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The Securitization of Infectious Disease

A Comparative Study of the 2009 Swine Influenza Pandemic in Germany and Sweden

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Abstract

It is the purpose of this paper to compare the securitization processes of the A(H1N1) virus, more commonly known as the swine flu, in Sweden and Germany. Based on the recognition that these countries, for all intents and purposes, are very similar it is the aim of this essay to understand how the results of their respective securitization processes could be so widely different. This study is conducted as an analysis on several points of comparison which portray the two separate processes with respect to medial aspects, political actors, legal aspects, historical connotations and the audience. These points are also representative of the securitization process in general. Based on the demonstrated differences and similarities the essay provides central insights as to what caused these differences and thus hints at what differences in process can be linked to the difference in outcome. This essay concludes that the difference in the outcome of the two securitization processes are due to variations in the institutionalization of securitization of infectious disease, the risk perception among the public and the use of historical connotations made by the securitizing actors. Furthermore it is established that the audience plays a central role in any securitization process due to its ability to either accept or dismiss any framing of an issue provided by a securitizing actor.

Keywords: *Securitization, A(H1N1), Germany, Sweden, WHO*

Words: 9957

List of Abbreviations

AIDS – Acquired Immune Deficiency Syndrome
AIMPV – Aviäre-Influenza-Meldepflicht-Verordnung (Avian Influenza Reporting Obligation Ordinance)
A(H1N1) – Swine Influenza
A(H5N1) – Bird Influenza
DN – Dagens Nyheter
FAZ – Frankfurter Allgemeine Zeitung
GSK – Glaxo Smith Klein
HIV – Human Immunodeficiency Virus
IfSG – Gesetz zur Verhütung und Bekämpfung von Infektionskrankheiten beim Menschen (Law on Prevention of Infectious Disease)
MSB – Myndigheten för Samhällsskydd och Beredskap
NBHW – National Board of Health and Welfare
PHEIC – Public Health Emergency of International Concern
RGCSAPIV – Reservation Guarantee and Conditional Supply Agreement for Pandemic influenza Vaccines
RKI – Robert Koch Institut
SARS – Severe Acute Respiratory Syndrome
SCC – Stockholm County Council
SvD – Svenska Dagbladet
UN – United Nations
VBLGBPB – Vertrag des Bundes und der Länder mit GSK über die Bereitstellung eines Pandemie-Impfstoffs für die Bundesländer (Contract with Federal and State Representatives on Preparation of Pandemic Vaccine)
WHA – World Health Assembly
WHO – World Health Organization

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1 Introduction

In 2009 the world stood in the wake of a new potentially disastrous pandemic. This time, as compared to that of 1918 and the Spanish Influenza, nations were however prepared for the task of fighting a pandemic outbreak. Under firm leadership of the WHO and especially the Western nations, the last three decades have brought about a new understanding of infectious disease. During this time, efforts against mainly HIV/AIDS have been templates for the fight against various pandemics. This development however comes with a catch, for even with improved possibilities to fight infectious disease it is a battle that ultimately cannot be won. Recent events like the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 and the dramatic spread of the A(H5N1)-virus in 2005, more commonly known as the bird flu or avian influenza, brought the world into turmoil. In spring of 2009 it was time again. The A(H1N1) virus emerged from Mexico and rapidly spread all over the world in a great wave of human-to-human infection. Yet again a threat of unknown magnitude cast its shadow over the global society and caused its inhabitants to struggled in effectively separating perceived threat from its objective counterpart. Is this pandemic going to kill thousands or might it be less harmful than the seasonal influenza virus? Such questions become relevant during all pandemic outbreaks and cause different actors to call for different countermeasures. In essence however, for extraordinary measures such as vaccination to be launched, it is not merely a question of how dangerous a certain virus is but rather the way in which it is portrayed to the public that matters. Dependent upon public support for any drastic countermeasures, decision makers often find themselves on a thin line between what is reasonable concern and audacious allegations.

This essay intends to analyze, based on securitization theory, the process that led up to the Swedish and German response to the A(H1N1) pandemic, commonly known as the swine flu. The main question asked is how two similar countries, faced with the same threat, could end up behaving so differently. Thus the central differences of the securitization processes will be demonstrated in order to understand their outcome properly.

1.1 Background

Germany and Sweden are in many ways similar countries. As neighbors, trade partners and fellow EU and WHO members, they also spend roughly the same (in percent of GDP) on health and welfare (Global Health Observatory, 2012). Both consider the threat of pandemics very real and have extensive emergency plans for the case of a pandemic outbreak, which are activated in the event of a level six warning issued by the WHO. Furthermore both countries provide the vaccinations for free in the case of a pandemic. Still, as these two countries were faced with the 2009 A(H1N1) pandemic outbreak, reactions could hardly have been more different. An approximate 60% of the Swedish population was

vaccinated whereas the corresponding figure in Germany was only 8% (Atterstam, 2012).

The A(H1N1) virus was first noted, on a global level, during mid April 2009 as first details about an alarming number of fatal cases in Mexico were put forward by the WHO (Krause et al. 2010, 510). Only days later the WHO issued a so-called Public Health Emergency of International Concern (PHEIC), upgrading its pandemic alert from stage two to stage five (which represents significant human-to-human spread in at least two WHO countries) (WHO, 2012). The virus hit Europe in late April, as first cases were reported in Great Britain (MSB and Socialstyrelsen 2011, 9). Shortly after this the WHO issued a level six pandemic warning (ibid.) which represents the highest alert, indicating that a global pandemic is in progress (Chan 2010). Due to the proclamation of a level six warning, German and Swedish pandemic vaccine deals were activated and the countries now initiated national pandemic preparedness plans (aiming mainly at providing a pandemic vaccine to the public). The virus however turned out to be less dangerous than expected (in Europe), causing only mild pressure on health services as infections largely left people unharmed and thus the mortality rate was very low in Sweden (MSB and Socialstyrelsen 2011, 10) and in Germany (Wilking et al. 2010, 38). As most European countries experienced a peak of infections and fatal cases somewhere around November 2009, a second wave of the virus did however (contrary to several experts' predictions) not occur in any substantial manner (Wilking et al. 2010, 39). In August 2010 the WHO Director General proclaimed that the world was now in the post pandemic phase (Chan, 2010). For Germany and Sweden the pandemic phase had however effectively ended in the beginning of 2010 and the mortality of the virus had by then been established to be 0,31 per 100 000 inhabitants, in both countries (Atterstam, 2012).

