

# Health as Foreign Policy: Between Principle and Power

by David P. Fidler

## INTRODUCTION

This article focuses on a political revolution—the political revolution that has occurred in the area of health as an issue in international relations.<sup>1</sup> In the last decade, events in the microbial and the political worlds have radically transformed health's place in world affairs. The nature and extent of foreign policy attention devoted to health today is historically unprecedented.

Recognizing that a political revolution concerning health has taken place is not, however, the same as understanding the revolution's nature or policy implications. At present, health's political revolution means different things to different people. Diversity of views, in the wake of such a dramatic transformation of health's place in international relations, is understandable and should be encouraged. Diverse opinions and approaches suggest, however, that this revolution's meaning remains enigmatic.

In this article, I probe this enigmatic change in the relationship between health, foreign policy, and international relations. The article pushes the meaning of this revolution analytically in order to better understand how health's relationship with foreign policy is developing. In addition, I ponder whether this political revolution reflects a transformation of foreign policy for the benefit of health, or a transformation of health for the benefit of foreign policy.

I begin by describing why the last decade has witnessed a political revolution in terms of how health relates to foreign policy and international relations. Having fleshed out this change, I explore three different ways to conceptualize health's new political importance. These frameworks may not entirely capture the complexity and nuance of health's rise as an issue in international relations, but they serve as useful analytical devices for scrutinizing what has happened and why it has happened.

With the frameworks described, the article analyzes which framework provides the most accurate account of health's new prominence in foreign policy and international politics. The best conceptualization of the health-foreign policy relationship most accurately captures the dynamic between science and politics found at the heart of this relationship. The science-politics dynamic in the health-foreign policy

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relationship is, however, unstable, and perhaps dangerously so. With this in mind, I suggest how the volatility in the relationship between health and foreign policy might be mitigated to produce a more sustainable foundation for the future.

## **THE RISE OF HEALTH AS A FOREIGN POLICY ISSUE**

My analysis proceeds from the assertion that health has undergone a political revolution in the last decade. I need to provide some sense of this revolution and not ask the reader to take this assertion on faith. To begin, let me make clear that health has been an issue for foreign policy and international relations for a long time. International health cooperation began in the mid-19<sup>th</sup> century with the convening of the first International Sanitary Conference in Paris;<sup>2</sup> and, since that meeting, states have concluded many treaties, created international health organizations, and cooperated with non-governmental organizations on a diverse range of health issues, covering both communicable and non-communicable diseases.<sup>3</sup>

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International health activity has, however, been an obscure and neglected area in the study of foreign policy and international relations. Those who dissect international politics have long considered health issues unimportant or uninteresting. Scholars now interested in global health have commented on how much health as a foreign policy and diplomatic concern has been neglected in the study of international relations.<sup>4</sup>

Sometimes the neglect of health has been considered a function of health's place in the so-called "low politics" of international relations. "High politics" involves issues of war and peace, competition for power, the dilemma of national security, and the fight for survival in anarchy. "Low politics" concerns international cooperation on economic, environmental, and social issues. The distinction between "high politics" and "low politics" has been prominent in debates in international relations theory. Realist scholars, such as John Mearsheimer have, for example, argued that the theory of institutionalism concentrates on economic and social issues while largely ignoring the central questions of security, war, and peace.<sup>5</sup>

The distinction between "high" and "low" politics in international relations is useful for this article's purposes because, even in the world of "low politics," health issues have also generally been neglected. Health has occupied an area we can perhaps call "really low politics." A major reason for health's status as "really low politics" is that international health activities were, by and large, considered technical, humanitarian, and non-political endeavors. In fact, health's non-political status is what some people thought gave it political power.

This seemingly counter-intuitive idea explains the incorporation of international health endeavors in functionalist theories of international relations.<sup>6</sup> Functionalists

argued that international cooperation in technical, non-political areas would create spillover effects, transforming the nature of overall political interaction between sovereign states, from one of competition for power to one of cooperation for human welfare.<sup>7</sup>

Health's political revolution represents health's escape from "really low politics" into a new situation in which health features prominently on many political agendas in international relations today. In short, health has ceased to be merely a technical, humanitarian, and non-political activity. Some examples help support this observation:

