

# Health security in the European Union

Agents, practices and materialities of securitization

Louise Bengtsson



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**Louise Bengtsson**

Academic dissertation for the Degree of Doctor of Philosophy in International Relations at Stockholm University to be publicly defended on Wednesday 5 June 2019 at 09.00 in Nordenskiöldsalen, Geovetenskapens hus, Svante Arrhenius väg 12.

### Abstract

Over the past two decades, the notion of ‘health security’ has emerged as a central tenet of European Union (EU) public health policy. This PhD thesis examines the rise and implications of health security cooperation, associated with an imperative to fight ‘bioterrorist attacks’, pandemics and other natural or man-made events. The study is composed of an introductory chapter as well as five related but self-contained papers, based on participant observation and 52 in-depth interviews at the European Commission as well as the European Centre for Disease Prevention and Control (ECDC). More specifically, the thesis as a whole explores how security perspectives mattered in different ways for the rise and implications of health security cooperation in the EU. Unlike previous studies which have tended to focus on normative aspects and overarching global dynamics, the thesis examines drivers, contradictions and tensions in a particular, highly institutionalized context. In order to answer a set of empirically motivated questions, the papers draw on various understandings of securitization in critical security studies. The over-all findings cast light on the emergence of a new way of understanding health problems as rapidly emerging, and often external, ‘cross-border threats to health’. The latter may include major infectious disease outbreaks, but also deliberate or accidental release of chemical or biological substances, natural disasters or any other unknown event assumed to threaten not only public health but society as a whole. In the search for potential crises, these are to be rapidly detected and contained rather than prevented in line with traditional public health policy. Partly arising from political speech acts after September 11 as well as bureaucratic practices carving out a role for the EU in public health, these new priorities have also been shaped by EU-specific digital surveillance tools, information sharing platforms and methodologies for managing risk. The findings also point to forms of reflexivity and instances of contestation within the EU institutions themselves, especially in relation to migrant health. As a whole, the thesis thus contributes empirically to a better understanding of how both health and security have come to be pursued within the EU institutions. Theoretically it highlights how approaches to securitization, drawn from partially different scholarly traditions, can be employed as empirically sensitive analytical tools and thereby add to a better understanding of the full prism of securitization processes.

**Keywords:** *Health security, securitization, critical security studies, European Union, public health.*

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## **Publications included in the PhD thesis**

This PhD thesis consists of one introductory chapter – “Introduction” – and five related, but self-contained papers with partly separate research design and independent findings. The Introduction frames the general contribution of the thesis as a whole and reflects on how the papers relate to each other. Three of the papers have been published in peer reviewed journals, one is due to be published as part of an edited book volume and a final one is a conference paper not yet submitted for publication:

### **Paper 1**

Bengtsson, L. & Rhinard, M., 2019. Securitisation across borders: the case of ‘health security’ cooperation in the European Union. *West European Politics*, 42(2), pp.346–368.

### **Paper 2**

Bengtsson, L., 2018. Desecuritizing migrant health – Eurocratic practices between rearticulation, resistance and silencing. Paper presented at the *Annual convention of the International Studies Association (ISA)*, San Francisco, 2018.

### **Paper 3**

Bengtsson, L., forthcoming. Which crisis? The promise of standardized risk ranking in the field of infectious disease control. In O. E. Falnes Olsen et. al., eds. *The Standardization of Risk and the Risk of Standardization*. London: Routledge.

### **Paper 4**

Bengtsson, L., Borg, S. & Rhinard, M., 2018. European security and early warning systems: from risks to threats in the European Union’s health security sector. *European Security*, 27(1), pp.20–40.

### **Paper 5**

Bengtsson, L., Borg, S. & Rhinard, M., 2019. Assembling European health security: Epidemic intelligence and the hunt for cross-border health threats. *Security Dialogue*, 50(2), pp.115–130.

## Abstract

Over the past two decades, the notion of ‘health security’ has emerged as a central tenet of European Union (EU) public health policy. This PhD thesis examines the rise and implications of health security cooperation, associated with an imperative to fight ‘bioterrorist attacks’, pandemics and other natural or man-made events. The study is composed of an introductory chapter as well as five related but self-contained papers, based on participant observation and 52 in-depth interviews at the European Commission as well as the European Centre for Disease Prevention and Control (ECDC). More specifically, the thesis as a whole explores how security perspectives mattered in different ways for the rise and implications of health security cooperation in the EU. Unlike previous studies which have tended to focus on normative aspects and overarching global dynamics, the thesis examines drivers, contradictions and tensions in a particular, highly institutionalized context. In order to answer a set of empirically motivated questions, the papers draw on various understandings of securitization in critical security studies. The over-all findings cast light on the emergence of a new way of understanding health problems as rapidly emerging, and often external, ‘cross-border threats to health’. The latter may include major infectious disease outbreaks, but also deliberate or accidental release of chemical or biological substances, natural disasters or any other unknown event assumed to threaten not only public health but society as a whole. In the search for potential crises, these are to be rapidly detected and contained rather than prevented in line with traditional public health policy. Partly arising from political speech acts after September 11 as well as bureaucratic practices carving out a role for the EU in public health, these new priorities have also been shaped by EU-specific digital surveillance tools, information sharing platforms and methodologies for managing risk. The findings also point to forms of reflexivity and instances of contestation within the EU institutions themselves, especially in relation to migrant health. As a whole, the thesis thus contributes empirically to a better understanding of how both health and security have come to be pursued within the EU institutions. Theoretically it highlights how approaches to securitization, drawn from partially different scholarly traditions, can be employed as empirically sensitive analytical tools and thereby add to a better understanding of the full prism of securitization processes.

## Sammanfattning på svenska

Sedan början av 2000-talet har begreppet 'hälsosäkerhet' kommit att benämna samarbete kring nya prioriteringar som rör bl.a. 'bioterrorism', pandemier och andra skeenden. Avhandlingen studerar framväxten av hälsosäkerhet som ett nytt fokusområde inom EU:s institutioner och konsekvenserna av denna utveckling. Studien, som består av fem fristående papper samt en kapp, baseras på deltagande observation och djupintervjuer med 52 experter på EU-kommissionen samt EU:s myndighet för förebyggande och kontroll av sjukdomar (ECDC). Fokus i papperna läggs på delvis separata, empiriskt drivna frågeställningar som alla rör hur säkerhetsperspektiv på olika sätt genomsyrat denna process. Till skillnad från tidigare studier som ofta betonat normativa frågeställningar och övergripande dynamiker som rör hälsosäkerhet på global nivå, är syftet med avhandlingen att greppa de drivkrafter, spänningar och motsättningar som präglar en specifik och i hög grad institutionaliserad kontext. För att svara på empiriska frågeställningar som rör agendan kring hälsosäkerhet och dess konsekvenser inom EU-samarbetet, använder sig papperna av säkerhetsisering som ett flexibelt analysverktyg med utgångspunkt i olika teoretiska traditioner. Resultaten i avhandlingen som helhet belyser idén om ständigt överhängande 'gränsöverskridande hälsohot', oavsett om dessa härstammar från infektionssjukdomar, spridning av biologiska eller kemiska stridsmedel, naturkatastrofer eller olyckor, som central för samarbetet inom EU. Gemensamt för denna typ av hot är att de antas hota inte bara folkhälsan men också samhället i stort. Utöver politiska uttalanden bl.a. efter 11 september liksom beteenden inom byråkratin för att legitimera EU:s roll inom hälsoområdet har även EU-specifika tekniska verktyg, plattformar för informationsdelning samt metoder för riskanalys varit avgörande för utvecklingen. Konsekvensen är ett nytt fokus på att tidigt identifiera och omintetgöra vad som förstås som hastigt uppkommande, ofta externa, potentiella hälsokriser. Detta kan ställas i kontrast till traditionell folkhälsopolitik för att förebygga faktisk förekommande sjukdomsbördor mot bakgrund av miljömässiga eller sociala faktorer. Samtidigt träder en mångsidig dynamik inom EU-institutionerna fram, då den nya agendan kring hälsosäkerhet också gett upphov till självreflektion och visst motstånd, speciellt i relation till migranternas hälsa. Som helhet bidrar avhandlingen empiriskt till en djupare förståelse hur synen på både hälsa och säkerhet kommit att förändras inom EU-institutionerna. Det teoretiska bidraget består i att tydliggöra hur säkerhetsisering, förstått utifrån delvis olika forskningstraditioner, kan användas som ett flexibelt och kontextbundet analysverktyg.