1.2 Issue

Given the similar conditions for securitization of the A(H1N1) virus in Sweden and Germany, it may be worth analyzing why and how the results turned out to be so different. By analyzing differences and similarities and thus linking differences in process to the differences in outcome, it will be possible to gain some insight to this counterintuitive development.

The underlying object of analysis is the securitization process and it may be fruitful for the reader to consider this analysis an attempt to explain why the two securitization processes could cause such diverging results in two, for all intents and purposes, similar countries.

1.3 Formulation of Research Questions

- What central differences existed between the securitization processes of the 2009 A(H1N1) virus in Sweden and Germany?
- How can these differences in process be linked to the differences in outcome?
- What particular role did the audience play for the securitization processes?

1.4 Limitations

This essay promotes the understanding of securitization as a process which may be investigated by focusing on the points of medial coverage, statements made by political actors, legal conditions, historical connotations and the acceptance of the securitizing moves by the audience. In doing so this study is limited to results found in these areas only. The reader should however consider these limitations as a means of providing an intersubjective analysis and putting forth tangible results based on research design inspired by the Copenhagen School.

2 Theory and Methodology

It is the purpose of this chapter to discuss the topic of methodology, explaining the design and material used for this investigation. Furthermore the theoretical framework of this essay will be explained in an account of securitization theory. Finally a number of points of comparison that will be used in the analysis are presented.

2.1 Methodology

This study adopts a qualitative synchronous comparative methodology with the purpose of comparing the securitization process and outcome of the A(H1N1) virus in Sweden and Germany. The investigation will emanate from theoretical literature on securitization theory and each case will be investigated on what according to theory constitutes such a process.

2.1.1 Research Design

In order to compare the securitization process and outcome in a meaningful way this paper presents several points of comparison that are representative of the securitization process in general. Thus this investigation adopts a most similar design framework that allows for conclusions concerning the causality and hence provides a possibility to understand the different outcomes of the two securitization processes. However a simple demonstration of correlation by the means of which some sort of causality is pointed out would be insufficient. There must be a differentiation between "causal and coincidental connections" which may only be distinguished with reference to a hypothesis as to the specific principles of organizational order that hold within a particular realm of events (Hume 1738, 75-76). This paper will provide such order by means of the framework provided by securitization theory as presented by the Copenhagen School (Buzan et al. 1998).

2.1.2 Selection of Cases

The main argument as to why a comparison of Sweden and Germany is interesting is the innate paradox that it holds. European countries shared many aspects of the 2009 A(H1N1) pandemic (Poland 2010) and had very similar experiences in their fight against it. However, the outcome of the two securitization processes in this investigation varies significantly. An approximate 60% of the Swedish population was vaccinated whereas the corresponding figure in Germany was only 8% (Atterstam 2012).

By conducting an investigation with this particular case selection it is possible to give some order to the view of securitization as being strictly constructivist (and thus slightly chaotic and unpredictable). By comparing differences and similarities of these two cases it will be possible to gain some knowledge on what may cause widely different outcomes of securitization processes that take place in similar countries. Finally, it must be noted that securitization theory does not make claims on any real economic variables, which in many other settings would have made a comparison between Sweden and Germany rather troublesome.

2.1.3 Material

This paper uses theoretical literature on securitization theory as foundation for the analytical framework. The core of this literature consists of essential writings by the Copenhagen School, including Buzan, Waever and de Wilde (Buzan et al. 1998). Other renowned scholars have been consulted in order to present the specific link between securitization and infectious disease. Apart from that the study will focus on first hand material collected from WHO, UN and other relevant organizations (protocols, reports etcetera), news articles and statements by important political actors. The contracts between GSK and the German respectively the Swedish state will provide basis for a particular part of this investigation. Finally, surveys made by Swedish and German authorities will be consulted to shed light on the role of the audience and give some insight to the risk perception in the two cases.

2.1.4 Limitations to Methodology

It must be clear that when investigating social processes there are always some limitations. Most of all this includes the trouble of omitted variables. Thus any investigation within the field must accept that there may be factors outside of the research design of a particular investigation that influences the observed.

Most of all the constructivist nature of this investigation will cause difficulty in making any certain assumptions as to the term security itself, and as Checkel argues, one may have to consider whether or not norms exist in individuals or if they must be internalized by a process of socialization (1998, 340).

2.2 Securitization Theory

2.2.1 Copenhagen School

Securitization theory, as Balzacq argues, "elaborates the insight that no issue is essentially a menace" (Balzacq 2011,1). Some things do however become security problems through discursive politics. From this, the Copenhagen School derives the central question: "what quality makes something a security issue in international relations?" (Buzan et al. 1998, 21).

Security should be seen as a move that takes politics beyond the established rules of the game. This means that it frames a given issue either as a special kind of politics or as above politics (Buzan et al. 1998, 23). One may think of any type of matter, such as immigration, as non-politicized, politicized or securitized (ibid), where the important quality of securitization lies in its justification of matters that lie beyond conventional political measures (Buzan et al. 1998, 24). This is why the criterion established for any securitization is the linkage to a topic that is presented as an existential threat (ibid).

Securitization thus has a rather straightforward logic, but this logic does not come with clear borders and thresholds (Buzan et al. 1998, 25). A first important distinction is that between the referent object, the securitizing actors and the functional actors (Buzan et al. 1998, 36). In order these refer to the "things that are seen to be existentially threatened and that have a legitimate claim to survival", "actors who securitize issues by declaring something – a referent object – existentially threatened" and "actors who…without being the referent object or the actor calling for security on behalf of the referent object…significantly influence decisions in the field of security" (ibid). All though it might be hard to effectively separate one from another at times, this is the core of actors involved in the securitization process. Furthermore, it is important to note that any action that describes a certain matter as an existential threat to a particular referent object does not by itself make for securitization. Securitization relies on acceptance by the audience, i.e. by those targeted by the message of an existential threat to a particular referent object, meaning that any move that does not directly lead to such acceptance is merely a "securitizing move" (Buzan et al. 1998, 25). Combined the above leads to the question of "who can speak security successfully, on what issues, what conditions and with what effects?" (Buzan et al. 1998, 27).