- Through the specific threat of bioterrorism, and the more general threat of terrorists using weapons of mass destruction, the quality of a nation's public health and health care systems has become a matter of national and homeland security concern,<sup>8</sup> producing in the United States significant increases in funding for biodefense<sup>9</sup> and further calls for biodefense activities the scale of which would dwarf that of the Manhattan Project.<sup>10</sup>
- In 2000, the United Nations (UN) Security Council, considered the HIV/AIDS epidemic in the developing world, especially sub-Saharan Africa, as a threat to international peace and security, marking the first time a health threat was discussed before the UN body mandated to maintain international peace and security.<sup>11</sup>
- The UN Secretary-General's High-Level Panel on Threats, Challenges and Change embedded threats from biological weapons, bioterrorism, infectious diseases, and social determinants of health (e.g., poverty and environmental degradation) as critical components of what it termed "comprehensive collective security."<sup>12</sup> The Panel even recommended that the UN Security Council intervene during epidemics to mandate greater compliance from states with needed public health responses and to support international action to assist in quarantine measures.<sup>13</sup>
- The United States, other developed countries, and experts from various disciplines have expressed concerns that the political, economic, and social devastation HIV/AIDS causes in some parts of the developing world would contribute materially to the failure of states, resulting in their becoming breeding grounds of civil disorder, regional instability, and global crime and terrorism.<sup>14</sup> The scale of the HIV/AIDS crisis prompted the United States to launch the President's Emergency Plan for AIDS Relief (PEPFAR), a \$15 billion, five-year initiative in the global fight against HIV/AIDS.<sup>15</sup>
- The growing burdens created by epidemics of communicable and non-communicable diseases adversely affect the prospects for economic development in many developing countries and have led to calls for putting health protection and promotion at the heart of economic development strategies.<sup>16</sup>

- Health issues have risen significantly on the agenda of international trade, whether the issue is the impact of pharmaceutical patents on a developing-country's access to essential medicines;<sup>17</sup> the increasing threat to food safety posed by globalized trade in food products;<sup>18</sup> concerns about how liberalization of trade in health-related services would affect national health systems;<sup>19</sup> or fears about how epidemics (such as SARS and avian influenza) could seriously disrupt trade and commerce.<sup>20</sup>
- Foreign and international aid agendas also reveal the growth in the importance of health problems, as illustrated by the increases seen in international aid designated for addressing HIV/AIDS, tuberculosis, and malaria,<sup>21</sup> and the use of health as a criterion for the distribution of bilateral aid.<sup>22</sup>
- The importance of health-related concerns has increased in the human rights area. Health threats, whether from bioterrorism or HIV/AIDS, now significantly affect both civil and political rights (e.g., public health measures restricting freedom or movement)<sup>23</sup> and economic, social, and cultural rights (e.g., access to life-saving therapies as part of the right to health).<sup>24</sup> Documents as diverse as the Bush administration's *National Security Strategy for the United States* and reports from the UN special rapporteur on the right to health<sup>25</sup> provide indications of health's new human rights importance.
- Health issues have focused more policy attention on new actors in international relations, especially the participation of non-state actors in global health initiatives, most prominently various public-private partnerships that attempt to increase access to existing treatments or create new drugs and vaccines for communicable diseases.<sup>26</sup>

Many more examples could be mentioned, but these provide a sense of how events have transformed the relationship of health and foreign policy over the last decade. Moreover, the transformation is reciprocal in the sense that foreign policy more frequently has to grapple with health, and health more frequently has to grapple with foreign policy.

### **THE NEW RELATIONSHIP BETWEEN HEALTH AND FOREIGN POLICY: THREE PERSPECTIVES**

Two policy worlds, previously distant from one another, have collided, creating reverberations for both the pursuit of health and the conduct of foreign policy. I have participated in seminars and workshops, involving doctors, epidemiologists, academics, activists, and diplomats, at which this *mélange* of expertise has explored how to understand and handle this new political reality. Discussions in these settings often reveal different interpretations of the new relationship between health and foreign policy. I now sketch three distinct ways in which the new health-foreign policy linkage can be conceptualized in order to provide the reader with a sense of the range of possibilities the linkage generates.

*Foreign Policy as Health*

The first perspective—“foreign policy as health”—perceives health’s rise in international relations as transformative of foreign policy. In short, “foreign policy as health” maintains that foreign policy now pursues, and should in the future pursue, health as an end in itself. This perspective argues that health affects so many political agendas that it has emerged as a transarchical value—defined as a value that influences the substantive nature of hierarchical politics within states and anarchical politics between states.

One way to capture this “foreign policy as health” position is to consider how central health as a value is to the Millennium Development Goals (MDGs) adopted in 2000 under the auspices of the United Nations.<sup>27</sup> The MDGs establish a new framework for economic development in the 21st century, and health is at this strategy’s heart. Three of the eight MDGs are specific health objectives: reducing child mortality, improving maternal health, and reducing the burden of HIV/AIDS and other diseases. Four of the remaining five MDGs concern key social determinants of health: poverty, education, gender equality, and the environment. The eighth MDG, building global partnerships, incorporates a specific health-related target of increasing access to essential medicines in the developing world.

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The “foreign policy as health” perspective emphasizes other features of international relations that reinforce the recognition of health as an end in itself for foreign policy action. The frequency with which health concerns have cropped up in the realm of national and international security, whether the issue is bioterrorism or damage to state capacity caused by communicable diseases, suggests that the pursuit of health capabilities has become important even for the highest of high politics.<sup>28</sup>

The “foreign policy as health” perspective contains a broad definition of both “foreign policy” and “health.” This perspective views “health” as more than the mere absence of disease and embeds health into the broader social and economic context of human activity. This expansive view of health enlarges the scope of foreign policy beyond the traditional concerns with military power and matters external to the nation’s territory. In fact, the expansive notion of health collapses foreign and domestic policy into a global policy paradigm that more accurately reflects the reality of 21st century human interdependence.

