 522-534.

Rasmussen, A. L. (2021) 'On the origins of SARS-CoV-2', *Nature Medicine 27*, p. 9. DOI: https://doi.org/10.1038/s41591-020-01205-5.

Rattner, N. (2021) *Average daily U.S. Covid cases fall below 40,000 for the first time since September*. Available at: https://www.cnbc.com/2021/05/11/covid-19-cases-deaths-vaccinations-daily-update.html. (Accessed: 24 July 2021)

Ravelo, J. L. (2021) *Could a mid-alert system work for health emergencies?*. Available at: https://www.devex.com/news/could-a-mid-alert-system-work-for-health-emergencies-99884. (Accessed: 24 July 2021)

Remarks by President Obama at U.N. Meeting on Ebola (2014) Available at: https://obamawhitehouse.archives.gov/the-press-

office/2014/09/25/remarks-president-obama-un-meeting-ebola. (Accessed: 24 July 2021)

Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing (2020) Available at: https://trumpwhitehouse.archives.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-coronavirus-task-force-press-briefing-5/. (Accessed: 24 July 2021)

Remarks by the President on the Ebola Outbreak (2014) Available at: https://obamawhitehouse.archives.gov/the-press-office/2014/09/16/remarks-president-ebola-outbreak. (Accessed: 24 July 2021)

Remarks to the United Nations Security Council (2003) Available at: https://2001-2009.state.gov/secretary/former/powell/remarks/2003/17300.htm. (Accessed: 24 July 2021)

Roberts, D. (2014) *US imposes Ebola travel restrictions on passengers from west Africa*. Available at: https://www.theguardian.com/us-news/2014/oct/21/us-limited-ebola-travel-restrictions-west-africa. (Accessed: 24 July 2021)

Rodier, G. R.; Ryan, M. J. and Heymann, D. L. (2000) 'Global Epidemiology of Infectious Diseases', in Strickland, G. T. (Ed.), *Hunter's Tropical Medicine and Emerging Infectious Diseases* (8th edition). Philadelphia, PA: WB Saunders Company.

Roe, P. (2012) 'Is securitization a 'negative' concept? Revisiting the normative debate over normal versus extraordinary politics', *Security Dialogue 43(3)*, pp. 249-266. DOI: 10.1177/0967010612443723.

Rogers, K. (2020) *Why Did The World Shut Down For COVID-19 But Not Ebola, SARS Or Swine Flu?*. Available at: https://fivethirtyeight.com/features/why-did-the-world-shut-down-for-covid-19-but-not-ebola-sars-or-swine-flu/. (Accessed: 24 July 2021)

Rogers, K.; Hauser, C.; Yuhas, A. and Haberman, M. (2020) *Trump's Suggestion that Disinfectants Could Be Used to Treat Coronavirus*

Prompts Aggressive Pushback. Available at: https://www.nytimes.com/2020/04/24/us/politics/trump-inject-disinfectant-bleach-coronavirus.html. (Accessed: 24 July 2021)

Roos, R. and Schnirring, L. (2011) *Public health leaders cite lessons of 2001 anthrax attacks*. Available at: https://www.cidrap.umn.edu/news-perspective/2011/09/public-health-leaders-cite-lessons-2001-anthrax-attacks. (Accessed: 24 July 2021)

Salter, M. B. (2008) 'Securitization and desecuritization: a dramaturgical analysis of the Canadian Air Transport Security Authority', *Journal of International Relations and Development 11(4)*, pp. 321-349. DOI: 10.1057/jird.2008.20.

Scholz, R. and Tietje, O. (2002) *Embedded Case Study Methods*. Thousand Oaks, CA: SAGE Publications, Inc.

Schubert, J. N.; Stewart, P. A. and Curran, M. A. (2002) 'A Defining Presidential Moment: 9/11 and the Rally Effect', *Political Psychology 23(3) Special Issue: 9/11 and Its Aftermath: Perspectives from Political Psychology*, pp. 559-583. URL: https://www.jstor.org/stable/3792592. (Accessed: 24 July 2021)

Schuler, A. (2004) 'Billions for biodefense: federal agency biodefense funding, FY2001-FY2005', *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science 2(2)*, pp. 86-96. DOI: 10.1089/153871304323146388.

Schuler A. (2005) 'Billions for biodefense: federal agency biodefense budgeting, FY2005-FY2006', *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science 3(2)*, pp. 94-101. DOI: 10.1089/bsp.2005.3.94.