## Acknowledgements

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2. Desecuritizing migrant health – Eurocratic practices between rearticulation, resistance and silencing
3. Which crisis? The promise of standardized risk ranking in the field of infectious disease control
4. European Security and Early Warning Systems: From risks to threats in the European Union’s health security sector
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## List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ANT	Actor Network Theory
BSE	Bovine Spongiform Encephalopathy
CBRN	Chemical, Biological, Radiological and Nuclear
CDC	US Centres of Disease Control and Prevention
CEN	European Committee for Standardization
CSO	Civil Society Organization
DG ECFIN	Directorate-General for Economic and Financial Affairs
DG HOME	Directorate-General for Migration and Home Affairs
DG SANTE	Directorate-General for Health and Food Safety
EC	European Community
ECB	European Central Bank
ECDC	European Centre for Disease Prevention and Control
E. coli	Escherichia Coli
EFSA	European Food Safety Authority
EI	Epidemic Intelligence
EOC	Emergency Operations Centre
EPIET	European Programme for Intervention Epidemiology Training
EU	European Union
EWRS	Early Warning and Response System for infectious diseases
EWS	Early Warning System
FRONTEX	European Border and Coast Guard Agency
GHSI	Global Health Security Initiative
GOARN	Global Outbreak Alert and Response Network
GPIN	Global Public Health Intelligence Network
HEOF	EU Health Emergency Operations Facility
HIV	Human Immunodeficiency Virus
IHR	International Health Regulations
IR	International Relations
ISA	International Studies Organization
ISO	International Organization for Standardization
IPS	International Political Sociology
JRC	Joint Research Centre
MCDA	Multi-criteria Decision Analysis
IMF	International Monetary Fund
MediSys	EU Medical Information System
RAS-BICHAT	Rapid Alert System for Biological and Chemical Threats
SARS	Severe Acute Respiratory Syndrome
STS	Science and Technology Studies
TB	Tuberculosis
TFEU	Treaty on the Functioning of the European Union
UN	United Nations
UNISDR	The United Nations Office for Disaster Risk Reduction
WHO	World Health Organization

## Introduction

We have to be vigilant, efficient and effective, because a lot depends on us. European governments understand that as infectious diseases know no borders, there is a constant need for surveillance and assessment of risks to provide a strong and reliable line of defence for all Europeans. (Mark Sprenger, Director of the European Centre for Disease Prevention and Control, 2014)

On 22 October 2013, the EU adopted a new piece of legislation to protect citizens against large scale pandemic outbreaks and other ‘serious cross-border health threats’. As reflected in the quote above by the head of the EU agency for infectious disease control (ECDC), this new framework enshrined and further paved the way for a new dimension of the European security landscape. Notably, outbreaks of infectious diseases were to be bundled together with ‘bioterrorism’ as well as chemical or environmental incidents as a new category of threats to European societies. The fact that mosquitoes carrying the Zika virus, terrorists releasing hazardous bacteria and volcanic ash emitted into the sky are now increasingly treated as similar threats constantly looming around the corner, stands in contrast with traditional public health policies. Over the past two decades, the urgency to detect and contain what are thought of as cross-border health threats has arguably become an important aspect and even *raison d’être* of European health cooperation. This new priority is now enshrined in the workings of both the European Commission’s Directorate General for Health (DG SANTE)<sup>1</sup> as well as its agency European Centre for Disease Prevention and Control (ECDC)<sup>2</sup> under the banner of ‘health security’.

Just like other novelties in the European security landscape such as homeland security, climate security, energy security and so on, developments related to health security are entangled with broader global dynamics. The emergence of health security as a priority within European health cooperation is thus partly related to its rise in global health governance. In this regard, a constant state of alert to external ‘health threats’, initially associated mainly with infectious disease emerging in developing countries, has been promoted since the early 1990s by the US government and its allies (King 2002). Already in 2000, the HIV/AIDS epidemic

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<sup>1</sup> DG SANTE or DG Health and Food Safety (until 2014 known as the Directorate-General for Health and Consumers, DG SANCO) is the European Commission’s department responsible for EU policy on food safety and health. It employs over 900 staff and its policy units are located in Brussels and Luxembourg.

<sup>2</sup> The European Centre for Disease Prevention and Control (ECDC) is an independent EU agency that started operating in 2005, with the aim to strengthen Europe’s defence against infectious disease. It is seated in Solna, Sweden, and has around 300 employees.



was declared a threat to international peace and security in the UN Security Council's resolution 1308. It was not until the deadly anthrax bacteria sent to US senators and media offices just after September 11 however, that the notion of health security became a term of reference in practitioner communities. The agenda associated with this concept was further expanded and developed following a range of 'health crises' such as the SARS outbreak in 2003 and the pandemic swine flu in 2009 (Elbe 2010; Kamradt-Scott & McInnes 2012; Davies 2008; Weir 2012). Priorities associated with health security are now entrenched in the so-called Global Health Security Initiative (GHSI)<sup>3</sup> as well as the US and Canadian-induced World Health Organization (WHO) reforms in 2005. The latter expanded the organization's mandate and set out national responsibilities in terms of preparedness, surveillance and reporting of infectious disease under the International Health Regulations (IHR) (Davies 2008; Weir & Mykhalovskiy 2012).

The emergence of health security as a new global set of priorities during the last two decades has also inspired a new avenue for scholarship in Global Health Studies and, to a lesser extent, in International Relations (IR). A major thrust of this literature has been to assess the possible normative implications of this new agenda. As an example, a common finding has been that the focus on health security has led to an unjustifiable emphasis on exceptional events with a potential of reaching Western countries, that may detract attention from other more prevalent health problems and their prevention (Elbe 2006; Davies 2008; McInnes & Lee 2012). Yet, how exactly the security dimension mattered for these developments, given the particular conceptual luggage and sometimes exclusionary implications associated with security governance, is still under-explored when it comes to studies of global health security in IR and Global Health Studies. In a few existing contributions examining the link to security governance the findings have, rather speculatively, emphasized a risk of disproportionate feelings of fear and potential of stigmatization of infected individuals (Elbe 2006; Sjöstedt 2008; McInnes & Rushton 2013; Enemark 2009). In the few accounts that have explored health security from a critical perspective (see Elbe 2010; Roberts & Elbe 2017; Elbe et al. 2014; Nunes 2013), the latter is often treated as an over-arching global discourse with little attention given to how it plays out in particular locations or institutions.

The above-mentioned scholarly debates on health security, directly or indirectly questioning the implications of this new shift in global health governance, gave rise to my own

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<sup>3</sup> The GHSI was initiated after the anthrax attacks in 2001 and comprises the G7 countries as well as Mexico.

empirical curiosity but also a sense of mismatch in relation to the EU context. The need to empirically investigate the multifaceted ways in which health security mattered in particular contexts became increasingly evident as I delved into the densely institutionalized environments of the EU institutions. Through early access and field work at the European Commission's Directorate General for Health (DG SANTE) as well as the ECDC, it became clear that EU health security cooperation harbored a range of curiosities not captured by existing accounts of global health security governance. As an example, EU-specific institutions, professional communities and IT-tools seemed to both shape and justify developments in hitherto unprecedented ways. At the same time, pockets of reluctance towards the new set of priorities associated with health security within the EU institutions themselves also became apparent. When it came to intersections of health security cooperation and migration policies against the backdrop of the European migration crisis, EU public health officials even seemed to engage in efforts to limit the reach of health security priorities, to prevent that migrants were framed as threats to European public health and security.

Indeed, the initial findings of this study, derived from close engagement with a particular empirical context, seemed only partially in line with the wider academic 'diagnosis' that had previously been ascribed to global health security governance. This partial dissonance of the EU context with commonplace assumptions about global health security spurred what is first and foremost an empirical but theoretically informed motivation of this thesis. In order to answer the various questions that emerged, I turned to a parallel exploration of theoretical tools in critical security studies. It is worth emphasizing here that as a result, the five papers of this thesis draw on slightly different analytical perspectives in order to answer particular, empirical questions. Reflecting different ways of employing securitization as an analytical tool, the papers of the thesis all pose their own research questions relating to certain angles of the same empirical context. The overarching motivation guiding the thesis as a whole however was related to how and with which consequences security perspectives have come to matter for health cooperation in the EU, and what the drivers, contradictions and tensions of this process have been.

While the theoretical and methodological aspects of the different papers will be further outlined below, it is worth highlighting that Paper 1 started with a framework drawing on a modified approach to securitization theory of the so-called Copenhagen School, emphasizing joint speech acts by member states and the EU institutions. I then turned to sociological perspectives found in critical security studies in three subsequent papers, emphasizing bureaucratic practices as co-constitutive of EU health security cooperation. This was followed

by a fifth paper drawing on so-called new materialist perspectives and Actor-Network-Theory, bringing out the role of non-human drivers in securitization processes. Each of the papers thus contain their own respective research questions, analytical commitments and reflections as to the value of the different analytical tools employed.

In terms of the empirical contribution and findings, the papers of the thesis trace the multifaceted nature of EU health security cooperation through in-depth studies of a particular, so far under-explored institutional environment. Whereas a rich literature has developed on health security in the UN and WHO context, few accounts so far focus specifically on the developments within the EU institutions (for exceptions covering the securitization of pandemic influenza see Kittelsen 2009; Elbe et al. 2014). Apart from the specific findings of each paper, the contribution of the thesis as a whole casts light on the emergence of a new way of understanding health problems within the EU institutions as external, rapidly emerging ‘cross-border threats to health’ from a range of origins beyond infectious disease. In the search for potential crises, this understanding holds, the latter are to be rapidly detected and contained rather than prevented through attention to root causes in line with traditional public health policy. Emerging from speech acts after September 11 as well as bureaucratic practices carving out a role for the EU in public health in an otherwise restrictive legal framework, these new priorities have also been shaped by EU-specific digital surveillance tools, information sharing platforms and methodologies for managing risk. Here, the findings indicate that these tools in themselves have been important drivers of securitization and played a crucial role in how threats and risks have come to be articulated and pursued. The findings moreover point to instances of bureaucratic reflexivity, reluctance and outright contestation within the EU institutions themselves. As an example, the results suggest that bureaucrats acted in highly reflexive ways, for instance by inventing new methodologies challenging prevailing approaches to how health threats are conceived. Officials of the ECDC and DG SANTE also engaged in determined practices to separate migrant health from the priorities associated with health security. Occasionally, the benefits of the entire agenda of health security itself was questioned and contrasted with parallel but weaker mandates to work on burdens of disease from a long-term perspective, e.g. those emphasizing prevention, social inequalities and environmental factors. As a whole, the thesis thus contributes empirically to a better understanding of how both health and security have come to be understood and pursued within the EU institutions, including the complexities therein.