This perspective on health’s rise on foreign policy agendas differs from the old functionalist interpretation of international health cooperation. Functionalism maintained international health activities constituted a technical, non-political area of cooperation with the potential to generate positive political externalities in other areas of international relations. The “foreign policy as health” conception rejects the idea that health is merely a technical, non-political activity and argues that health has

become a pre-eminent *political value* for 21st century humanity. As such, health's potential to generate positive political spillover operates overtly rather than through functionalism's more obscure stealth dynamic.

### *Health and Foreign Policy*

The second perspective on health's political revolution contrasts with the conception of foreign policy pursuing health as an end in itself. This alternative framework holds that health's rise on foreign policy agendas merely indicates that foreign policy is shaping health, not vice versa. This perspective—"health and foreign policy"—captures the essence of the argument: health has merely become another issue with which traditional approaches to foreign policy grapple. Health is no different from any other issue that foreign policy addresses, and foreign policy approaches health in the same manner it approaches other issues. Health does not transform thinking about foreign policy; rather, foreign policy transforms how we conceptualize health.

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The “health and foreign policy” approach accepts that health issues have more frequently appeared as foreign policy challenges in the last ten to fifteen years. The reason for this change is not, however, the emergence of a transarchical health norm that states believe in and to which they adhere. To the contrary, health issues have become more prominent foreign policy issues because health-related threats to the material interests and capabilities of states have increased. When diseases threaten, or show the potential to threaten, national security, military capabilities, geopolitical or regional stability, national populations, economic power, and trade interests, foreign policy makers take notice. When diseases interfere with and frustrate a state's pursuit of its material interests, as frequently happened in the last decade in international trade, foreign policy bureaucracies respond. What drives responses is the threat posed to the material interests and capabilities of states, not a cosmo-political consensus on health's intrinsic importance to 21<sup>st</sup> century humanity.

In fact, we might more accurately call the “health and foreign policy” perspective “only certain communicable diseases and foreign policy” because, by and large, only certain communicable disease problems, such as SARS, HIV/AIDS, or a killer influenza pandemic, cause serious perturbations requiring high-level foreign policy action. Thus, foreign policy's target is not “health” but mitigating risks and costs that certain infectious diseases create for foreign policy objectives, such as protecting national security and maintaining flows of international trade and commerce.

Further, the foreign policy task often has nothing to do with reducing disease burdens in other countries. For example, the foreign policy challenge faced by

developed countries with respect to the controversy over the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) of the World Trade Organization (WTO) and developing-country access to anti-retrovirals, was managing a tactical retreat on the scope of patent rights, not contributing to efforts to stem the galloping HIV/AIDS pandemic.

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When improving health or health systems in foreign countries is an intended consequence of foreign policy action, the strategic objective is usually something other than health. For example, the United States' interest in improving global infectious disease surveillance views improved global surveillance as a means to increase national and homeland security against bioterrorism, not as a vehicle for improving global health.<sup>29</sup> Any constructive health consequences for other countries that spill over from improved global surveillance represent a positive externality but are not the primary foreign policy objective.

In contrast to the expansive definitions of "health" and "foreign policy" in the "foreign policy as health" perspective, "health and foreign policy" maintains a traditionally narrow understanding of foreign policy and adopts a limited conception of what health means for foreign policy purposes. Under the "health and foreign policy" perspective, health is merely a tool, an instrument of statecraft the value of which extends no farther than its utility in serving the material interests and capabilities of the state. In that regard, its function is no different from the functions of war, military power, economic wealth, and international institutions in the anarchical politics of international relations.

*Health as Foreign Policy*

The third framework stakes out a middle ground between the previous two perspectives and maintains that health's rise as an issue in world affairs creates a relationship between health and foreign policy under which neither completely transforms the other. I call this perspective "health as foreign policy." This conceptualization of the health-foreign policy interaction involves a dynamic between science and politics that reflects an interdependence, or mutual dependence, when health and foreign policy mix.

"Health as foreign policy" focuses on a different aspect of health from the other two perspectives because it concentrates on the science of health, or epidemiology.<sup>30</sup> The first framework, "foreign policy as health," concerns the ideology of health, while "health and foreign policy" emphasizes the power politics of health. Health as an endeavor is, however, deeply scientific. The science of health produces

learning that applies within states or between states. Epidemiology produces, therefore, transarchical knowledge and information about health and threats to it.

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Such transarchical knowledge creates scientific principles and imperatives that affect political action and governance. For example, epidemiology stresses the critical nature of surveillance. Virtually everything else in public health hinges, for example, on knowing what diseases are affecting what parts of what population. Surveillance is not a function of ideology or politics, but a scientific principle and imperative that applies everywhere.

Epidemiology also develops scientific principles and imperatives in terms of how disease threats should be addressed. Scientifically, breaking the chain of transmission of a virulent airborne virus, such as SARS, requires interventions different from those required to reduce obesity-related diseases. Science drives both the identification of, and the interventions to be deployed against, threats to health.