All securitization is initiated by a speech act, which is based on language speech act theory (Waever 2011). According to Austin, a pioneer in the field of speech act theory, certain statements do more than merely describing a certain reality. Instead their utterance realizes a specific action (1962, 53). Buzan et al. however point out that a matter is not securitized simply as soon as the word security is mentioned, meaning that the security speech act is not defined by utterance of the word security (Buzan et al. 1998, 27). Since the word itself may appear without the needed logic in the context, and vice versa, the exact definition of the speech act becomes somewhat blurred but it must always be

made in connection to a existential threat requiring emergency action and the acceptance by a significant audience (ibid). For this to be possible the securitizing actors must be one with a substantial political and social capital, meaning that the actor has the possibility to define security (Buzan et al. 1998, 31).

Finally, the field of securitization theory should be considered as a type of empty theory as there is no finite number of phenomenon's that could potentially be securitized. However there are a number of central points to the discourse on securitization. Primarily there is the difficulty of the constructivist aspect of securitization, which in essence is the fact that it is the presentation and not the objective danger of a particular threat that is central to securitization. Thus, Buzan et al. argue, "securitization…has to be understood as an essentially intersubjective process" (1998, 30). Also, a particular topic might be securitized either in an ad-hoc fashion or due to the institutionalization of a certain securitization (Buzan et al. 1998, 27). This simply means that a topic that is thought of as a matter of security for the first time is securitized in a different manner than a topic which, as for example military defense in most countries, is considered to include the implication of security even though it is not explicitly mentioned (ibid).

2.2.3 Securitization of Infectious Disease

As this investigation will evolve within the realm of infectious disease, it should be noted that all though essentially the same, different realms do quite naturally create particular frameworks for the process of securitization. Buzan presents this in his idea of securitization within different sectors (Buzan et al. 1998), and there should be little doubt that all though the process is essentially the same, one cannot analyze the securitization of immigration in the same fashion as that of the growing climate threat. Below a short description of the global securitization process within the field of infectious disease is given along with an account for those qualities of securitization in general that are of particular importance for an analysis within this realm.

Pandemics are today considered as little less dangerous than full-scale war. Whether it is the spread of the HIV/AIDS that has reached alarming levels in recent years (UN Resolution 1308, 1) or the spread of respiratory infection, diarrheal diseases, tuberculosis and malaria (Davies 2008, 295), it stands beyond any doubt that the risk of a fast-spreading infectious disease is considered a great security risk by many. As Davies explains, this development has given legitimacy to the creation of "international health cooperation mechanisms" (ibid), giving rise to the today well-asserted power held by the WHO. In creating a clear discourse for the topic of infectious disease and potential pandemics, the WHO has successfully securitized the topic alongside with the westerns states in particular.

> "The globalization of infectious diseases is not a new phenomenon. However, increased population movements, whether through tourism or migration or as a result of disasters; growth in international trade in food and biological products; social and environmental changes linked with urbanization, deforestation and alterations in climate; and changes in methods of food processing, distribution and consumer habits have reaffirmed that infectious disease events in one country are potentially a concern for the entire world."
>
> (WHO 2001, 1) Global Health Security Resolution

As presented by Buzan et al., securitization does however not simply emanate from saying the word security in connection to one given phenomenon. As an actor cannot simply impose securitization, there is always a need for arguing ones case (Buzan et al. 1998, 25). Furthermore, there are two qualities of securitization that become especially important in the realm of infectious disease. First, the securitization of infectious disease in general can be understood as a case of institutionalized securitization, meaning that when we talk of infectious disease it is today implicitly assumed that we talk of security (Buzan et al. 1998, 27). This development, as compared to the ad-hoc securitization (ibid), is largely a result of international efforts within the WHO and other international organizations. Second, the realm of infectious disease clearly shows the problem of differentiating perceived from objective threats, a dilemma that is essential to securitization at large (Buzan et al. 1998, 30). This means that there is a constructivist element to the securitization of infectious disease, as any actor trying to frame a particular disease as part of the already institutionalized securitization of infectious disease, must argue in an intersubjective way as to why this should be done.

2.3 Points of Comparison

In order to create a comprehensive study and to undertake a meaningful comparison, this investigation will compare the two cases on a number of points of comparison. These points are themselves representative of securitization theory and thus let this study explore the differences and similarities of the two particular cases against the background of a larger theoretical framework. For the purpose of achieving this, five points of comparison will be elaborated upon.

1. Medial Aspects
2. Political Actors
3. Legal Aspects
4. Historical Connotations
5. The Audience

2.3.1 Medial Aspects

Securitization, seen as the process initiated by a speech-act (Buzan et al. 1998, 27) should, as proposed by Vultee, be understood in combination with media models (2011, 77). This means that one must acknowledge "the centrality of media accounts in forming and shaping public opinions of distant events" and "the relevance of media models in understanding the securitization process" (ibid.). The success of securitization hence depends on whether or not the media will successfully provide a given frame to the public, by presenting a given threat as "sensational, unexpected, dramatic and exciting"(Ghersetti and Odén 2010, 35). In showing how thus the same threat can cause different securitization processes, Ghersetti and Odén argue that there are at least three strong arguments for examining the role of the media (2010, 31). First, the media influences the publics' knowledge and perceptions of threats. Second, the task of the media to inform and scrutinize may vary greatly depending on the particular threat. Third, the medial valuation of what constitutes interesting and important information may at times vary greatly from the standpoint of authorities on the issue (ibid).
Closely connected to the ideas presented by Vultee stands the concept of risk communication (Atterstam 1995). It assumes that "media in Western societies play an essential part in risk communication to the public" (Atterstam 1995, 211). Thus the probability of the publics' acceptance of a certain frame presented by the media is considered highly likely (Vultee 2011, 78-79).

2.3.2 Political Actors

Buzan et al. argue that "the possibility for successful securitization will vary dramatically with the position held by the [securitizing] actor" (1998, 31). Assuming that "some actors are placed in positions of power by virtue of being generally accepted voices of security" and thus are capable of defining the term security itself (Bigo 1994, 53), any securitizing move made by one of these actors will considerably increase the probability of successful securitization of a given topic. This is central to any type of securitization process as the intuitive idea here is that there is no symmetrical relationship among the subjects that could potentially be securitized (Buzan et al. 1998, 31) and thus that these actors are of central importance to any securitization process.