When it comes to the theoretical contribution this thesis highlights how various approaches to securitization, drawn from partially different scholarly traditions in critical

security studies, can be employed as flexible and empirically sensitive analytical tools. The aim of this introductory chapter is thus not to set out an over-arching theoretical framework that was or can be employed to understand health security cooperation in the EU. Rather, the aim of the sections below is to bring additional transparency to how the analytical assumptions underpinning each paper of the thesis differ, while opening up a discussion highlighting how these various angles of analysis ultimately add to a deeper understanding of the empirical phenomenon. The papers also contain discussions of proposed innovations to the analytical tools employed, which can be found mainly in the conclusion of each paper. Broadly speaking, the papers of the thesis pursue different, theoretically informed empirical puzzles that, taken together, can help us grasp the full prism of securitization processes in European health cooperation.

### **Health Security in the broader literature**

In this section I review the existing literature on health security as a new priority in international cooperation, which has mainly been studied from the vantage point of scholars broadly associated with Global Health Studies and a handful of contributions in the field of International Relations (IR). After some comments on the limitation of the existing literature for understanding how and to what consequences security perspectives have mattered in global health governance and infectious disease control, I suggest that different analytical tools are needed to better understand such processes and their implications.

In terms of broader scholarly debates, the rise of health security as a priority in IR has above all been addressed by the related scholarly field of Global Health Studies. The latter intersects with, but is partly separate from, the broader discipline of IR. While the metatheoretical assumptions underpinning these accounts range from a more policy-oriented focus to a constructivist IR orientation, the existing literature has mainly taken an interest in the emergence of health security as a new priority resulting in a focus on emerging infectious disease, pandemics, ‘bioterrorism’ and communicable disease control more broadly (McInnes & Lee 2012; Enemark 2009; Weir 2012; Davies et al. 2015; Fidler & Gostin 2007; Kamradt-Scott & McInnes 2012; McInnes et al. 2012; Davies 2008).

What motivates many studies of health security in Global Health Studies is that the new notion of health security is assumed to matter normatively for the kind of policies pursued. Indeed, a large number of accounts are inspired by a perceived need to address the possible

‘positive’ or ‘negative’ implications of this new agenda in global health governance. Christian Enemark, for instance, has drawn attention to the allegedly problematic gap in terms of widespread fear in public risk perception in proportion to the (low) risk of contracting pandemic influenza (Enemark 2009). The perception that suffering and mortality will be sudden rather than incremental, involuntary rather than self-induced, and most importantly unknown in terms of its occurrence was found to contribute to this gap (Enemark 2009). Enemark also found that health security framings have been used to draw attention and resources to pandemic outbreak response, but that policies focused on security of particular states come with disadvantages as to international cooperation on long-term needs (Enemark 2009, p.197). In line with this finding, the shift towards health security as a new set of priorities in global health governance has also been said to produce a focus on a few infectious diseases that threaten to reach the West, detracting attention from broader patterns of health problems and prevention (Davies 2010; McInnes & Lee 2012). A questionable North-South conflict as an in-built aspect of global health security cooperation has been suggested in findings by Melissa Curley and Jonathan Herington (2011), who describe how the Indonesian government refused to share virus samples for the development of medical counter measures under the WHO health security regime. As a rationale, the country claimed that the rights to the samples would be used to serve the interests of US and European pharmaceutical companies rather than its own citizens (Curley & Herington 2011).

As outlined above, accounts in Global Health Studies have thus focused on the possible normative implications of health security as a new set of global priorities, with only few approaching the question of what difference security perspectives have made to this dynamic in particular contexts. At best, global health security is treated as one of several possible framings of health issues in global governance. As an example, Colin McInnes et. al. have explored the security frame as one alongside other possible framings in global health governance, such as an ‘evidence-based medicine’ frame, a ‘human rights’ frame, an ‘economics’ frame and a ‘development’ frame (McInnes & Lee 2012; McInnes et al. 2012). According to Colin McInnes and Kelly Lee, these frames matter for how health policies are pursued, in the sense that they are ‘based on a set of norms, privileges certain ideas, interests and institutions’ (McInnes & Lee 2012, p.18). Other accounts have examined the origins of health security as a new global paradigm, developing from a US/Canadian initiative amplified by the WHO, which centered global health governance around new surveillance networks based on the idea of emerging infectious disease from developing countries as threats to the West (King 2002; Weir & Mykhalovskiy 2012).

Only a few accounts drawing on constructivist traditions in IR have tried to remedy the gap of analytical attention given to the difference that varying security perspectives make in health governance. Some have done so by applying explanatory frameworks from the so-called Copenhagen School of securitization studies (see theory section below for an overview). Rather than taking an interest in international cooperation on global health security, these studies have drawn on the concept of securitization in order to detect shifts in national political discourse. As an example Roxanna Sjöstedt found that the sudden securitization of HIV/AIDS in Russia, after a long period of silence despite rising levels, could be explained by norms and national identity formation internalized by political leaders (Sjöstedt 2008). Securitization as an analytical tool has also been used by IR scholars to highlight the normative advantages and disadvantages of securitizing health. Here, Elizabeth Wishnick found that desecuritizing SARS and avian influenza in a Chinese context contributed to cover ups rather than adequate risk management (Wishnick 2010). The early work of Stefan Elbe about the normative implications of securitizing HIV/AIDS, such as potential stigmatization, can also be understood as belonging to this stream of literature (Elbe 2006).

In short, while Global Health Studies have provided better insights into global health security as a US and Canadian-born initiative spreading through the framework of the UN organizations, only a few contributions have paid attention to how security perspectives mattered in particular contexts. When scholarship did so, the contributions were limited to a discussion, often of somewhat speculative nature, around its advantages and disadvantages. The few existing studies from an IR constructivist perspective moreover have paid poor attention to global health security as a new set of priorities, while remaining trapped in the fixed understanding of security that is characteristic of securitization theory. In order to find studies that trace how global developments may have fundamentally changed the way we understand health but also security itself, one has to turn to accounts in critical security studies.

In the heterogenous field referred to as critical security studies, a small but growing body of literature has emerged mainly thanks to Joao Nunes's and Stefan Elbe's more theoretically informed work on global health security (Elbe 2010; Nunes 2013). These accounts address the struggle over the meaning of both security and health, while highlighting the possibility of opening up space for other perspectives. From such a critical analytical angle, this work has provided better insight as to how the meaning and implications of health security is co-constituted by fear-based discourse and security practices (Nunes 2013; Elbe 2010). These processes are understood by Elbe and Nunes as inherently political, underpinned by power relations and expertise pertaining to different professional communities. Both Nunes and Elbe

thus go beyond the focus in previous studies on ‘positive’ or ‘negative’ implications of security framings or global health security as a new global agenda, by exploring how the prism of security frames and is framed by health problems in different ways. Most importantly, the problematization of health issues as security concerns, according to Elbe’s findings, has also started to change the way we understand security and how it is pursued globally (Elbe 2010). This shift is conceptualized by Elbe as a ‘medicalization’ of security, taking its expression in a sense of microbial unease and felt need to intervene against an array of epidemics. More specifically, this logic is also reflected in a rise of public health professionals in security governance and a pursuit of security reminiscent of medical interventions to cure ‘illnesses’ in the international system. Using metaphors of vaccination and surgery, the ‘fixing’ of security problems has thus allegedly taken a new meaning according to Elbe (Elbe 2010). In later work, the same author has also examined other aspects of this shift including preemptive and algorithmic logics, through which technologies of big data and therapeutic interventions such as mass-vaccinations entrench new kinds of security problems (Roberts & Elbe 2017; Elbe et al. 2014). Other critical contributions on health and security have explored the extension of counter-radicalization initiatives through big data and surveillance by national health services (Heath-Kelly 2017) as well as the role of psychology and psychiatry in global security governance (Howell 2011).

More importantly, Nunes’s work adds to Elbe’s account by highlighting in detail which kind of fear-based understanding of health has come to dominate in global health governance (Nunes 2013). This discourse, according to Nunes’s findings, is partly rooted in old colonial imageries of exotic ‘emerging infectious diseases’ from the developing world (Nunes 2013, p.77) and the figure of the migrant as a carrier of dangerous disease (Nunes 2013, p.84). In opposition to this understanding of health security, a reconstructive argument is proposed by Nunes by drawing on ideas of security as emancipation from the so-called Welsh School of critical security studies (Nunes 2013, p.123). Nunes holds that alternative agendas can serve this purpose if they avoid the pitfalls of fear-based understandings of health and security, address vulnerabilities and carry transformative potential (Nunes 2013, p.121).

While both Elbe’s and Nunes’s work touches upon global health security as a new set of priorities in health governance, the accounts treat developments as an over-arching global logic at the expense of empirical richness nested in particular contexts. If a certain discourse under the banner of health security has changed how health and security problems are being perceived across the world, how is this played out in particular, institutionalized environments? Do the reasons for and implications of such dynamics vary in different empirical contexts, and

how does this matter for the way in which health is problematized? How has this new agenda been received and shaped by the bureaucracies implicated? In order to access tools that can answer such questions, this thesis turns to the broader literature in critical security studies.

## **Theoretical considerations**

The empirically motivated but theoretically informed questions in the respective papers of this thesis can be boiled down to an overarching purpose of the PhD project, namely to examine *how and with which consequences security perspectives have come to matter for health cooperation in the EU, and what the drivers, contradictions and tensions of this process have been*. Partly because the particular enquiries in each paper are empirically motivated, the papers draw on different theoretical strands and also contain independent theory and methodology sections. The purpose of the following part of this introduction is therefore *not* to set out a theoretical framework that was applied across all papers or conclude that one analytical approach was more useful than another. Rather, it aims to bring better clarity as to how exactly the analytical commitments differ between the papers.

In the section below, I outline the scholarly traditions that have contributed to the analysis in the thesis. In the section below, I first comment shortly on the relation of my work to the broader field of IR and European Studies. I then turn to the Copenhagen School of securitization followed by a longer outline of how later strands in critical security studies were drawn upon in the papers of the thesis.