Scientific principles and imperatives channel action on health in specific directions that neither ideology nor power politics can alter. Science's role in health undermines the ideology of health that informs the "foreign policy as health" perspective, and it challenges the "health and foreign policy" assumption that health functions no differently in international politics than other kinds of material interests and capabilities. Let me elaborate on these arguments.

The ideology of health contained in the "foreign policy as health" perspective assumes that the health of all peoples is interdependent and mutually vulnerable, giving rise to a context in which health serves as a common denominator for political action. Classical expressions of this notion appear in the preamble of the Constitution of the World Health Organization.<sup>31</sup> The preamble states, for example, that the health of all peoples is fundamental to the attainment of peace and security, and that the achievement of any state in the promotion and protection of health is of value to all.

These statements are empirically dubious, at best. To my knowledge, no correlation exists between a people's health status and its disposition for violence and war. The 20<sup>th</sup> century saw life expectancies rise in most regions of the world, yet that century was one of the most violent and bloodiest in human history. The assertion that health gains in one state are of value to all peoples in the world is also too sweeping to be taken seriously from an epidemiological point of view. One country's successful efforts to eradicate a highly transmissible disease may indeed benefit everyone else on the planet, but one country's success in reducing non-communicable diseases may have no epidemiological relevance at all to health in other countries. Levels of health interconnectedness and interdependence among populations in the



world vary significantly, which creates a complex epidemiological reality that the ideology of health simplifies for political not scientific purposes.

Traditional foreign policy concerns with the preservation and promotion of a state's material national interests occupy the gap between epidemiology and ideology. The idea of "health" does not overcome the political dynamics created by states interacting in a condition of anarchy. Just as students of international relations have generally neglected health as an issue, health experts and advocates have shown little serious interest in understanding the problem anarchy poses for collective action among states.<sup>32</sup> Jumping from epidemiology to ideology without appreciating the anarchy problem causes trouble for health advocates.

Likewise, science's role in health challenges the assumptions of the "health and foreign policy" perspective. This perspective plugged health into foreign policy as a fungible issue controlled by the laws of power politics. I have not yet seen a medical treatise, public health text, or Phase III clinical trial that indicates that the balance of power is an empirically valid strategy for dealing with disease threats to health. The "health as foreign policy" perspective encourages us to "speak science to power" rather than accept the proposition that, in the intersection of health and foreign policy, statesmen only think and act in terms of interest defined as power. Jumping from anarchy to power politics without appreciating epidemiology causes foreign policy on health issues problems.

Thus, the "health as foreign policy" perspective focuses on the science-politics dynamic at the heart of the health-foreign policy linkage. This dynamic contains scientific principles and imperatives that foreign policy cannot overlook, and anarchy/power considerations that health cannot ignore. "Health as foreign policy" provides a perspective on the health-foreign policy relationship that is more balanced conceptually than the other two frameworks explored above.

## **BETWEEN PRINCIPLE AND POWER: HEALTH AS FOREIGN POLICY**

Which, then, of these three perspectives—foreign policy as health, health and foreign policy, or health as foreign policy—most accurately describes the political revolution health has undergone as an issue in international relations? I argue that "health as foreign policy" provides the best perspective on health's political revolution, but selecting this perspective over "health and foreign policy" proves difficult for reasons examined below. These reasons also provide clues as to why "health as foreign policy" only precariously emerges as the perspective that best describes health's political revolution over the last decade.

### *Ideology without Interests: Foreign Policy as Health*

The argument that health's political revolution means that foreign policy now pursues health as an end in itself, as a transarchical political value, is appealing at many different levels. It conceives of states and peoples commonly bound together through health and acting upon this common bond through global policy. This

conceptualization also connects with long-standing beliefs and principles in international health, including the interdependence of the health of all peoples and the enjoyment of the highest standard of health attainable as a fundamental human right.<sup>33</sup>

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The “foreign policy as health” perspective does not, however, accurately describe the relationship between health and foreign policy produced by the last decade’s events. One need only reflect on the awful progression of the HIV/AIDS pandemic to understand that states and peoples have not behaved as if their health is interdependent and that they share a common health bond. The Executive Director of UNAIDS stated that “the world stood by while AIDS overwhelmed sub-Saharan Africa.”<sup>34</sup> The United Nations Special Envoy for AIDS in Africa has lashed out at countries for finding billions of dollars to fight terrorism but failing to provide adequate funds for fighting HIV/AIDS and called this situation a “double standard [that] is the grotesque obscenity of the modern world.”<sup>35</sup>

The “foreign policy as health” perspective fails to describe health’s political revolution for two reasons. First, the assumption that the health of countries and peoples is tightly interdependent, or mutually vulnerable, is overbroad from an epidemiological point of view. Mutual vulnerability exists with respect to some health threats, such as transmissible pathogens. SARS provided another reminder that epidemiological dependence is a reality with some health threats. Even with communicable diseases, “mutual vulnerability” might be overstating the epidemiological reality. Perhaps “variable vulnerability” would be more accurate in communicating the idea that some countries and peoples are more vulnerable than others to certain health threats. Malaria provides a good example of variable vulnerability because countries located in tropical regions are much more vulnerable to malaria than countries located in temperate climates.