For this point of comparison the essay will analyze statements made by the secretary of health, the head of Centre for Disease Control and the head of Civil Contingencies, as these are the most prominent actors in the field of infectious disease (in both countries). The purpose is to illustrate the statements made by these central political actors, which as provided by theory, are of great importance to the securitization process.

2.3.3 Legal Aspects

According to Buzan et al. there are cases where securitization of a particular topic has become institutionalized (1998, 27). As this means that "constant drama does not have to be present", because when speaking of a particular topic it is directly assumed that security is an implicit part of it (ibid.), this point of comparison is based on two arguments: First, a particular topic that falls under the larger domain of an institutionalized securitization will be successfully securitized with little effort. Second, the existing national and international legislation (binding and non-binding) on infectious disease, as well as contracts with the pharmaceutical industry, contribute to the institutionalization of infectious disease. Thus by examining the two countries with respect to their legal situation it is possible to demonstrate the existing conditions for the securitization of the A(H1N1) virus.

This point will analyze two types of legislation: international legislation as provided by the UN and WHO, and national legislation in terms of national pandemic preparedness plans and conventional laws laws. Finally, the two countries contracts with the pharmaceutical company GSK, which provided pandemic vaccine for both countries during the 2009 A(H1N1) pandemic are used for the analysis.

2.3.4 Historical Connotations

Peoples and Vaughan-Williams argue that any attempt to securitize a particular issue will be more likely to succeed if "objects associated with the issue carry historical connotations of threat, and harm"(2010, 79). This type of contextualism can be seen in many cases, such as when a minor boarder conflict turns into the threat of full-blown war simply because two particular nations share a history of conflict (ibid). In the realm of infectious disease this means that one infectious disease may be securitized by the virtue of another, possibly similar, infectious disease.

According to Zylberman there is one prominent case of historical connotations among the realm of infectious disease embodied by the relationship between all modern pandemics and the Spanish Influenza (2010, 14). It is important to understand that it is not the actual legitimacy of a comparison that is of interest to this point of comparison, but rather the way in which it is made and to what other disease.

2.3.5 The audience

A core assumption made by the Copenhagen School is that an "issue is securitized only if and when the audience accepts it as such" (Buzan et al. 1998,

25). As presented by Léonard and Kaunert, in order to properly understand the outcome of securitization in a particular case it is thus important to understand the relationship between the audience and the securitizing actors (2011).

This point of comparison will look at the role of the audience in the securitization of the A(H1N1) virus, providing insights to public opinion in terms of risk perception, information and acceptance.

It must be noted that this point of comparison is potentially more problematic than the rest since measuring its effect to some extent is a measuring of the combined input by the other variables analyzed in this investigation.

3 Analysis and Results

3.1 Medial Aspects

When analyzing medial aspects of the A(H1N1) securitization process in the two countries, this paper will focus on two areas: First, time span and frequency of the reporting and second, the content of the reports.

3.1.1 Sweden

The Swedish media initiated its coverage of the A(H1N1) virus on the 24th of April 2009 and stopped reporting on the issue, in any substantial manner, during the last week of December 2009 (Ghersetti and Odén 2010, 43-47). As presented by Ghersetti and Odén, a look at the number and frequency of articles dealing with the topic shows that there were four peaks (Ghersetti and Odén 2010, 47). These occurred in the end of April, the end of July, the beginning of September and November 2009. At the absolute top, during the last week of April, there had been around 250 reports in one week (ibid.). This pattern of coverage must be understood in the light of the number of reported cases of A(H1N1), and the number of fatal cases connected to the virus. Then it can be established that all four peaks of coverage, except the first, occurred as either infections or deaths peaked (SMI 2010).

The content of the reports produced by the media can be split in two categories. First, the more traditional newspapers such as *Svenska Dagbladet* (SvD) and *Dagens Nyheter* (DN) immediately set out to report with a mostly informative ambition, meeting in most cases with the criterions for "good" journalism presented by Atterstam (1995, 212). Second, more commercial papers such as *Aftonbladet* and *Expressen* set out with rather dramatic undertone (Ghersetti and Odén 2010, 43), in effect doing what Atterstam describes as "sounding the alarms and crying wolf" (1995, 212). In short this means that articles such as "60 deaths in unknown influenza virus in Mexico "(DN) and "Possibly global pandemic" (SvD), which marked the start of reporting in April were accompanied by headlines such as "The plague spreads terror in the world" (*Aftonbladet*) and "This is how dangerous the swine flu is" (*Expressen*). Towards the end of 2009, and thus the end of media coverage as well as reported infections, this divergence still lasted (Ghersetti and Odén 2010, 44).

3.1.2 Germany

In Germany, first reports about the A(H1N1) virus and its spreading in Mexico, were published on the 23rd of April (Schmidt and Tempel 2011, 239). Apart from the initial reports, three peaks of coverage can be identified at the beginning of May, August and November (Jarolimek et al. 2010, 412). The reports then started to decrease rapidly towards the beginning of 2010 (ibid). The three peaks in terms of coverage, apart from the initial one in April, must be understood as a result of several circumstances. In May the virus was still fairly new and the main questions were proliferation and if it would eventually reach Germany. In August the reports then switched their focus to the preparation for the "pandemic in Germany" launching an intense public debate (Jarolimek et al. 2010, 412). In November however the increasing number of fatal cases of the virus, as presented by Wilking et al. (2010, 39), make for the primary context against which the coverage must be understood (Jarolimek et al. 2010, 412). Here it is crucial to consider the media in analogy with Atterstam, who argues that the "media seldom create initiative" but rather "uses the public interest as main impelling force" (1995, 212).

For the content of the German media coverage of the A(H1N1) virus, one can make a fairly general distinction, being that the well established magazines, such as *Der Spiegel, Die Zeit* and *Frankfurter Allgemeine Zeitung* (FAZ) showed a far more critical treatment of the subject (Jarolimek et al. 2010, 414) than commercial magazines such as *Bild*, a popular German newspaper which often is considered to hold fairly low quality. As the first reports on the subject created headlines such as "Panic Can Spread More Quickly Than Swine Flu" (*Der Spiegel*) and "First fatal case outside of Mexico" (FAZ) other magazines chose a more dramatic approach. In " Swine influenza causes disaster in Mexico – 68 people already dead" *Bild* started their coverage of the virus. Throughout the course of 2009 this divergence only grew as headlines in November were "Panic in Germany as Swine Flu Spreads" (*Der Spiegel*) as compared to "This is how painfully my baby died" (*Bild*).