### *The relation to IR theories and European Studies*

The discussions about theory benefit from some brief comments on how the thesis and critical security studies in general relate to the broader field of IR and European Studies. In a very general sense, the empirical focus on the EU institutions provides for some intersection with the field of European Studies, especially since the latter has increasingly been permeated by IR theory and to some extent critical security studies. A common starting point for discussion when it comes to IR theory is the illusive theoretical label of constructivism, sometimes erroneously understood only as another ‘ism’ alongside realism and liberalism in conventional IR theory. On a meta-theoretical level however, a range of different scholarly traditions are present under the umbrella of constructivism in IR. Typically, what can be referred to as a ‘weak program’ as opposed to a ‘strong program’ of constructivism in Emanuel Adler’s definition (Adler 2011)



can be seen as adhering to ‘traditionalist’ research agendas in security studies in the sense that it employs positivist epistemology focused on, for instance, explanation of the causes of state behavior (Buzan & Hansen 2009, p.192). The research puzzle in this form of constructivism is often limited to probing explanatory value of theories or factors in order to establish causal relations. As an example, mainstream applications of securitization theory have interpreted speech acts, audience acceptance and policy outcomes as causal factors, often requiring certain scope conditions (Guzzini 2011; Gad & Petersen 2012). None of the papers in this thesis adheres to this strand, although causality claims loosely understood underpin the research design in the Paper 1.

Until recently, what I refer to in this introduction as a ‘weak programme’ of constructivism dominated not only the mid-range theory of constructivist approaches in IR but also the way in which security was studied by scholars of European integration. It was thus often held by critical security scholars that the field of European Studies had not been able to fully explore how new issues come to be articulated as security concerns and to what effects (Van Munster 2009, p.3). According to some, this may no longer be true due to a much acclaimed ‘critical turn’ in EU studies (Manners & Whitman 2016). In some ways, this alleged turn has opened up European Studies (although not always labelled as such) to various alternative theoretical approaches closer to the meta-theoretical tradition of ‘strong’ constructivism. This includes a practice-turn (Adler-Nissen 2016), a vast amount of scholarship from an International Political Sociology (IPS) perspective (Neal 2009; Bigo 2013; Van Munster 2009) as well as poststructuralist discourse analysis (Diez 1999). Some of this work can be understood as derived from the broader field of both IR and critical security studies in particular. As will be outlined below, scholarship addressing the context of European cooperation from an IPS and/or practice perspective has been employed in Papers 2-4 of the thesis. Paper 5 on the other hand draws on scholarship from yet another tradition not associated with constructivism, namely so-called new materialism. More recently, scholarly work with such analytical commitments has gained ground in critical IR but also in a European Studies context (Jeandesboz 2016; Bellanova & Duez 2012). In the section below, the differences between these analytical approaches and the reasons for employing them in this thesis in order to answer empirical questions will be briefly introduced. The section should be read, however, against the background of the extensive discussions on theory and research design that can be found in each paper of this thesis.

*Securitization theory and insights from critical security studies*

The theoretical strands drawn upon in this thesis are best outlined against the background of securitization theory as originally conceived. While the vast body of literature inspired by Barry Buzan, Ole Wæver, and Jaap de Wilde's theoretical innovation (Buzan et al. 1998) includes applications that can claim to be critical, the relation of the original Copenhagen School framework to critical security studies is not straight forward. Ultimately, it of course depends on how the framework is employed and how one defines 'critical'. While the founders of the so-called Copenhagen School were ambiguous about its theoretical home, the perspective is often allocated some form of space in critical security studies textbooks (Peoples & Vaughan-Williams 2014)

Nevertheless, the Copenhagen School framework of securitization (Buzan et al. 1998) can be understood as the point of departure for the over-all enquiry of the thesis. As argued by Petersen and Gad, the open nature of the original theory has proved to be very fruitful, but more than anything it has also cross-fertilized with various theoretical approaches of differing meta-theoretical foundations (Gad & Petersen 2012). Throughout the thesis, the evolving understanding of securitization in different analytical traditions can thus be understood as a constant reference point for my work. While the original framework by Buzan et al., is drawn on and added to in a theoretical model of 'collective securitization' in Paper 1, the rest of the papers employ the notion of securitization more loosely as an analytical tool, first from a sociological and later from a new materialist perspective.

Generally, the notion of securitization has been enormously influential as a challenge to the prevailing traditionalist understandings in security studies, which saw security politics as objective responses to threats 'out there'. The common-place understanding of the original Copenhagen School sets out a framework in which the performativity of speech acts at political level paves the way for exceptional measures by political leaders (Buzan et al., 1998: 24). The implications of securitization is thus that an issue can be brought out of the ordinary political sphere by uttering the word 'security', which enables states of exceptionalism (Buzan et al. 1998, pp.24–27). In other words, through designating something a security threat in political discourse, political leaders can open up avenues for measures that may otherwise not have been justifiable. In order to be successful, however, the framework posits that such a 'securitization move' has to be accepted by its audience (Buzan et al. 1998, pp.24–27). The question of agency implied in the Copenhagen School framework is often criticized for its limitation to political elites and defined moments when those engage in threat-based speech acts. Through a revised version of the securitization framework, Paper 1 of this thesis traces how EU member states and the European Commission, after the 9/11 attacks and diffusion of lethal anthrax spores that

followed, engaged in high level discourse that would pave the way for new kinds of policies under the banner of health security. The paper adds to the original Copenhagen School framework in that it traces how securitization in highly institutionalized environments can be linked to a collective and gradual shift in discourse, rather than unilateral moment of one particular speech act. In addition, the role of bureaucracy and professional practices more broadly turned out highly important in the securitization process examined in Paper 1 and was highlighted as an avenue for further theoretical refinement.

In particular moreover, the findings in Paper 1 opened up new empirical questions relating to bureaucratic practices shaping, but also challenging the agenda of health security. In order to examine such empirical puzzles, it became necessary to draw on traditions rooted more firmly in critical security studies and recent developments in this field. Such enquiries were related to the tensions surrounding the intersection of health security with migrant health (Paper 2), the use of new risk ranking methodologies implicitly questioning the prevailing understanding of health threats (Paper 3) as well as security practices relating to the use of early warning systems in the EU (Paper 4).

As already mentioned, beyond the orthodox understanding of the original Copenhagen School framework, the notion of securitization itself may be seen as compatible with different meta-theoretical traditions (Stritzel 2007; Guzzini 2011; Gad & Petersen 2012). To some extent, the heritage of the original Copenhagen School may now to a great extent be seen as absorbed by the growing but heterogenous field of critical security studies (C.a.s.e Collective 2006). The assumption that there is a 'field' of critical security studies and what the word 'critical' really means in this context of course needs some unpacking. However, at its very basic common denominator, scholarship in critical security studies may be said to come down to being 'critical of a methodological position that assumes the fixity of objects to be secured' (Fierke 2015, p.5). A shared concern of most critical work is thus that it poses the question both about *what* security is and *how* it should be studied (Fierke 2007). In this sense, Fierke claims that in mainstream IR scholarship, politics and security occupy two different spheres as properties of the state. With a critical approach, politics is instead understood as a process of contestation over, for instance, the meaning of security (Fierke 2015, p.5). The task of the researcher thus becomes that of tracing the construction of the politics-security nexus in certain contexts. In this sense, we may understand critical approaches as scholarship that aims to 'remove the blinders, reveal the taken-for-granted assumptions, and open up a larger space for imagining different worlds' (Fierke 2007, p.8). Many scholars in critical security studies also take as their starting point Robert Cox's famous distinction between 'problem solving' and

‘critical theories’ (Cox 1981). If the former takes the world as it is by pursuing particular analytical endeavours, critical scholarship ‘does not take institutions and social and power relations for granted but calls them into question by concerning itself with their origins and how and whether they might be in the process of changing’ (Cox 1981, p.129). As will be discussed below in more detail, such a critical orientation also often means a self-reflexive way of approaching scholarship on behalf of the analyst, recognizing which biases one might have and how one’s research practices contribute to the politics of security more broadly.

However, many different meta-theoretical traditions exist in the broader, heterogeneous field of critical security studies. A distinction is sometimes made between Critical Theory with a so-called capital C, growing out of Marxist social theory and the Frankfurt School (represented in security studies by for instance Booth 1991; Wyn Jones 1999) and more broadly critical theories that question the meta-theoretical assumptions of the field of ‘traditional security studies’ (Fierke 2007, p.2). In this latter camp, often associated with Krause and Williams’s intervention in the discussion (Krause & Williams 2002), two further distinctions can be made. Certain strands have been interested in expanding the study of security to a broader range of referent objects and insecurities, while others have opened up for post-structural, feminist and constructivist approaches understood as part of a ‘third’ debate in IR in the 80s and 90s (Lapid 1989). A division between reconstructive and deconstructive approaches can also be distinguished. While some work may study how security practices close down the contestation of politics, as part of some form of disciplining power, other strands take an interest in the possibility of breaking free from the latter, and the opening up for alternatives (Fierke 2007, p.5). In opposition to the ‘negative’ and fear-based understandings of security, the so-called Welsh School and its focus on emancipation as a positive form of security can be highlighted here (Booth 1991; Booth 2007; Wyn Jones 1999).