Second, in a context of variable vulnerability, countries and peoples have different interests regarding health that are expressed through domestic and foreign policy. Divergent interests often appear in circumstances of variable vulnerability when health risks are connected with international trade. Developed and developing countries often have been at odds over health-related trade issues partly because health actions developing nations want to take conflicted with trade interests of developed states. Examples of these conflicts can be found in international infectious disease control, controversies over the WTO’s TRIPS Agreement and General Agreement on Trade in Services, and global tobacco control. Behind such conflicts is the absence of mutual vulnerability to the health risk at issue.

The ideology of health has not eliminated material interests that states have in health-related contexts, and the “foreign policy as health” perspective seems unable to account conceptually for the conflict and controversies that arise when material interests on health held by different states clash. “Foreign policy as health” contains a version of the old “harmony of interests” doctrine in which health advocates assume that what is in the interests of world health is in the interests of each state. As in other contexts, reality deflates such “harmony of interests” assumptions when states interact.

*Power Play: Health and Foreign Policy*

The “health and foreign policy” perspective, with its emphasis on power and the material interests of states, is a strong candidate for the framework that best describes health’s political revolution. Health’s rise as a foreign policy issue in the last decade can, for example, be tracked against growing concerns of powerful states about health-related problems developing in the world of foreign policy. The great powers, such as the United States, have had to address health more frequently in their foreign policies because health problems have threatened, or complicated the satisfaction of, their material interests.

Further, the shape of international health activities today reflects how the great powers want health issues addressed. The United States’ pursuit of national biodefense is more robust and better funded than any international initiative on any health problem, including the global nightmare of HIV/AIDS.<sup>36</sup> Frustrated with the WTO in its attempts to create high levels of patent protection for pharmaceutical products, the United States pursues this objective through regional and bilateral trade agreements.<sup>37</sup> SARS prompted an impressive global response because it threatened the health and trade interests of developed countries. Other than in connection with direct threats from chemical or radiological agents, non-communicable diseases do not register strongly in foreign policy calculations of developed states.

Thus, the “health and foreign policy” perspective presents a more plausible explanation of health’s political revolution than “foreign policy as health.” In fact, I am tempted to conclude that “health and foreign policy” is the most accurate account of what has happened to the relationship between health and foreign policy in the last decade. The reality of global health today can hardly be explained without reference to the impact that power has on the health-foreign policy relationship. “Health and foreign policy” provides the most robust explanation of that impact.

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Two things temper the temptation to choose “health and foreign policy” as the explanation of choice. The first involves a reluctance to drain “health” of normative content and energy and subject it exclusively to the power play that exists among

states in an anarchical political system. The second concerns the epidemiological short-sightedness of this perspective on health and foreign policy. “Health and foreign policy” also drains health of the insight provided by science.

Epidemiology identified the likelihood of a major HIV/AIDS epidemic in the developing world in the 1980s, with sub-Saharan Africa being particularly affected. The CIA even issued an intelligence estimate in 1987 that the impact of HIV/AIDS in sub-Saharan Africa in the following decade would be severe.<sup>38</sup> Warnings largely went unheeded, however, in both the developing and developed worlds until the end of the 1990s when the magnitude of the public health disaster could no longer be ignored. What epidemiology foresaw, foreign policy ignored. The world is now in the midst of struggling to mitigate the costs of one of history’s worst pandemics, with experts predicting the worst is still to come.<sup>39</sup> A foreign policy highly tuned to power politics but deaf to epidemiology is harmful to both foreign policy and health.

*Epidemiology in the Service of Interests: Health as Foreign Policy*

My concerns with the “health and foreign policy” perspective lead me to prefer interpreting health’s political revolution through the “health as foreign policy” approach. The science-politics dynamic at the heart of “health as foreign policy” establishes a context in which epidemiological evidence has to be marshaled for policy purposes through the lens of material interests. One striking thing about the last decade is the extent to which arguments for more foreign policy attention on health connected epidemiological evidence with adverse material consequences for states were relied upon rather than traditional concepts of health as a humanitarian or human rights issue. One document connecting health and U.S. foreign policy succinctly captured the emphasis on material self-interest when it identified the strategic objectives of U.S. engagement in global health as “protecting our people,” “enhancing our economy,” and “advancing our international interests.”<sup>40</sup>

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Use of the science-politics dynamic can be seen in the ways governments, international organizations, and non-state actors linked communicable disease problems to national and international security, international trade, economic development, national and regional stability, and the effectiveness of international aid. Similarly, a powerful tool in the new global strategy for tobacco control involved advocates tying the growth of tobacco-related diseases directly to significant economic costs that governments would have to bear if they did not improve tobacco control.<sup>41</sup> The interest shown in the concept of “global public goods for health” also illustrates the power of the science-politics dynamic because the “public goods” idea flows from economic theory not the ideology of health.<sup>42</sup>

Connecting epidemiology and material interests has proven traction in foreign policy contexts, and more traction than the concepts of “Health for All” and the human right to health. Perhaps we are witnessing a global health version of the famous Melian dialogue Thucydides recorded in his history of the Peloponnesian War.<sup>43</sup> In this dialogue, Athenian envoys come before the leaders of Melos to convince them to surrender or be destroyed by Athens. The Athenians and Melians agree to dispense with pleasing rhetoric and talk about material interests. In the science-politics dynamic, epidemiology is the envoy from Athens, nation-states are the interest-calculators of Melos, and the results of not adequately adjusting interests to epidemiology leads to adverse consequences for the state and unnecessary human suffering.