Sears, N. A. (2020) *The Securitization of COVID-19: Three Political Dilemmas*. Global Policy Journal. Available at: https://www.globalpolicyjournal.com/blog/25/03/2020/securitization-covid-19-three-political-dilemmas. (Accessed: 24 July 2021)

Secretary of State Colin Powell speaks at UN, justifies US invasion of Iraq (2019). Available at: https://www.history.com/this-day-in-

history/secretary-of-state-colin-powell-speaks-at-un-invasion-of-iraq. (Accessed: 24 July 2021)

Sell, T. K. and Watson, M. (2013) 'Federal Agency Biodefense Funding, FY2013-FY2014', *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science 11(3)*, pp. 196-216. DOI: 10.1089/bsp.2013.0047.

Seuring, S. A. (2008) 'Assessing the rigor of case study research in supply chain management', *Supply Chain Management: An International Journal 13(2)*, pp. 128-137. DOI: 10.1108/13598540810860967.

Shelton, S. R.; Connor, K.; Uscher-Pines, L.; Pillemer, F. M.; Mullikin, J. M. and Kellermann, A. L. (2012) 'Bioterrorism and biological threats dominate federal health security research; other priorities get scant attention', *Health Affairs 31(12)*, p. 2755. DOI: https://doi.org/10.1377/hlthaff.2012.0311.

Shesgreen, D.; Wu, N.; Penzenstadler, N. *et al.* (2020) *Rose Garden announcement of Supreme Court nominee potential 'super spreader' event; Trump plus seven others get COVID-19*. Available at: https://eu.usatoday.com/story/news/politics/2020/10/02/how-did-trump-get-covid-and-who-has-he-infected/3590490001/. (Accessed: 24 July 2021)

Smith, D. (2020) *'He's an idiot': critics say Trump has failed the US in this test of reassurance*. Available at: https://www.theguardian.com/world/2020/mar/14/coronavirus-outbreak-response-trump-us. (Accessed: 24 July 2021)

Solender, A. (2020) *All The Times Trump Has Promoted Hydroxychloroquine*. Available at: https://www.forbes.com/sites/andrewsolender/2020/05/22/all-the-times-trump-promoted-hydroxychloroquine/?sh=3d7a4c46432e. (Accessed: 24 July 2021)

Sreenivasan, H. (2018) *How will CDC cuts affect health programs abroad and at home?*. PBS NewsHour. Available at: https://www.pbs.org/newshour/show/how-will-cdc-cuts-affect-health-programs-abroad-and-at-home#transcript. (Accessed: 24 July 2021)

Stake, R. E. (2005) 'Qualitative Case Studies', in Denzin, N. K. and Lincoln, Y. S. (Eds.) *The Sage handbook of qualitative research*. Thousand Oaks: Sage Publications Ltd., pp. 443-466.

Stern, J. (2003) 'Dreaded Risks and the Control of Biological Weapons', *International Security 27(3)*, pp. 89-123. URL: https://www.jstor.org/stable/3092115. (Accessed: 24 July 2021)

Stevens, H. and Tan, S. (2020) *From 'It's going to disappear' to 'WE WILL WIN THIS WAR'*. Available at: https://www.washingtonpost.com/graphics/2020/politics/trump-coronavirus-statements/. (Accessed: 24 July 2021)

Stritzel, H. (2007) 'Towards a Theory of Securitization: Copenhagen and Beyond', *European Journal of International Relations 13(3)*, pp. 357-383. DOI: 10.1177/1354066107080128.

Stritzel, H. (2014) 'Securitization Theory and the Copenhagen School', in Stritzel, H. (2014) *Security in Translation*. London: Palgrave Macmillan, pp. 11-37.

Summers, J. (2020) *Timeline: How Trump Has Downplayed The Coronavirus Pandemic*. Available at: https://www.npr.org/sections/latest-updates-trump-covid-19-results/2020/10/02/919432383/how-trump-has-downplayed-the-coronavirus-pandemic. (Accessed: 24 July 2021)

Sunstein, C. R. (2003) 'Terrorism and Probability Neglect', *Journal of Risk and Uncertainty 26(2/3)*, pp. 121-136. DOI: https://doi.org/10.1023/A:1024111006336.