3.1.3 Differences and Similarities

The main pattern of coverage, both in terms of timespan and content, is largely the same in the two countries. Most importantly, the media seems to have perceived the threat in similar ways leading to a similar type of information being distributed to the public. Drawing on the idea of risk communication and the medias central role in it (Atterstam 1995), as well as the proposition made by Vultee about the centrality of media in securitization, it can be established that the two countries share a central aspect in their securitization of the A(H1N1) virus.

3.2 Political Actors

For this point of comparison the essay will analyze statements made by the Secretary of Health, the head of Centre for Disease Control and the head of Civil Contingencies, in the two countries (it should be noted that the authorities in some cases have different names). Based on the notion that these are actors with a particular ability to influence the perception of security, they become central elements of the analysis. In order to generate meaningful and comparable results, public statements made with reference to the planned vaccination-campaigns will be investigated below. By doing so it is possible to analyze and thus compare the standpoint of these central actors on the matter and how they contributed to the securitization processes by pushing for extraordinary measures.

3.2.1 Sweden

In Sweden the central political actors that appeared in the media and made public statements were Anders Tegnell (head of disease control at Socialstyrelsen), Annika Linde (head of the Swedish Center for Disease Control) and Eva Hamberg (head of Civil Contingencies). Another but significantly minor role in terms of medial coverage and input was held by Secretary of Health Maria Larsson.

As all of the above fiercely defended the view of the virus as very dangerous, this most certainly influenced the public' understanding of the risks involved, and thus contributed to the securitization process in a substantial manner. Most public statements called upon the public to take the vaccination provided by the state in order to reduce the risk of a devastating pandemic, which is portrayed in the following statement made by Socialstyrelsen.

> Socialstyrelsen calls upon the public to take the vaccination, for the sake of their health, their fellow citizens health and to reduce impact of human loss on important social services.
>
> (Socialstyrelsen, 2009c)

This statement did effectively set the tone for the authorities communication to the public. The common argument, that the impact was hard to estimate beforehand and that it hence was better to do more than less, shows that Zylberman argument about the "worst-case-scenario thinking" (2010,14) holds much truth in the Swedish case. This is particularly well displayed in a statement made by Anders Tegnell.

> Sweden will get access to what is probably the first vaccine in Europe against the new influenza. That is very good. Today the A(H1N1) may be a mild form of influenza but with many infections there will be drastic

> consequences, and experiences from other pandemics show that the influenza may develop into something more vicious than it is now. That is why it is important that the entire Swedish population will get the vaccine.
>
> (Socialstyrelsen, 2009c)

Maria Larsson and Eva Hamberg who both drew heavily on the potential risk for the society in their statements reasoned in a similar fashion. However they also seemed to be aware of the political costs involved in downplaying potential dangers of the A(H1N1) virus, causing them to explicitly point out the possibility of great devastation. This is particularly well displayed below, in statements made by Maria Larsson and Eva Hamberg respectively.

> Healthcare is crucial in terms of possibilities to effectively stop the spread of the virus. The society at large benefits if as many as possible get the vaccination.
>
> (Löfgren and Jonjons, 2009)

> The most important thing to think of now is to overlook ones business and to see what is particularly important to keep running. One must understand that there will be little possibility to stay at the same level as usual.
>
> (TT, 2009)

Apart from the usual plea to the public to take the vaccination and the prediction that many functions of society would be effected strongly by the virus, the explicit branding of the virus as a matter of security peaked as infections peaked in November 2009 (SMI 2010). Also, during this period, authorities found themselves fighting against growing doubts as to the functionality of the vaccine. This is displayed in statements made by Tegnell and Linde respectively.

> The development this far has shown that we have not yet been fully struck by the pandemic. It is very hard to say when it will happen. It could be next week, four weeks from now or six weeks from now. Your guess is as good as mine.
>
> (Olsson, 2009)

> The risk associated with the virus is more dangerous than the side effects [of the vaccine] thus far reported
>
> (Hernadi, 2009)

3.2.2 Germany

In Germany, the input from authorities to the public debate about the A(H1N1) virus came from the Ministry of Health (Bundesministerium für Gesundheit), the Robert Koch Institute (RKI) and the Agency for Civil Contingencies. Thus the main actors in the debate were Philipp Rösler (Secretary of Health) Jörg Hinrich Hacker (President of RKI) and Cristoph Unger (head of Civil Contingencies). These actors showed great unity, arguing that although the A(H1N1) virus initially seemed to be a quite harmless version of the influenza virus, potential dangers included the fast spread and possible mutation of the virus (Bundesministerium für Gesundheit, 2009).

The German Ministry of Health released, in the early months of the A(H1N1) global spread, a range of informational brochures about the virus. As the virus reached Germany and thus emergency vaccination plans were activated, information also included pleas to the public to take the vaccination. Even though this information did not reach the entire German population (Tempel 2010, 112), it aimed at describing, in short, the virus and how people ought to react to this threat.

> The virus might change, which is why its development is hard to predict. Even if the virus might become resistant against viral pharmaceuticals, the vaccination gives full protection. The vaccinations belong to the most crucial measures one must take against the new influenza. Protect yourself, if you belong to one of the risk-groups.
>
> (Bundesministerium für Gesundheit, 2009)

Setting the tone for the debate, which was closely linked to the development of the pandemic in Germany, Rösler, Hacker and Unger continued to promote the frame of the virus as an essential threat to security, especially as November approached and with it came the peak of fatal cases (Wilking et al. 2010, 39). Rösler, who in his position as Secretary of Health held a position of great political capital, framed the vaccinations as a choice of not only personal health but also as a responsibility to the rest of the society.

> The more people that get the vaccination – the better the protection for all of us.
>
> (Baldauf, 2009)

In turn, Hacker, who as president of the RKI worked with disease control and investigation of the virus, became the one most prominent voice in the public debate about the dangers of spread and mutation. He concluded, several times, that the best way to fight any disease was to stick to the vaccination plans.

> When talking about infectious diseases, vaccination remains the best path for prevention.

(Schmitt, 2009)

Finally, with focus on the impact that the virus would have on society in general, Unger urged the public to comply with recommendations given by the Ministry of Health, as he saw a the threat of a dangerous pandemic as inevitable.