The variety of perspectives employed especially in Papers 2-5 of this thesis draw on work in critical security studies in the sense that they trace struggles over the meaning of security. Papers 2-4 align with the overarching perspective that a practice – rather than speech act – oriented reading of securitization overcomes many of the problems in the original Copenhagen School framework such as the ‘audience’ assumed to accept the securitizing move. Rather, the papers are underpinned by developments towards a more sociological understanding of securitization in critical security studies, which generally suggests that the original Copenhagen School framework misses how practices contribute to formulation and

entrenchment of security problems (Gad & Petersen 2012, p.8; C.A.S.E. Collective 2006).<sup>4</sup> In this strand, focus is turned to the incremental, inter-subjective process rather than specific moments of articulation and acceptance (Guzzini 2011; Balzacq 2016; Stritzel 2007). In particular, accounts associated with the so-called Paris School (or more broadly now referred to as International Political Sociology or IPS) turned out useful for the empirical question that motivated (directly or indirectly) the enquiry in Paper 2, 3 and 4. Building on the sociology of Pierre Bourdieu and Michel Foucault's notion of governmentality as a form of societal control, IPS approaches also overcome the limitations of the original Copenhagen School framework when it comes to its fixed understanding of security as exceptionalism. Instead, securitization is traced in line with Didier Bigo's work as a form of 'governmentality of unease', embedded in more subtle practices of experts and security professionals (Bigo 2002; Bigo & Tsoukala 2008). Such measures are seen as characteristic of a form of governance through insecurity, which in turn justifies further measures that feed into the same process of (in)securitization. In this tradition, security is thus not about political drama and speech acts but technocratic routinized behaviour or *habitus*, as in the term borrowed from Bourdieu's sociology. Although not directly focused on the EU institutions as such, work in the IPS tradition by Didier Bigo and others has closely examined networks of professionals within the EU policy area of freedom, justice and security (Bigo 2002; Bigo 2005; Bigo & Tsoukala 2008; Bigo 2013; Van Munster 2009; Huysmans 2006). Andrew Neal has argued that IPS perspectives are particularly suited for a study of security practices of the EU machinery, given that much of the practices tend to be low key and 'technocratic' rather than alarmist. The following quote, relating to the workings of the EU agency for border control (FRONTEX), illustrates this tendency:

Much of what is being done in the name of security is quiet, technical and unspectacular, in the EU intensely so, and just as much again does not declare itself to be in the name of security at all. [...] These processes and practices are driven not simply by a logic of crisis, emergency and exception, but through the formation of linkages between diverse policy areas, different technologies and security professionals of different specializations (Neal 2009, p.352).

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<sup>4</sup> In the latter sense, it can be pointed out that although the original framework was focused on linguistic speech acts, the paradigmatic case of the Copenhagen School was West Germany's Ostpolitik, i.e. a long process of desecuritization not reducible to specific moments or speech acts (Wæver 1995; Guzzini 2011). However, most applications of the theory have taken on board mainly the speech act interpretation of the framework.

A similar, broader understanding of security as practice focusing on bureaucratic behaviour rather than elite level discourse in the shaping of security problems, is employed in Paper 2-4. As an example, delving deeper into the practices around migrant health and its intersection with health security priorities in Paper 2, I discovered a high degree of reflexivity and even instances of contestation among bureaucrats. This empirical enquiry however also raised questions about the perhaps unintended assumptions underpinning IPS approaches. Such accounts of securitization indeed seem to assume *a priori* that EU bureaucrats always act as securitizing actors. While such a conclusion is obviously a misapprehension of Bourdiesian *habitus* as an analytical tool, applications of the IPS theoretical tradition in a European context sometimes seem to suffer from its own *habitus*, in that scholars have set out to look for practices of a particular, securitizing kind. This is contrary to a large body of literature in securitization studies, emphasizing that the meaning and implications of securitization always needs to be studied as embedded in particular contexts both in terms of its meaning and its implications (McDonald 2008; McDonald 2016; Roe 2012; Hansen 2012). Moreover, it also became more evident through my fieldwork that IPS approaches fail to address the partly independent role of technologies such as early warning systems and tools for risk assessment. The way in which practices intermesh with such features, and thereby change the understanding of risks and threats, was explored in Paper 3 and 4 respectively.

Papers 2, 3 and 4 thus all draw on practice-oriented perspectives to securitization, including IPS-oriented scholarly work. In Paper 5 however, a different analytical perspective is employed to cast light on the securitization process from yet another angle. In this paper, the aim was to better understand the way in which certain digital tools, infrastructures and online information sharing platforms associated with so-called Epidemic Intelligence have come to play a major role for EU health security cooperation. In order to fully grasp how such non-human phenomena are assembled together with bureaucracy and thereby shape developments, I had to turn elsewhere than the sociological understandings of IPS. Instead, the analytical perspective of Paper 5 draws on a broader trend in IR and critical security studies associated with so-called new materialism (Lundborg & Vaughan-Williams 2015; Coole et al. 2010; Bennett 2009). Such perspectives go beyond the previously accepted idea in critical IR that material phenomena be studied as produced, framed and prioritized in different ways (see Hansen 2006, p.20). Rather, this strand has emphasized that non-human agents or features (such as airport scanners, mass surveillance of travelers or other technologies) can take on important roles, as any significant separation between the 'natural' and 'social' world is rejected (Jeandesboz 2016; Bellanova & Duez 2012). More specifically, Paper 5 draws upon the

analytical commitments of Bruno Latour's Actor-Network Theory (ANT) to better understand how so-called Epidemic Intelligence, i.e. the gathering of disease data for the purpose of early detection and control, has turned into a cornerstone of EU health security (Latour 2005; Law 2009). By transcending the human/non-human dichotomy, the article traces 'actants' of various sorts that proved to matter for developments. These are examined as assembled in a network, upheld by fluid relations involving digital surveillance tools, rapid alert systems and information sharing platforms that are entangled with and shape how health security is pursued. The findings indicate that the role of such features has been central to how 'cross-border health threats' are understood and acted upon in EU health security governance.

### **Methodological considerations and the benefits of theoretical pluralism**

In this section, I outline the methodological considerations and methods drawn upon in the five papers of the dissertation. The purpose of this section however is not to set out a particular research design, as these differed and are outlined in each paper respectively. The aim of the discussion below is rather to reflect on the differences between the papers, while identifying at the same time some common points of departure that are shared amongst them. First, I discuss some general meta-theoretical considerations and basic tenets of interpretivist research. I then look at how analytical enquiry and empirical research problems benefits from an approach open to theoretical pluralism, putting the over-all contribution of the five papers into such a context.

#### *General methodological considerations*

As put forward by Laura Shepherd, methodology may be understood as the theory of method (Shepherd 2013, p.1). As will be seen below, the papers of this dissertation differ slightly in terms of how they operationalize theory. Overall however the various parts of the dissertation share, at least implicitly and in particular in Paper 2-5, a commitment to a critical research agenda, i.e. a concern for the implications of theory in the constitution of what we recognize as reality, and thus a need to question these constitutive processes (Shepherd 2013, p.5). Starting again for illustrative purposes, from Adler's distinction between a 'strong program' as opposed to 'a weak program' of constructivism<sup>5</sup>, none of the papers ask questions typical of the latter

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<sup>5</sup> In Emanuel Adler's conceptualization, we may conceive of a 'weak' and a 'strong' programme of constructivism at the meta-theoretical level in the social sciences. While the former is associated with Neo-Kantianism aiming at prediction, the latter on the other hand rejects positivism in that that social facts are seen as constituted by language or practices (Adler, 2011)

about factors that can be responsible for a certain outcome on the dependent variable. While the puzzle in Paper 1 comes closer to enquiry interested in causal relations, the other papers more clearly spring from with what Roxanne Doty has termed ‘how’ questions (as opposed to ‘why questions’ in the ‘weak program’):

why questions generally take as unproblematic the possibility that particular policies and practices could happen. They presuppose the identities of social actors and a background of social meanings. In contrast, how questions examine how meanings are produced and attached to various social subjects and others, thus constituting particular interpretive dispositions that create certain possibilities and preclude others (Doty 1996, p.4)

In line with the distinctions above proposed by Doty, ‘how’ questions can thus be understood as focusing on the way in which discourse and the meaning given to phenomena enables or disables (rather than causes) different possibilities. Such perspectives, associated with a ‘strong program’ of constructivism in the meta-theoretical sense and critical security studies more broadly, are often understood as opposed to the idea of fixed variables and the possibility of generalizable causal outcomes, tending instead to see facts as matters of human interpretation and power relations. From here comes the term interpretivism. This difference between ‘how’ and ‘why’ questions is often illustrated by Martin Hollis’s distinction between ‘explaining’ and ‘understanding’ (Hollis 1994). These terms are in turn often used to refer to positivist versus interpretivist approaches to research. Here, the former assumes the possibility and importance of searching for causal relations, while the latter is understood as attuned to contextual understandings of how certain processes are enabled and to what consequences.

In other words, the interpretivist mission to understand rather than explain social reality is expressed in the tendency of the ‘strong program’ constructivism to focus on co-constitution rather than functions of independent and dependent variables. Phenomena such as discourse, practices and materiality may thus enable certain possibilities while precluding others, but such outcomes are typically seen as context-bound and their respective impact in turn hardly separated from the features that it is constitutive of. This is fundamentally different from the hypothetico-deductive mode of theory construction (often referred to as positivism), which assumes the possibility of clear cut relations between dependent and independent variables that can hold across a range of cases, like in the natural sciences. Most of the papers in this dissertation draw on interpretivist methodology through which the meaning of security and health can be studied as a more open-ended process. In such an analysis, theory does not take



an explanatory function, but provides tools and models that make the analysis possible in the first place. Such ‘thinking tools’ (Leander 2008) are integrated throughout the study and enable the researcher to go beyond pure description and engage in interpretation.

In the above interpretivist sense, securitization can still be understood in different ways. Through the papers of this dissertation, I show that those different takes on securitization may range from speech act or discourse, to an inter-subjective process co-constituted by a wider set of practices or even relations between human and no-human features that enable or disable certain outcomes. In most of the papers apart from Paper 1, different understandings of securitization are used more as thinking tools than elaborate theoretical frameworks. When employed in this former sense, the papers take seriously the need to explore how concepts (such as securitization or desecuritization) can be understood as empirically sensitive analytical tools rather than overarching global discourses, that may be articulated differently depending on the context and lead to various kinds of implications (Corry 2014, pp.256–257).