#### *A Dangerously Unstable Dynamic*

Thinking about “health as foreign policy” also involves understanding that the science-politics dynamic is unstable, and perhaps dangerously so. This instability is worrying because it threatens to destroy a way in which the health-foreign policy relationship can be strengthened. The instability arises because the science-politics dynamic is not yet deeply grooved in either the health or foreign policy communities. Many health specialists and advocates remain leery of abandoning the ideology of health for a materialistic approach that compromises what they believe is special about health in human societies. Foreign policy experts remain skeptical about acting on the foresight of epidemiology in a world where short-term calculations of power and interest dominate state behavior. In the anarchical world of international politics, the shadow of the future does not extend very far, reducing a state’s motivation to solve a problem today that can be left for tomorrow.

The dynamic is also unstable because matching epidemiology with material interests is not easy, and disputes about whether a health risk or problem requires foreign policy attention could occur. In these circumstances, the health concern may be ignored entirely or lumped in with other “merely humanitarian” issues that clutter the “low politics” of international relations. This scenario simply encourages matters to return to the status quo ante, with health and foreign policy specialists operating in separate worlds, neither of which captures the reality of the health-foreign policy relationship in the era of globalization.

#### *Grooving Health as Foreign Policy*

Strategic construction of policy linkages between epidemiology and state interests can mitigate the instability present in the science-politics. Elsewhere I argued that today we are witnessing the emergence of “constitutional outlines” of public health’s new world order.<sup>44</sup> These outlines are governance functions that are developing nationally and globally, and these functions provide channels through which the “health as foreign policy” approach can be more deeply grooved, reducing the volatility that threatens the science-politics dynamic.

These governance functions involve: (1) health and security; (2) health and commerce; (3) health preparedness and response; and (4) human rights scrutiny of

health-related actions. Each function connects to strong interests held by states in the international system, and the functions provide pathways through which epidemiology can influence foreign policy. These functions reflect, in fact, how epidemiology has, in the last ten years, already affected foreign policy because they represent areas in which health's political revolution has been most apparent.

Connecting health problems with the pursuit of national and international security has been an unprecedented development in the health-foreign policy relationship, which has created new territory for the science-politics dynamic. The commerce-health linkage is old, but its long historical pedigree merely underscores how international commerce provides a fertile area for the science-politics dynamic. Health preparedness and response as an area for pursuing "health as foreign policy" directly connects epidemiology and material interests, because preparedness and response capabilities are essential for states to be able to manage health's intersections with security and trade. Another important feature of health's political revolution—human rights—can also be a tool for shaping political responses to health threats in epidemiologically and ethically appropriate ways that serve the national interest.

Systematically targeting security, commerce, preparedness and response, and human rights as ways to groove more deeply the science-politics dynamic is a formidable task that may require structural and procedural changes in how governments conduct foreign and health policy in the future. This observation supports the concern now being shown in international health circles about national "policy coordination and coherency" in areas in which health affects, and is affected by, foreign policy. Concerns about the impact of the new political importance of health on the U.S. Centers for Disease Control and Prevention illustrate, for example, the growing pains of melding science and politics together effectively.<sup>45</sup> Efforts to improve such coordination and coherency are, in essence, endeavors that support the prudence of the "health as foreign policy" strategy.

## CONCLUSION

When asked about the French Revolution's impact, Chinese statesman Chou En-Lai said that it was too early to tell. Perhaps it is also too early to determine the ultimate direction and meaning of health's enigmatic political revolution. This article examined perspectives that interpret this revolution in different, sometimes antithetical ways. I also selected which perspective I believe not only best describes the political revolution but also offers the best prospects for mitigating the volatility seemingly inherent in the relationship between health and foreign policy.

Plotting a path between principle and power is risky, but in the context of health and foreign policy, it is empirically necessary and normatively appropriate. The goal of pursuing "health as foreign policy" is neither health for all nor the balance of power but rather the creation and sustenance of a constructive approach to the relationship of health and foreign policy that avoids being utopian, hegemonic, or irrelevant.

## Notes

<sup>1</sup> For more on this political revolution, see David P. Fidler, "Germs, Norms, and Power: Global Health's Political Revolution," *Law, Social Justice & Global Development*, 2004, no. 1, also available at [www2.warwick.ac.uk/fac/soc/law/elj/ldg/2004\\_1/fidler/](http://www2.warwick.ac.uk/fac/soc/law/elj/ldg/2004_1/fidler/).

<sup>2</sup> N. Howard-Jones, *The Scientific Background of the International Sanitary Conferences 1851-1938* (Geneva: World Health Organization, 1975).