> We know, from the predictions of the RKI, that we need to prepare for a real pandemic that will hit us sooner or later
>
> (Weers, 2009)

3.2.3 Differences and Similarities

In both cases the central political actors displayed unity in calling out for vaccinations and arguing that these (extraordinary measures) should be seen not only as a means for personal protection but also as a way to protect the entire society. Considering their ability to define security, as provided by the social and political capital that comes with their posts, the political actors naturally had input on the public opinion. For the comparison of the two countries in can be established that holders of the equivalent posts acted in a similar fashion. An important difference however was that German pleas to the public, to take the vaccination, were limited to the earlier defined risk-groups.

3.3 Legal Aspects

For this point of comparison the essay aims at evaluating the legal aspects of the securitization of infectious disease in general. This will allow for a better understanding of the conditions for the securitization of the A(H1N1) virus. Given the hypothesis, built on Buzan's argument about the institutionalization of securitization (Buzan et al. 1998, 27), that a strong legal framework for the fight against infectious disease (i.e. one that contributes to the understanding of the topic as a matter of security) will in fact make the securitization of a single disease or virus easier, this essay will analyze how this institutionalization contributed to the securitization of the A(H1N1) virus. International and national legislation will be analyzed, as well as contracts with the pharmaceutical industry (GSK in both cases), which is why this particular point of comparison includes, in addition to the two national ones, an international dimension.

3.3.1 International Legislation

Both Sweden and Germany are members of the WHO and the WHA. This means that the two countries share a legal aspect in the work with infectious disease. In the WHA resolution A54/9 it is established that resolutions WHA48.13 and WHA48.7 are central documents to the fight against infectious disease. They state, very clearly, how member states should understand the threat of infectious disease. Their content is summarized in WHA resolution 56.19.

> Recognizing that influenza viruses are responsible for seasonal epidemics that sicken millions worldwide and cause fatal complications in up to one million people each year.
> Further recognizing that many of these deaths could be prevented through increased use, particularly in people at high risk, of existing vaccines, which are safe and highly effective.
>
> (WHA56.19)

In fact the resolutions of the WHO argue that especially in this new globalized world the nations are faced with a new heightened risk from various types of infectious diseases. Further, they state that any outbreak of any type of infectious disease in any given country should be seen as a potential threat to the entire world.

> Increased population movements, whether through tourism or migration or as a result of disasters; growth in international trade in food and biological products; social and environmental changes linked with urbanization, deforestation and alterations in climate; and changes in methods of food processing, distribution and consumer habits have reaffirmed that infectious disease events in one country are potentially a concern for the entire world.
>
> (WHA A54/9)

3.3.2 Sweden

In Sweden there are two relevant objects for analysis on the national level: the national pandemic preparedness plan and the contract with GSK signed in 2007. The national pandemic preparedness plan was created in 2005 and has ever since been updated on regular basis, the latest in May 2009 (MSB and Socialstyrelsen 2011, 7). The contract between GSK and Sweden, signed 2007, states the legal conditions for the purchase of influenza vaccine and is activated as soon as the WHO confirms a global pandemic. Sweden is here represented by the National Board of Health and Welfare (NBHW) and the Stockholm County Council (SCC), which in turn represents all Swedish county councils (RGCSAPIV 2007, 1-5).

The national pandemic preparedness plan states that if new viruses cause a global epidemic, a so-called pandemic, the effects on Swedish society might be

dramatic (Socialstyrelsen 2009a, 3). It focuses on the cooperation for mitigation of pandemic effects, but also states "other areas may become relevant" (ibid). One of the most important effects of this plan is that it has the power to overrule conventional Swedish laws, such as Smittskyddslagen (2004:168) and the law on protection against international threats against peoples health (2006:1570). The possibility to do this is in the plan named "the possibility of extraordinary measures" (Socialstyrelsen 2009a, 19). There is however no reference to what exactly constitutes such a measure, or what conditions legitimize its use.

The Swedish GSK deal states that " NBHW and the County Councils recognize the need to take suitable measures to increase the level of pandemic influenza preparedness in Sweden and therefore wish to arrange the supply of pandemic influenza vaccine" (RGCSAPIV 2007, 4). Furthermore it states that the "purpose of this procurement procedure is to ensure that, in the event of an influenza pandemic, Sweden has access to vaccine for its entire population" (RGCSAPIV 2007, 5). The deal thus states that 18 million doses of pandemic vaccine are to be bought from GSK (RGCSAPIV 2007, 57).

3.3.3 Germany

The German national legal aspects in the realm of infectious disease include primarily the national pandemic plan (RKI 2007) and the contract between the German state and GSK (VBLGBPB 2006). The German national pandemic plan was first created in 2005 and has ever since been updated, the latest version having been published in 2007 (Schaade et al. 2010, 1277). The contract between GSK and the German state, represented by the Ministry of Health (federal level) delegations from the 16 German states (Bundesländer), specifies that Germany will buy pandemic vaccine in the case of a pandemic, as defined by the WHO (VBLGBPB 2006, 5).

The German national pandemic plan states that influenza pandemics (as defined by the WHO) constitute a case of cross-state damage (RKI 2007, 2). It continues by describing the influenza pandemic as a matter of direct and collateral damage, which may cause lasting damage or destroy the livelihoods of a large part of the German population (RKI 2007, 2-3). Furthermore the plan states that one of the main goals in the work with influenza pandemic preparedness is to shorten the time it takes for a influenza vaccine to be produced and distributed to relevant parts of the population (RKI 2007, 6). The plan however holds no power to override any conventional legislation. This should however not be given to much consideration as Germany holds extensive legislation, including the possibility of extraordinary measures, in the "Aviäre Influenza Meldepflicht Verordnung"(AIMPV) and the "Infektionsschutzgesetz"(IfSG). Both are laws on national health and mitigation of pandemics.

In the German GSK-deal it is stated that a pandemic is in fact only eminent if the WHO issues a level-six pandemic alert (VBLGBPB 2006, 7), which will trigger the production of pandemic vaccine by GSK (VBLGBPB 2006, 12). The

contract states that Germany, under the circumstances, will buy a minimum of 20% of the pandemic vaccine produced at the GSK-factory located in Dresden but that the maximum amount of vaccine to be bought is enough to sufficiently vaccinate 50% of the German population (VBLGBPB 2006, 5). This, less-than-100%-deal, is en essence a result of the critical stance held by several German states to the creation of the GSK-deal, which they deemed to be driven largely by the commercial interest of the pharmaceutical industry. This is well displayed in a statement made by Christine Lieberknecht, Secretary of Health in the state of Thüringen in 2009, who in the movie *Profiteure der Angst* (2009) points out how the GSK-deal turned into a rather sinister form of political roulette.