#### *The benefits of theoretical pluralism*

The distinction between positivism and interpretivism does not go far enough in disentangling the assumptions that underpin research traditions in International Relations and critical security studies. Yet unfortunately, a dislike for spelling out clear stances on methodology among critically minded scholars has been an obstacle for the standards of evaluation of non-neopositivist work (Jackson 2011; Milliken 1999). Still, the various methodological traditions adhered to by critical scholarship *do* have a bearing on what kind of knowledge claims that are made. Often, these meta-theoretical assumptions are poorly articulated particularly in article length publications, sometimes due to limitations of space. In line with Patrick T Jackson’s call for theoretical pluralism (Jackson 2011) the hope is that some reflections as regards these partly underdeveloped discussions in the five papers can contribute to a better understanding of the contribution of this thesis as a conversation between different scholarly traditions. In order to unpack how this can be discussed, I will draw on Jackson’s scheme below (Jackson 2011).

In an approach reminiscent but slightly more elaborate than Hollis’s (1994), Jackson proposes a scheme of two axes: monism/dualism on the one hand and transfactualism/phenomenalism on the other. While monism/dualism represents the assumption of mind-independent or not mind-independent existence of facts or observations, the transfactualism/phenomenalism perspective represents whether the researcher holds that his or her findings have bearing on a larger universe of cases (although the latter can be understood in different ways). In the resulting matrix, critical realism is Jackson’s conceptualization of

research traditions based on the assumption that there are forces ‘out there’ which we can be revealed through a mind-independent exercise (thus based on a dualist world view) combined with the assumption that transfactualism, i.e. generalization across cases, is attainable. Such approaches tend to be foundationalist – assuming that an objective reality of the social world exists independent of our perception as basis for knowledge claims (Shepherd 2013, p.5). None of the papers in this thesis adheres strictly to this form of epistemological position, which is typically associated with positivist approaches. However, although new materialist perspectives drawn on in Paper 5 are normally pursued by scholars with a critical inclination to research as something beyond Cox’s ‘problem solving’, the research strand itself may in fact have much in common with critical realism effectively ‘taking the world as it is’.

Paper 1, 3 and 4 of this thesis can be understood as closer to Jackson’s analyticism, as a scholarly tradition combining monism with phenomenism. In this tradition, ideal types are used as analytical tools rather than analytical lenses. Such thinking tools (Leander 2008) cannot be proved wrong, like the hypotheses or models in critical realism. However, they can be tested pragmatically as in whether they reveal something useful about the context to which they are applied (Jackson 2011, p.158). In other words, a model is ‘neither true nor false, but instead an instrumentally useful object that might – or might not! – express some of the relevant features of the object or process under investigation’ (Jackson 2011, p.159). A methodology along these lines was adhered to implicitly in Paper 1, which stipulated a theoretical model of ‘collective securitization’ that was employed against the specific case of EU infectious disease control and what later turned into a policy field of EU health security. More precisely, the paper explored the usefulness of a theoretical framework previously developed by Sperling and Webber (Sperling & Webber 2017). Several refinements of the model were brought up in the paper, in the weaving together of a case-specific narrative of causality. In a similar way, Paper 3 and 4 dealt with methodologies for risk ranking as well as threat and risk construction through European Early Warning Systems, using preexisting understandings of mechanisms that were explored in the context of EU health security. The refined models stipulated in Paper 1 and to some extent in Paper 4 on early warning systems may very well be used for other cases, but in line with the underpinnings of analyticism this should be done for the purpose of understanding the particularities of each case and further development of analytical ideal-types, rather than a quest for generalizable cross-case laws (Jackson 2011, p.168).

Papers 1, 3 and 4 were oriented towards understanding change in some form, although with very weak or inexistent claims to transfactualism as discussed above. Paper 2 on bureaucratic practices and migrant health, as well as partly Paper 5 drawing on new materialism

on the other hand, although employing the concept of securitization as an empirically sensitive ‘thinking tool’, should be understood as more firmly rooted in critical approaches to IR and security studies. The motivation of these studies can be associated with various traditions bunched together by Jackson as reflexivism. This last field in the scheme combines transfactualism and monism. Here, reflection as to the role of the researcher in the process of knowledge production and the implication of his or her research is what becomes central and if you will, generalizable. If analyticism was still partly belonging in the ‘problem-solving’ camp of theory in Cox’s definition, reflexivism asks ‘whether a claim ‘rooted in a systematic clarification of its own perspectival location, contribute to the overcoming of the conditions that it expresses?’ (Jackson 2011, p.204). According to Jackson, this may be done in many ways, ranging from some form of disinterested account of the researcher to casting light on the position of marginalized communities or an overcoming of biases by opening up a conversation (without necessarily foreseeing its resolution). As argued by Jackson, ‘the difference from analyticism is that the epistemic position is no longer the use of ideal-typical models or processes to help unpack complex empirical puzzles. Instead, reflexivism uses as the warrant of its empirical claim the emancipatory potential of the critical self-location of the researcher’ (Jackson 2011, p.197). However, it should be noted that Jackson’s take on this category can be accused of putting too much emphasis on emancipation, assuming that all perspectives (including *all* post-structuralists) aim towards the latter, rather than simply revealing tensions and contradictions. Nevertheless, Paper 2 (which studied how security practices both shape and challenge understandings of threats), may be thought of as belonging to the reflexivist box of Jackson’s scheme. Paper 5 moreover, which draws on thinking-tools from new materialism, was motivated by the need to critically trace the development EU health security as an assemblage of human and non-human components. However, the analytical promise drawing on Bruno Latour’s Actor Network Theory to simply engage in detailed description of relations between different features, may in fact also have a lot in common with Jackson’s category of critical realism.

To sum up, the five papers of this dissertation differ somewhat in terms of the kinds of knowledge claims made. Having outlined that those perspectives rely on different but equally justified meta-theoretical foundations, learning how to be transparent about such differences from the outset was an ongoing journey and important insight. In many ways, the exposure throughout my PhD program to different scholarly traditions reflects the practices and struggles over what was considered ‘proper’ research in the various research communities I was introduced to. With the choice of a compilation thesis, the tapping into various ways of doing

research, which is anyway often the reality for most PhD students, was rendered more transparent. While each paper of the thesis is consistent when it comes its respective theoretical and methodological approaches, these differ precisely because different empirical questions spurred processes leading to new analytical commitments. My intention to expose this journey within the framework of the dissertation can be understood as in line with John Law's position on 'messy' research methods as something indispensable, where uncertainty becomes a way of advocating honesty and openness about the 'ragged ways that knowledge is produced' (Law 2004, p.19). More precisely, Law contests the idea that we can ever be at peace with the process of knowing when the world we are looking at is 'slippery, indistinct, elusive, complex, diffuse, messy, textured, vague, unspecific, confused, disordered, emotional, painful, pleasurable, hopeful, horrific, lost, re-deemed, visionary, angelic, demonic, mundane, intuitive, sliding and unpredictable' (Law 2004, p.6). Theoretical pluralism and commitment to transparency about the messiness of research may thus go some way in starting fruitful conversations about the role of theory in the papers of this thesis.

## **Material and methods**

In this section, I show how interpretivist approaches to methods informed the five papers of this thesis. Starting with an outline of how case selection should and should not be understood in relation to the over-all project, I then move on to describe the particular methods used for data collection and analysis. Finally, I share some reflections on my position as a researcher throughout the project. The latter has been a constant matter of consideration, giving rise to both challenges and productive moments that shaped the direction of my research.

As will be further outlined below, the papers build on empirics collected through participant observation, interviews and textual material from the European Commission in Brussels and Luxemburg as well as at the ECDC in Stockholm. Most importantly, participant observation was carried out at the ECDC from November 2016 - February 2017. A total of 52 expert interviews were conducted at the European Commission in Brussels and Luxembourg as well as at the ECDC from January 2017 and onwards.

### *Case selection*

As set out in the previous section, single case studies can be used in Jackson's analyticist tradition in order to refine ideal-type analytical tools that can help develop case-specific causal narratives also in other cases. In Jackson's reflexivist tradition on the other hand, single case studies can be used for the purpose of revealing new perspectives and promote conversations that may open up space for change or reveal tensions and contradictions. For the purpose of this dissertation, there is thus no need to justify the scope of the study according to the hypothetico-deductive model of explanation, in which case studies are used in order to generate or test hypotheses about causal outcomes that are expected to hold across cases. In general, the choice of single case studies in this dissertation is in line with research traditions doubtful of the dominant understanding of predictive theory in social science, and the belief that context-dependent knowledge is important both for accumulated human knowledge and forms of critique (Flyvbjerg 2004). As argued by Bent Flyvbjerg:

Concrete experiences can be achieved via continued proximity to the studied reality and via feedback from those under study. Great distance to the object of study and lack of feedback easily lead to a stultified learning process, which in research can lead to ritual academic blind alleys, where the effect and usefulness of research becomes unclear and untested. As a research method, the case study can be an effective remedy against this tendency (Flyvbjerg 2004, p.121)

In line with Flyvbjerg's position emphasizing close engagement with the context studied, the choice to examine health security cooperation within the EU emerged as an empirically motivated but theoretically informed curiosity about drivers, contradictions and tensions that can only be detected in in-depth, context-dependent kinds of research. The context more broadly concerns the development of a new policy field at EU level, evolving from the sharing of disease-specific data in the 1990s, to policies dealing with a new and broader category of 'health threats' addressed by preparedness activities, constant surveillance and rapid risk assessments. The new EU legislation in place since 2013 targets this new 'category' which apart from disease outbreaks also includes deliberate release of chemical or biological substances, health concerns posed by natural disasters, and even future threats that are yet 'unknown' (Parliament & Council, 2013). In terms of the institutions involved, the 'Health Security Committee' chaired by the European Commission's DG SANTE provides a platform for member state coordination. This latter organization, with its 900 employees, is the main institutional home for developments related to health security in the EU. The so-called 'health threats unit' however is based in a satellite office in Luxembourg. The other institution central

to EU health cooperation is the ECDC, which was founded as an independent EU agency, yet under the umbrella of DG SANTE through its governing board. It is located in Stockholm and has around 300 employees from all over Europe. The organisation is mainly focused on providing different forms of expertise on infectious disease and has developed a range of systems for early warning and particular methodologies for preparedness and risk assessment. Through the choice of a compilation thesis of several papers rather than a monograph, I got the chance to fully explore different aspects of my empirics, which were nevertheless collected during the same periods of fieldwork at the institutions mentioned above.