Takahashi, A. R. W. and Araujo, L. (2020) 'Case study research: opening up research opportunities', *RAUSP Management Journal 55(1)*, pp. 100-111. DOI 10.1108/RAUSP-05-2019-0109.

Thorp, H. H. (2020) *Trump's rhetoric will make the pandemic worse. Words are now a matter of life and death*. Available at: https://www.theguardian.com/global/commentisfree/2020/mar/13/trump-coronavirus-antivaxxer-vaccine. (Accessed: 24 July 2021)

Toosi, N.; Lippman, D. and Diamond, D. (2020) *Before Trump's inauguration, a warning: 'The worst influenza pandemic since 1918'*. Available

at: https://www.politico.com/news/2020/03/16/trump-inauguration-warning-scenario-pandemic-132797. (Accessed: 24 July 2021)

Transcript of Bush speech in Atlanta (2001). Available at: https://edition.cnn.com/2001/US/11/08/rec.bush.transcript/. (Accessed: 24 July 2021)

United Nations Office for Disarmament Affairs (UNODA) (n.d.) *Biological Weapons Convention*. Available at: https://www.un.org/disarmament/biological-weapons/. (Accessed: 24 July 2021)

United Nations Office for Disarmament Affairs (UNODA) (2012) *BWC/MSP/2012/MX/3 Report of the Meeting of Experts*. Available at: https://meetings.unoda.org/meeting/bwc-mx-2012/. (Accessed: 24 July 2021)

United Nations Security Council (UNSC) (1991) *Resolution 687 (1991) Adopted by the Security Council at its 2981st Meeting*. 3 April 1991. Available at: https://www.un.org/Depts/unmovic/documents/687.pdf. (Accessed: 24 July 2021)

United Nations Security Council (UNSC) (1999) *Resolution 1284 (1999) Adopted by the Security Council at its 4084th meeting*. 17 December 1999. Available at: https://www.un.org/Depts/unscom/Keyresolutions/sres99-1284.htm. (Accessed: 24 July 2021)

United Nations Security Council (UNSC) (2002) *Resolution 1441 (2002)/adopted by the Security Council at its 4644th meeting*. 8 November 2002. Available at: https://digitallibrary.un.org/record/478123. (Accessed: 24 July 2021)

United Nations Security Council (UNSC) (2014) *Adopting Resolution 2176 (2014), Security Council Approves Three-Month Extension for United Nations Mission in Liberia, with Further Renewal under Review*. Available at: https://www.un.org/press/en/2014/sc11559.doc.htm. (Accessed: 24 July 2021)

United Nations Security Council (UNSC) (2014) *Resolution 2177 (2014) Adopted by the Security Council at its 7268th meeting*. 18 September

2014. Available at: https://digitallibrary.un.org/record/779813. (Accessed: 24 July 2021)

United Nations System Influenza Coordination (UNSIC) and World Bank (2010) *Animal and Pandemic Influenza: A Framework for Sustaining Momentum*. Bangkok: World Bank. Available at: https://openknowledge.worldbank.org/handle/10986/18202. (Accessed: 24 July 2021)

United States Government (2002) *Budget of the United States Government, Fiscal Year 2002*. Available at: https://www.govinfo.gov/content/pkg/BUDGET-2002-BUD/pdf/BUDGET-2002-BUD.pdf.

United States Embassy in Italy (2020) *Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak*. Available at: https://it.usembassy.gov/proclamation-on-declaring-a-national-emergency-concerning-the-novel-coronavirus-disease-covid-19-outbreak/. (Accessed: 24 July 2021)

Viala-Gaudefroy, J. and Lindaman, D. (2020) *Donald Trump's 'Chinese virus': the politics of naming*. Available at: https://theconversation.com/donald-trumps-chinese-virus-the-politics-of-naming-136796. (Accessed: 24 July 2021)

Victor, D.; Serviss, L. and Paybarah, A. (2020) *In His Own Words, Trump on the Coronavirus and Masks*. Available at: https://www.nytimes.com/2020/10/02/us/politics/donald-trump-masks.html. (Accessed: 24 July 2021)

Vingoe, S. (2015) *The Securitization of Public Health: American Biosecurity Since 2001*. NATO Association of Canada. Available at: https://natoassociation.ca/the-securitization-of-public-health-american-biosecurity-since-2001/. (Accessed: 24 July 2021)

Vultee, F. (2010) 'SECURITIZATION: A new approach to the framing of the "war on terror"', *Journalism Practice 4(1)*, pp. 33-47. DOI: 10.1080/17512780903172049.