> Those states that bought less of the vaccine were initially branded as irresponsible. As people noted that lower quantities than expected were in fact needed this started to change, but nevertheless, the whole situation could always change over night.

3.3.4 Differences and Similarities

Under the non-binging international legislation provided by the WHO, both Sweden and Germany are subject to the same rules in fighting infectious disease. Both countries have also created similar plans that are activated in the case of a pandemic as defined by the WHO. Combined with conventional national legislation on infectious diseases and influenza in particular, these plans create a similar type of response to the threats associated with pandemics. Thus the level of securitization of infectious disease in general must be considered as institutionalized in both countries. This means that when talking of infectious disease (in general or particular terms) security is implicitly mentioned.

However, in the Swedish case the order made at GSK was 18 million doses of pandemic vaccine, covering 100% of the Swedish population (considering that a full protection is achieved after two separate vaccinations). Germany only aimed at vaccinating an absolute maximum of 50% of its population, keeping the option to buy even less vaccine than that. Being a result of serious doubts presented by several German states, the institutionalization of infectious disease met severe critique only in Germany causing the implicit understanding of any infectious disease as a matter of security to be considerably less obvious.

3.4 Historical Connotations

Historical Connotations are of great value when a securitizing actor tries to provide a certain frame, by means of which a particular topic is understood, to the relevant audience. Thus, for this point of comparison the paper will analyze references made to the 1918 Spanish Influenza, which is the most prominent

historical connotation in the field of modern infectious disease (Zylberman 2010, 14).

3.4.1 Sweden

In Sweden the references to the Spanish Influenza appeared almost as soon as the reports on the A(H1N1) virus. In early May *Aftonbladet* reminded readers of the Spanish Influenza, from 1918 to 1920, having killed anywhere between 20 and 50 million people (Lindqvist, 2009). Most important however was that the Spanish Influenza, just as the A(H1N1) virus was a H1-virus (ibid.). The purpose that this comparison naturally served was to introduce the reference to the Spanish Influenza as a way of predicting possible scenarios of the A(H1N1) pandemic. Articles used the same terminology for the Spanish Influenza as for the A(H1N1) virus, calling it "potentially devastating" and "very dangerous" (Hjertén and Ylinenpää, 2009).

It was however not only the media that turned to this historical analogy. Even the authorities contributed, as for example Annika Linde (head of the Center for Disease Control) stated that one "should expect a second wave of the virus in spring as this was what happened during the Spanish Influenza" (Stockholm TT, 2009). Linde also repetitively compared qualities of the two viruses, arguing that a mild start of a pandemic should never be mistaken for a sign of a mild pandemic, as we should have learned from 1918 (Spolander, 2009).

3.4.2 Germany

German analogies to the 1918 Spanish Influenza appeared in two, diametrically different, settings. First, many commercial magazines engaged in a continuous comparison of the A(H1N1) pandemic with the Spanish Influenza. Second, authorities and well renowned magazines argued that no such comparison could be made (Buss, 2009).

In July 2009, analogies to the Spanish Influenza started appearing in German media. In the world of commercial magazines, such as the *Bild*, they filled the purpose of predicting a second wave of the virus, which had been the most devastating blow of the 1918 Spanish Influenza (Brackeen 1819, 147). The implicit point made by articles such as "Swine influenza causes disaster in Mexico – 68 people already dead" (Bild Staff, 2009a) was that it should be considered possible to predict the outcome of the A(H1N1) pandemic by reference to the Spanish Influenza outbreak in 1918. It was established that since the Spanish Influenza pandemic had showed a very strong second wave of infections, we should expect no less from the A(H1N1) virus (ibid.).

As a strong contrast to this, references to the Spanish Influenza made by authorities and major magazines, with the backing of numerous renowned

experts in the field of infectious disease, argued that there was little or no basis for any comparison between the two viruses. In "As drastic as stupid" Buss explains that most scientists in the field believe that a pandemic can never ever be fully predicted, but that it may or may not turn into a severe crisis depending on factors that can hardly be calculated beforehand (2009). Furthermore, it was argued that apart from the widely differing contexts of the two pandemic outbreaks there were also medical aspects that did not allow for a clean cut comparison of the two viruses. In an interview, David Morens, epidemiologist and medical historian at the US-National Institute of Health, argued that the world "of then and now" hold such differences in medical terms that any comparison is bound to be flawed at best. (Drenner, 2009). In fact it was argued that much of the comparisons and other references (such as movies portraying varying Armageddon-scenarios) were simply made for one reason, to create hype and panic (Buss, 2009). From the authorities, Secretary of Health, Philip Rösler, gave the clear message that the dangers A(H1N1) virus should be determined by itself and not in comparison to a pandemic of a past world (Reuters 2009).

3.4.3 Differences and Similarities

Although there are similar tendencies in the use of historical connotations in terms of references made to the 1918 Spanish Influenza, the differences in use of these analogies stay prevalent. In Sweden, references to the Spanish Influenza underlined the plausibility of comparing the two pandemics whereas their German counterpart proposed the opposite. This basic scenario can also be seen in the authorities' use of historical connotations. In Sweden, central political actors contributed notably to the so called "worst-case scenario" understanding of the A(H1N1) pandemic (Zylberman 2010, 14), by comparing the two viruses. In terms of securitization, this means that this historical connotation was provided by central political actors who used their social and political capital to promote the framing of the A(H1N1) virus as a matter of security.

3.5 The Audience

For this point of comparison the essay aims at demonstrating the impact that public perception had on the outcome of the securitization processes. This will be done by analyzing the perception of risk, the virus and the vaccinations among the public. The results of this section are based on two surveys that are statistically representative of the relevant countries entire population, performed by the MSB and RKI respectively. It is however beyond the scope of this essay to deal with any underlying causes of potential differences between the two countries.