As for the delimitation, the thesis focuses primarily on the development of health security as an internal concern for the EU and not on its implications reflected in EU development cooperation or humanitarian support. This focus has set the timeframe, which deals mainly with developments from the late 1990s (when this field started to emerge at EU level) up until today. This delimitation of the study has also led to an emphasis specifically on DG SANTE and ECDC, which are the lead services of the EU institutions when it comes to public health policy. Material from other institutions like the European Parliament and Council of Ministers has been included when relevant. However, these parts belong to the legislative part of the EU machinery and are thus not directly involved in day-to-day practices related to health security.

### *Interpretivist research methods*

The fundamentals in terms of research methods that guided the collection and treatment of the empirics for all the five papers have been drawn from interpretivist and critical security studies methods (Schwartz-Shea & Yanow 2012; Aradau et al. 2014; Shepherd 2013), reflections on post-modern interviewing and ethnography (Gubrium & Holstein 2003; Leander 2016; Gusterson 2008) and implications in terms of methods and methodology drawn from practice theory (Leander 2008; Adler-Nissen 2016). The use of participant observation in particular benefitted from discussions during Dvora Yanov's one day course in interpretivist research methods at the ECPR Graduate Student Conference at the University of Tartu, 10-13 July 2016. Rebecca Adler Nissen's session at the critical security studies section's method's café at the ISA Annual Convention in 2018 provided further reflections as to the ethical concerns of this particular method.

In line with insights from the above sources, the methods for data collection in this thesis involved three pillars: observing (with as high degree of participation as possible); talking

to people (which included interviews but also other kinds of conversations); and close reading of relevant documents as well as secondary sources. The approach in practice was a form of triangulation of academic and expert literature, documents (collected in the early stages but also throughout the process), semi-structured interviews and participant observation. In this process, I engaged early in the process with my 'raw data', letting the categories and analysis crystallize in the making. The benefits of this approach is that it lets the researcher engage in innovative analysis without being too constrained intellectually by previous conceptualizations and thereby discovering new dynamics (Leander 2008; Schwartz-Shea & Yanow 2012; Law 2004; Leander 2016). This also makes the research process a non-linear one, which affects its presentation and structure. For instance, existing academic literature in the field served not solely to position the research in the beginning of the process. Rather, previous scholarly work, theoretical and empirical, serves a purpose of constant reflection that goes back and forth between theory and empirics (Dunne 2011). Only further into this process, the exact shape of the thesis as five papers examining different but related research questions took shape.

The possibility of participant observation was considered particularly valuable for the thesis since it allows for a unique position (with an insider's access and an outsider's ability to observe from a more detached position) to understand conflicts, hierarchies and identities otherwise underestimated (Adler-Nissen 2016, p.97; Schwartz-Shea & Yanow 2012). This method can then be successfully combined with semi-structured or unstructured interviews (Adler-Nissen 2016, p.97). When it comes to interviewing, the approach in this thesis is based on reflexivity and a rejection of the idea that informants can be treated as neutral vessels providing facts and information (Gubrium & Holstein 2003). This point can be illustrated by the quote below by Adler-Nissen:

Interviews are important, not because informants know the 'big-T' truth, but because their particular truths are valuable. From a practice viewpoint, interviewers and informants are always actively engaged in constructing meaning. Practice scholars spend time asking interviewees to describe in detail how they and their colleagues and friends go about their business – what their daily schedule looks like, with whom they meet regularly, the kinds of negotiations they conduct, etc. (Adler-Nissen 2016, p.97)

Considerations in line with the above position, focusing on creating an informal and personal exchange about everyday matters, guided the set-up of the interviews. The work with the informants was also underpinned by Anna Leander's notion of 'strong objectivity', which sees flexibility and emotional engagement with the context studied as an asset rather than obstacle

to knowledge production (Leander 2016). The conventional approach to objectivity, with a linear and fixed methodology and disengaged researcher, is seen by Leander as detached from the many complexities of context-bound knowledge. The notion of strong objectivity on the other hand, allows the researcher to get as close as possible to the world of the informants, which will inevitably involve emotional investment in the relations emerging and a flexible attitude to what may be discovered. As Leander puts it, ‘strong objectivity [...] rests on a flexible, creative, improvising, personally and emotionally engaged approach to the context of research’ (Leander 2016, p.469). With such interaction between the researcher and the informants, and a constant reflection around its effects, the researcher can access information otherwise not available and understand his or her position, which indeed mitigates the influence of biases in the process and leads to new perspectives.

#### *Participant observation, interviews and textual material*

Participant observation was carried out at the ECDC in Stockholm between November 2016 and February 2017. In general, the stay at the ECDC proved extremely helpful to get an insight into the day-to-day practices and relations within the agency, including its interactions at various levels with DG SANTE. During this time, I was present in the offices of the ECDC during regular office hours between 3-4 days a week. Given the expert-oriented profile of this organization, officials referred to me as a guest researcher which was also my formal status. During my stay however, I had full access to the ECDC intranet, internal email lists, training materials and documents and thus in most ways treated as a normal member of staff. I worked from a shared open-space office, attended internal meetings at various levels, including the daily round table on health threats assessment with the epidemic intelligence team. I was also assigned a supervisor and offered to carry out some limited tasks (my estimation is that this amounted to no more than 10 hours in total over the full period) at the ECDC. These aspects helped me to build relations with the staff and get familiar with the internal procedures and working culture, but the blurring of my position as guest and a member of staff also put me in a very special position. The benefits of this set-up were that it facilitated participation and the building of personal relationships with members of staff, that I would even see over coffee or lunch. These meetings opened up for deeper engagement with the social world of the organization. My experience was documented by field notes and I was able to expand and refine my collection of textual material since officials often referred me to new sources. In line with interpretivist methods, the importance assigned to content in such documents was not taken as



a revelation of an underlying truth. Rather, it was interpreted according to the meaning that officials intended to convey through the act of referring me to the particular source. Such intentions ranged from ways of emphasizing the official narrative of the organisation, to opportunities of expressing more sensitive personal opinions and criticism off the record.

Most importantly, the stay at the ECDC allowed me to carry out a large number of interviews. During the last 6 weeks of my stay, I complemented my experience as a participant observer with 42 semi-structured interviews. Those were arranged in a collegial setting by booking meetings with officials in their own offices or a meeting room that I had access to at the ECDC premises. Having spent some time in the organization by then, I had gained the trust of the officials and was able to identify whom to approach and around what themes. According to my understanding of how health security mattered for the organization, a particular focus was put on certain disease programs, surveillance and response support as well as the communications and preparedness units at the ECDC.

During field work at the European Commission's DG SANTE in Brussels and Luxembourg, I interviewed staff in the health threats unit as well as officials in positions with horizontal insights such as strategy and international affairs and communications. I also interviewed high ranking officials in special advisory roles as well as at the Deputy Director level. While I took care to invite staff from all levels, younger members of staff tended to decline to a greater extent. The interviewees at both the ECDC and DG SANTE received a short introduction to the purpose of my research and consent for citation. In order to make the informants feel more comfortable, I promised that they would not be cited under their names and that they would get to see quotes before they were used in the final publications. After the interviews had been carried out at the ECDC, I undertook another 10 interviews and a couple of additional longer informal conversations in Brussels and Luxembourg as well as over the phone during April and May 2017. The interviews generally lasted between 40 minutes and 1h and 40 minutes. The interviews at the ECDC were almost exclusively recorded. In the European Commission, by contrast, interviews were not recorded since it was felt that such recording would hamper the conversations. Instead, I took detailed notes that were transcribed immediately afterwards. The recorded interviews from the ECDC were transcribed later with the help of a transcriber.

For the interviews, no fixed questionnaire was used. Instead, a set of questions oriented the interview around the themes and aspects of interest for my papers. These themes evolved during the process as my focus became more specific. In general, the interviews were approached as conversations, adapted for each respondent and flowing largely according to

their answers with limited intervention from my side. My background as a previous employee in DG SANTE turned out reassuring and helpful in order to tap into the social world of the officials, but it also resulted in some surprised reactions from interviewees at the ECDC who had experienced strains in relations with the European Commission. In DG SANTE, my background helped me more directly to get access to personal reflections on issues from officials I had previously met in a different professional role. Some interviewees however, especially in the lower ranks, gave me only the ‘official line’ and did not feel in a position to comment on matters other than those relating to explanations of their own tasks. Other employees higher up in the organization both at the ECDC and the European Commission however offered highly personal accounts, sometimes in interviews lasting more than 1,5 hours.