<sup>3</sup> Neville M. Goodman, *International Health Organizations and Their Work*, 2nd ed. (London: Churchill Livingstone, 1971), and David P. Fidler, *International Law and Public Health* (Ardley, NY: Transnational Publishers, Inc., 2000).

<sup>4</sup> Kelly Lee and Anthony Zwi, "A Global Political Economy Approach to AIDS: Ideology, Interests and Implications," in *Health Impacts of Globalisation: Towards Global Governance*, ed. K. Lee (Basingstoke: Palgrave, 2003), 13-32, and Ilona Kickbusch, "Global Health Governance: Some Theoretical Considerations on the New Political Space," in *Health Impacts of Globalisation: Towards Global Governance*, ed. K. Lee (Basingstoke: Palgrave, 2003), 192-203.

<sup>5</sup> John J. Mearsheimer, "The False Promise of International Institutions," *International Security* 19, no. 3 (1994/95): 5-49.

<sup>6</sup> Ernst Haas, *Beyond the Nation-State: Functionalism and International Organization* (Stanford: Stanford University Press, 1964), and Javed Siddiqi, *World Health and World Politics: The World Health Organization and the UN System* (Columbus: University of South Carolina Press, 1995), and Ulysses B. Panisset, *International Health Statecraft: Foreign Policy and Public Health in Peru's Cholera Epidemic* (Lanham, MD: University Press of America, 2000).

<sup>7</sup> Haas, *Beyond the Nation State*.

<sup>8</sup> *National Security Strategy for the United States* (Washington, D.C.: The White House, 2002).

<sup>9</sup> U.S. Department of Health and Human Services, *HHS Factsheet: Biodefense Preparedness*, April 28, 2004, [www.whitehouse.gov/news/releases/2004/04/print/20040428-4.html](http://www.whitehouse.gov/news/releases/2004/04/print/20040428-4.html).

<sup>10</sup> Ben Hirschler, "Call for New 'Manhattan Project' to Fight Bioterror," *Reuters News Service*, Jan. 27, 2005.

<sup>11</sup> Dennis Altman, "Understanding HIV/AIDS as a Global Security Issue," in *Health Impacts of Globalisation: Towards Global Governance*, ed. K. Lee (Basingstoke: Palgrave, 2003), 33-46.

<sup>12</sup> *Report of the UN Secretary-General's High-Level Panel on Threats, Challenges and Change—A More Secure World: A Shared Responsibility* (New York: United Nations, 2004).

<sup>13</sup> *Ibid.* at paragraph 144.

<sup>14</sup> *National Security Strategy of the United States*, and Andrew T. Price-Smith, *Pretoria's Shadow: The HIV/AIDS Pandemic and National Security in South Africa* (Washington, D.C.: Chemical and Biological Arms Control Institute, 2002), and Andrew T. Price-Smith and John L. Daly, *Downward Spiral: HIV/AIDS, State Capacity, and Political Conflict in Zimbabwe* (Washington, D.C.: United States Institute of Peace, 2004), and *The Human Security Challenges of HIV/AIDS and Other Communicable Diseases: Exploring Effective Regional and Global Responses* (New York: Asia Society, 2004).

<sup>15</sup> White House, *Fact Sheet: The President's Emergency Plan for AIDS Relief*, January 29, 2003, [www.whitehouse.gov/news/releases/2003/01/print/20030129-1.html](http://www.whitehouse.gov/news/releases/2003/01/print/20030129-1.html).

<sup>16</sup> Commission on Macroeconomics and Health, *Macroeconomics and Health: Investing in Health for Economic Development* (Geneva: World Health Organization, 2001).

<sup>17</sup> Caroline Thomas, "Trade Policy, the Politics of Access to Drugs and Global Governance for Health," in *Health Impacts of Globalisation: Towards Global Governance*, ed. K. Lee (Basingstoke: Palgrave, 2003), 177-191.

<sup>18</sup> World Health Organization and World Trade Organization, *WTO Agreements & Public Health—A Joint Study by the WHO and the WTO Secretariat* (Geneva: World Health Organization, 2002).

<sup>19</sup> Nick Drager and David P. Fidler, *Managing Liberalization of Trade in Services from a Health Policy Perspective*, Trade and Health Notes No. 1, February 2004, [www.who.int/trade/resource/en/GATSfoldout\\_e.pdf](http://www.who.int/trade/resource/en/GATSfoldout_e.pdf).

<sup>20</sup> World Health Organization, *Global Defence Against the Infectious Disease Threat*, ed. M. K. Kindhauser (Geneva: World Health Organization, 2003).

<sup>21</sup> Global Fund to Fight AIDS, Tuberculosis, and Malaria, at [www.theglobalfund.org/en/](http://www.theglobalfund.org/en/).

<sup>22</sup> White House, *The Millennium Challenge Account*, [www.whitehouse.gov/infocus/developingnations/millennium.html](http://www.whitehouse.gov/infocus/developingnations/millennium.html).