Vuori, J. A. (2008) 'Illocutionary Logic and Strands of Securitization: Applying the Theory of Securitization to the Study of Non-Democratic Political Orders', *European Journal of International Relations 14(1)*, pp. 65-99. DOI: 10.1177/1354066107087767.

Watson, C.; Watson, M. and Sell, T. K. (2017) 'Federal Funding for Health Security in FY2018', *Health Security 15(4)*, pp. 351-372. DOI: 10.1089/hs.2017.0047.

Watson, C.; Watson, M.; Gastfriend, D. and Sell, T. K. (2018) 'Federal Funding for Health Security in FY2019', *Health Security 16(5)*, pp. 281-303. DOI: 10.1089/hs.2018.0077.

Wæver, O. (2003) '*Securitization: Taking Stock of a Research Programme in Security Studies*'. Unpublished manuscript. Available at: https://docplayer.net/62037981-Securitisation-taking-stock-of-a-research-programme-in-security-studies.html#show_full_text. (Accessed: 24 July 2021)

Wilder-Smith, A. and Osman, S. (2020) 'Public health emergencies of international concern: a historic overview', *Journal of Travel Medicine 27(8)*, pp. 1-13. DOI: 10.1093/jtm/taaa227.

What the international papers say (2003) Available at: https://www.theguardian.com/media/2003/feb/06/pressandpublishing.usnews. (Accessed: 24 July 2021)

White House (2014) *FACT SHEET: U.S. Response to the Ebola Epidemic in West Africa*. Available at: https://obamawhitehouse.archives.gov/the-press-office/2014/09/16/fact-sheet-us-response-ebola-epidemic-west-africa. (Accessed: 24 July 2021)

Wolfers, A. (1962) *Discord and Collaboration: Essays on International Politics*. Baltimore: Johns Hopkins University Press.

World Health Organization (WHO) (2015) *World Health Organization Best Practices for the Naming of New Human Infectious Diseases*. Available at: https://apps.who.int/iris/bitstream/handle/10665/163636/WHO_HSE_FOS_15.1_eng.pdf. (Accessed: 24 July 2021)

World Health Organization (WHO) (2017) *Emergency response framework (ERF)*, 2nd edition. Available at: https://www.who.int/publications/i/item/emergency-response-framework-(-erf)-2nd-ed. (Accessed: 24 July 2021)

World Health Organization (WHO) (2018) *Managing epidemics: key facts about major deadly diseases*. Geneva: World Health Organization. Available at: https://apps.who.int/iris/handle/10665/272442. (Accessed: 24 July 2021)

World Health Organization (WHO) (2019) *Emergencies: International health regulations and emergency committees*. Available at: https://www.who.int/news-room/q-a-detail/emergencies-international-health-regulations-and-emergency-committees. (Accessed: 24 July 2021)

World Health Organization (WHO) (2020a) *Coronavirus disease (COVID-19): Similarities and differences with influenza*. Available at: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19-similarities-and-differences-with-influenza. (Accessed: 24 July 2021)

World Health Organization (WHO) (2020b) *WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020*. Available at: https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020. (Accessed: 24 July 2021)

Yee, S.; Tan, C. S.; Khan, A.; Lee, K. S.; Goh, B. H. and Ming, L. C. (2021) 'SARS-COV-2 as an artificial creation: scientific arguments and counterarguments', *Journal of Medicine and Life 14(1)*, pp. 118-120. DOI: 10.25122/jml-2020-0175.

Yin, R. K. (2018) *Case Study Research and Applications: Design and Methods* (6th edition). Los Angeles: SAGE Publications.

Yong, E. (2016) *How a Pandemic Might Play Out Under Trump*. Available at: https://www.theatlantic.com/science/archive/2016/12/outbreaks-trump-disease-epidemic-ebola/511127/. (Accessed: 24 July 2021)

Zwitter, A. and de Wilde, J. (2010) 'Prismatic Security: Expanding the Copenhagen School to the Local Level', *Academia.edu*, pp. 1-23. Available at: https://www.academia.edu/528346/Prismatic_Security_Expanding_the_Copenhagen_School_to_the_Local_Level. (Accessed: 24 July 2021)