In general, interviews and follow-up questions were geared towards finding out ‘what’s at stake’ when it comes to the broader field understood as health security, epidemic intelligence and migrant health within the EU institutions. Through semi-structured conversations, I tried to tap into the contextually defined self-understandings of the officials. This included finding out about perceptions of respondents in relation to their work and various policy processes as well as other actors and professional groups, but also a reflection on what is left out from the conversation. In general, interviews typically involved the following type of questions:

- Can you tell me about your professional and educational background and your current role and tasks?
- What does the term health security mean in an EU context? How did it come about?
- Which parts of your organization are linked to these activities and how do they work together?
- How do you cooperate with the ECDC/the European Commission/the member states/other stakeholders/organizations?
- Have you worked on migrant health in relation to your tasks?
- Are there different perspectives in different parts of the organization or depending on professional background?
- What does ‘prevention’ entail for your portfolio?
- What role does the political level play?

The interviews also involved extensive follow-up questions as well as confronting respondents with answers from other interviews or documents with seemingly conflicting views. In line

with expectations in interpretivist methods, some interviews opened new doors, others closed them, and the nature of the interviews evolved in terms of focus throughout the process as the boundaries of the study crystallized.

As for the textual material, the exact body of material was not delimited a priori but evolved throughout the process. I started from a collection of the major official documents available online listed by the European Commission and ECDC webpage for the policy field of health security and migrant health. Pursuing this first stage of the collection was relatively straightforward, as the European Commission as well as the ECDC has a practice of publishing links to major official documents and policy reports associated with a particular policy area under extensive lists on their webpages. Often, such documents are presented in a chronological order. For the purpose of source criticism in relation to this early stage of data collections, it is important to understand that in the workings of bureaucracies like the EU, texts carry different legal weight. In this hierarchy, the policy documents and pieces of legislation that are agreed at the political level are understood as the framework governing the mandate of the organization. While these documents of course never represent 'the full story', they are still fundamental for understanding how the policy area is defined by the organization itself and thus a very good place to start. Most documents I identified in this way in turn tended to reference a range of other texts of legal or policy value in their preambles or introductions. These additional sources were then downloaded in other locations or through the EUR-LEX, the EU database for official documents. The fact that these documents were often cited (usually in chronological order) by my informants confirms the bureaucratic practice of assigning superior value to certain kinds of documents. To be more specific, such 'high-ranking' documents tended to include above all EU legislation, conclusions from the Council of Ministers' meetings as well as Communications, Reports, Staff Working Documents, Strategies, Action Plans and Evaluations from the European Commission. From the ECDC, I drew on so-called rapid risk assessments, scientific studies and reports that are considered the most authoritative documents published by the organisation. I also collected press releases from several of the EU institutions relating to health security as well as reports from the Health Security Committee composed by member state representatives. These documents were all analysed through close-reading in an initial stage, in order to gain a first grasp of the policy framework understood as underpinning health security cooperation in the EU.

Once more familiar with the official story of how the policy framework of health security had evolved, the collection of documents continued during my field work. Less official material included PowerPoint presentations, intranet texts but also other documents that were

available online but published in other locations such as the evaluations by the EU Court of Auditors or policy reports and scientific articles published by ECDC officials in other venues. It is likely that, as a previous employee of DG SANTE, this search for and weighing of documents seemed more natural to me than for researchers without a background in the field. In general, this intuition about where to look for and how to evaluate different documents, helped me rather than limited the nature of my conclusions both as to the quality and quantity of material that I collected.

In the analysis of both interviews and textual material, I identified and followed certain ‘hunches’ as I went back and forth between textual material, interviews, participation and theory. Key to this process was, again, a consideration of both interviewees and textual sources *not* as neutral sources ‘informing me’ of the matter of things (even though this was often how the interviewees themselves understood our meetings). Instead, the stories of ‘information’ that I collected are interesting in themselves in terms of what they include, exclude and emphasize. I also found that they were heavily dependent on the professional background and rank of the official interviewed. While staff with a legal background tended to inform me about how particular policy frameworks had evolved, respondents with a scientific background explained strongly held beliefs about public health challenges and epidemic intelligence officials the benefits of digital tools and rapid risk assessment. If some statements were indicating seemingly conflicting information, they were not discarded but seen as important reasons to dig further and understand the self-understanding and motivations of different officials. In general, the advantage of dealing with a relatively recent timespan in the focus of the thesis was that the informants were easy to identify in the organizations and their memories generally still fresh.

#### *My position as a researcher*

In line with the critical research endeavours (see discussion in the theory section above on critical research and Jackson’s reflexivism), an important aspect of interpretivist research and critical security studies alike is to consider the status of the observer in relation to the observed (Leander 2011, pp.23–24). While biases cannot be eliminated, we can as scholars try to limit them or reflect over them. Such considerations are highly relevant for this thesis given my background as a previous employee of DG SANTE in 2012–2014. Even though my past employment was in a generalist role, without working specifically on the matters associated with health security, I am very familiar with DG SANTE, its internal procedures and some of its staff. Naturally, this has shaped the conditions for my research in various ways. Above all however, it gave me invaluable access to a multitude of venues and conversations that would

probably have been impossible, both in terms of quantity and depth, for a complete outsider. In line with the benefits of Leander's notion of strong objectivity (Leander 2016), the benefits of my position when it came to such encounters thus rather helped to balance my conclusions. When it comes to the ECDC where participant observation was carried out however, it is worth mentioning that I had neither worked with nor visited the organization before. My background however still provided to be an asset in terms of engagement and access. In general, the expert oriented nature of the ECDC also provided for a friendly environment towards researchers.

On a final note, my presence in the ECDC and contacts with DG SANTE officials for the purpose of my thesis should also be seen as part of the social process of meaning-making which eventually shapes and delimits the possibilities of health and security politics. Officials were often curious about my research, which triggered interesting personal conversations beyond the interview situation. Some of the contacts continued even after I left the organization, and in some cases I let some trusted informants read and comment on early drafts. These contacts turned out immensely fruitful for my progress with the thesis.

## **Conclusions**

The five different papers in this PhD thesis answer a set of empirically motivated but theoretically informed questions, drawing on partially different understandings of securitization as a flexible and empirically sensitive analytical tool. The papers differ slightly in terms of methodology and all contain their own research questions, findings and conclusions that should be understood as self-contained scholarly contributions. The over-all findings of the thesis, however, highlight from different angles how, and with what consequences, health security emerged as a new aspect and even *raison d'être* of EU health governance. The way in which security perspectives mattered in different ways for this development was central to this enquiry. The latter was pursued as a commitment to trace the drivers, contradictions and tensions through in-depth field work rather than by normative argumentation or by assuming an over-arching, global dynamic capturing all empirical contexts. In order to answer such questions, the papers turned to perspectives in critical security studies that may be understood as different theoretical takes on securitization.

While each paper contains specific findings, they all contribute empirically to casting light on how a set of new priorities associated with health security have changed the understanding of both health and security problems within the EU. In particular, this change is reflected by the entrenched imperative of detecting and containing what are understood as

‘serious cross-border threats to health’. Understood as rapidly emerging, often external potential crises of a range of origins beyond infectious disease, these are seen as events that may threaten public health as well as society as a whole. The focus on rapidly detecting and containing such phenomena can be contrasted with traditional public health policies addressing actual burdens of disease against the background of root causes and risk factors. In this sense, health security concerns have arguably further removed infectious disease control from traditional public health priorities such as prevention, universal access to health care as well as social and environmental determinants of health problems. This drift may be understood as a focus on preemptive governance interested in preparedness, early warning and crisis management which ultimately intermeshes health security with a general *crisisification* of European cooperation typical of ‘civil protection’ and ‘societal security’ more generally (Rhinar 2019). As for the drivers of this development, the thesis as a whole emphasizes how both political speech acts after September 11 as well as bureaucratic practices carving out a role for the EU in public health came to matter. Yet, these new priorities have also been shaped by EU-specific digital surveillance tools, information sharing platforms and methodologies for managing risk. Notably, the findings also outline a multifaceted situation with emerging contradictions and tensions, including instances of contestation within the institutions themselves, especially in relation to migrant health.

Theoretically, the thesis highlights how various understandings of securitization, drawn from partially different scholarly traditions, can be employed as flexible and empirically sensitive analytical tools. This approach allowed me to trace both collective discursive shifts, bureaucratic practices as well material aspects and technologies as central to the context studied. From original securitization theory to sociological perspectives and so-called new materialism, the progression of the thesis thus reflects an intellectual journey somewhat similar to the one critical security studies has experienced as an academic field. In a spirit of theoretical pluralism, the dissertation shows that these perspectives are not incommensurable, but all contribute to a richer understanding of the empirical context from various angles.

In terms of delimitations and possible directions for further research, it is worth noting that the scope of the thesis was mainly limited to the internal workings of the EU institutions. An avenue for future research would thus be to further explore how national particularities shape and are shaped by EU dynamics. Another aspect that deserves scholarly attention relates to how priorities associated with health security are enshrined in the external relations of the EU, both when it comes to humanitarian assistance and emergency response and as well as enlargement and neighborhood policies. Moreover, with human impacts on ecosystems and

climate change increasingly altering the conditions for human health and security, notions such as One Health and more lately Planetary Health have gained ground in public health. The implications that these alternative agendas carry for our understanding of health security, and our own role as a species in this regard, are still to be studied and fully understood.

On a final note, it should be reminded that scholarly work is, just as much as the practices that we study, are part of a broader dynamic and shape developments in subtle but important ways. The field work at the ECDC and the European Commission, consisting of participant observation and in-depth expert interviews, was extensive and provided for various encounters and discussions. In a very modest sense, these interactions as well as the results of this thesis have become part of the processes which (re)produce or challenge prevailing understandings of health security. It is my hope that this dissertation, and my presence in the organizations I interacted with, will promote conversations that can open up space for a broader range of perspectives on both health and security.

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