<sup>23</sup> Jason W. Sapsin et al., "SARS and International Legal Preparedness," *Temple Law Review* 77, no. 2 (2004): 155-174.

<sup>24</sup> Africa Action, *Africa's Right to Health Campaign*, [www.africaaction.org/campaign/info.php](http://www.africaaction.org/campaign/info.php).

<sup>25</sup> The reports of the special rapporteur on the right to health can be accessed at [www2.essex.ac.uk/human\\_rights\\_centre/rth/rapporteur.shtml](http://www2.essex.ac.uk/human_rights_centre/rth/rapporteur.shtml).

<sup>26</sup> *Global Defence Against the Infectious Disease Threat*.

<sup>27</sup> Millennium Development Goals, at [www.un.org/millenniumgoals/](http://www.un.org/millenniumgoals/).

<sup>28</sup> Chemical & Biological Arms Control Institute and CSIS, *Contagion and Conflict: Health as a Global Security Challenge* (Washington, D.C.: CBACT & CSIS, 2000), and Jonathan Ban, *Health, Security, and U.S. Global Leadership* (Washington, D.C.: Chemical & Biological Arms Control Institute, 2001), and Sue Petersen, "Epidemic Disease and National Security," *Security Studies* 12, no. 2 (2002): 43-81, and Jennifer Brower and Peter Chalk, *The Global Threat of New and Reemerging Infectious Diseases: Reconciling U.S. National Security and Public Health Policy* (Santa Monica: RAND, 2003), and Kurt M. Cambell and Philip Zelikow, *Biological Security & Public Health: In Search of a Global Treatment* (Washington, D.C.: Aspen Institute, 2003), and Jonathan Ban, "Health as a Global Security Challenge," *Seton Hall Journal of Diplomacy and International Relations* 4, no. 2 (2003): 19-27.

<sup>29</sup> David P. Fidler, "Public Health and National Security in the Global Age: Infectious Diseases, Bioterrorism, and Realpolitik," *George Washington International Law Review* 35, no. 4 (2003): 787-856.

<sup>30</sup> The *New Shorter Oxford English Dictionary* (p. 836) defines "epidemiology" as the "branch of medicine that deals with the incidence and transmission of disease in populations, esp. with the aim of controlling it; the aspects of a disease relating to its incidence and transmission."

<sup>31</sup> Constitution of the World Health Organization, July 22, 1946, in World Health Organization, *Basic Documents*, 40th ed. (Geneva: World Health Organization, 1994), 1-18.

<sup>32</sup> David P. Fidler, "Disease and Globalized Anarchy: Theoretical Perspectives on the Pursuit of Global Health," *Social Theory & Health* 1 (2003): 21-41.

<sup>33</sup> Constitution of the World Health Organization, preamble.

<sup>34</sup> Peter Piot, Keeping the Promise, Speech at the Opening Ceremony of the XIV International AIDS Conference in Barcelona, Spain (July 7, 2002), *quoted in* David P. Fidler, "Racism or Realpolitik? U.S. Foreign Policy and the HIV/AIDS Catastrophe in Sub-Saharan Africa," *Journal of Gender, Race & Justice* 7, no. 1 (2003): 97-146, at 97.

<sup>35</sup> "AIDS Help for Africa 'Grotesque,'" *Toronto Star*, September 23, 2004.

<sup>36</sup> HHS *Factsheet: Biodefense Preparedness* (reporting increase in biodefense spending in 2004 that was 17 times greater than in 2001).

<sup>37</sup> For critical analysis, see Oxfam, *Robbing the Poor to Pay the Rich? How the United States Keep Medicines from the World's Poorest* (Oxfam Policy Briefing No. 56, November 2003).

<sup>38</sup> Central Intelligence Agency, Sub-Saharan Africa: Implications of the AIDS Pandemic, SNIE 70/1-87 (June 1987).

<sup>39</sup> Richard G. A. Feachem, "AIDS Hasn't Peaked Yet—And That's Not the Worst of It," *Washington Post*, January 12, 2003, at B03.

<sup>40</sup> Institute of Medicine, *America's Vital Interest in Global Health* (Washington, D.C.: National Academy Press, 1997).

<sup>41</sup> World Health Organization, "The World Health Organization Says That Tobacco is Bad Economics All Around," Press Release, May 31, 2004, [www.who.int/mediacentre/news/releases/2004/pr36/en/](http://www.who.int/mediacentre/news/releases/2004/pr36/en/).

<sup>42</sup> On global public goods for health, see Richard Smith et al., eds., *Global Public Goods for Health: Health Economic and Public Health Perspectives* (Oxford: Oxford University Press, 2003).

<sup>43</sup> Thucydides, *History of the Peloponnesian War* (R. Warner, trans.) (New York: Penguin Books, 1954), 400-408.

<sup>44</sup> David P. Fidler, "Constitutional Outlines of Public Health's 'New World Order,'" *Temple Law Review* 77, no. 2 (2004): 247-289.

<sup>45</sup> Rob Stein, "Internal Dissension Grows as CDC Faces Big Threats to Public Health," *Washington Post*, March 6, 2005, at A09.