3.5.1 Sweden

In Sweden 62% of the participants answered yes, when asked if they had taken the vaccination (Börjesson and Enander 2010, 5). The main arguments provided when asked why they had decided to do so were "experienced risk, knowledge about the virus and trust in the authorities" (ibid.). In effect 83% of those who did take the vaccine stated that it was out of fear for passing the virus on to relatives (Börjesson and Enander 2010, 11). In comparison to this however only 17,6% of all participants stated that they expected to actually be infected by the virus (Börjesson and Enander 2010, 12). This indicates that as a result of insecurity many decided to use the vaccinations as a preventive measure.

In Sweden the most important source of information, when deciding whether or not to get vaccinated, were doctors and medical staff closely followed by family members (Börjesson and Enander 2010, 14). In third place came the media, which although deemed to be only the third most important source was the most frequently consulted one (ibid.). This shows that although the public deemed other more trustworthy than the media, the framing provided by the media was central to any decision made with respect to the vaccination. Furthermore information provided by the authorities was deemed as clear by 51% of the participants even though 77% stated that they had used neither the telephone-hotline or website provided by authorities as their central source for information to the public (Börjesson and Enander 2010, 15). A majority of participants stated that they felt overall well informed about the virus, vaccination and personal safety (Börjesson and Enander 2010, 18).

For those who decided not to take the vaccination, the main reason for doing so was the risk of side effects associated with the vaccine. 41,3% stated that they were afraid of potential side effects and 37,7% were in doubt about the actual efficiency of the vaccine (Börjesson and Enander 2010, 11).

A counterintuitive development was that whereas 24,4% of those vaccinated believed that they might be infected, the corresponding figure for those not vaccinated was only 4,6% (Börjesson and Enander 2010, 12). Also unrest in relation to the virus was clearly higher for those who were actually vaccinated, as 14,4% stated that they felt uneasy. The corresponding figure for those not vaccinated was only 4,1% (ibid.). Thus, in a country that promoted the vaccinations successfully the result, as illogic as they may be, was that the public in general felt less secure and showed a rising risk perception associated with the A(H1N1) virus.

Based on the above presented, it must be said that the Swedish public to a great extent accepted the messages provided by the securitizing actors. As risk perception and belief in authorities both scored high, there was little doubt among the public that by taking the vaccination not only personal health was secured but also that the interests of society at large were served.

3.5.2 Germany

The risk that the German public associated with the A(H1N1) virus was low throughout the course of the 2009 pandemic (Walter 2010, 34). Only 8% of the German population decided to take the vaccine (ibid.), which by any standards must be considered incredibly low. Even of those who by definition, as provided by the German Ministry of Health, belonged to special risk-groups only 15% decided to take the vaccine (Walter 2010, 34). The most commonly stated reason for not taking the vaccine were uncertainties concerning the quality of the vaccine and thus potential side-effects (Walter 2010, 35). This indicates that Germans in general were very critical of the A(H1N1) virus' portrayal as a matter of security, as they primarily were concerned with the safety of the vaccine and not the potential risks of the pandemic.

Furthermore, 70% of the German population felt well-informed about the A(H1N1) virus and a majority also stated that they used mainly medial sources to gain knowledge about the virus. Furthermore 55% stated that they felt increasing uncertainty due to inconsistency in media-reports (Schmidt 2010, 115). Thus it can be established that the German public, although feeling well informed, also took a critical stance to any information on the subject that they deemed to be inconsistent with prior information.

In Germany an overwhelming majority of the participants stated that they had no concerns about their personal health because of the pandemic (Walter 2010, 35). This suggests that German threat perception was very low, especially after December 2009 when infection rates drastically dropped. As a result the public opinion of the vaccinations stabilized as 80% of the population t felt no need for any vaccinations (ibid.).

In Germany the acceptance of the messages provided by the securitizing actors was extremely low. Thus the securitization process should be considered weak at best. However it is important to note that although many may have considered the A(H1N1) virus a matter of security, i.e. agreeing with securitizing actors on this point, they did not support their call for vaccinations.

3.5.3 Differences and Similarities

The main difference between the Swedish and German public reaction to the 2009 A(H1N1) pandemic is best demonstrated as the outcome of the vaccination campaigns. The combination of high risk perception and faith in the authorities caused the Swedish population to accept the extraordinary measures proposed by the securitizing actors. In Germany however a far more critical stance was taken by the public which considered the risk of being infected by the virus as fairly low.

4 Conclusions

This study was intended to (1) illustrate differences between the Swedish and German securitization of the A(H1N1) virus, (2) link these differences in process to the differences in outcome and (3) explore the role of the audience in both cases.

The first and second research question included an analysis on five points: medial aspects, political actors, legal aspects, historical connotations and the audience. Here it has been established that although close to identical in several aspects, there were at least three significant differences between the analyzed securitization processes. In what follows, these differences are shortly summarized and the presented link to the difference in outcome is accounted for. First, it has been established that the level of institutionalization of infectious disease is higher in Sweden than in Germany. This has resulted in differences in national legislation on infectious disease, where Sweden takes a more securitized stance than Germany. Second, it has been empirically illustrated that the risk perception in connection to the A(H1N1) virus varied drastically in the two countries, causing a majority of the Swedish population to take the vaccination whereas only a very small percentage of the German population deemed the virus to be of any significant risk to personal health and society. Thus, the Swedish public was more eager to accept the virus a matter of security than its German counterpart. Third, it has been demonstrated that the use of historical connotations made by authorities varied greatly in the two countries. As Swedish authorities explicitly drew parallels between the A(H1N1) virus and the Spanish Influenza, this significantly accelerated the securitization process in the country.

Finally, and for the third research question, it has been shown that the audience is the ultimate object of investigation for any securitization process since it holds the power to either accept or refuse any attempt to securitize a particular topic.

For this study, it must be noted that the investigation is based on a small comparative study, causing it to struggle with omitted variables which might give further understanding of the differences in outcome. Thus any conclusions drawn from this study must be treated very carefully since they do not hold any particular level of robustness and hence, even though may be applied to other cases of securitization of infectious disease, may not be very useful. As the comparative methodology, using only two cases, is generally looked upon as a relatively weak tool for any generalization, there also exists a tendency towards over-interpretation of the results, as natural reference points are not available in this study. Also, the material used for this investigation is sometimes limited which mainly is a result of limited data, as it would have been quite impossible to collect suitable first hand material within the time frame of this project.

However the results presented by this study do effectively provide answers to the research questions of this investigation, showing that given a few central

points of comparison, a deeper understanding of any securitization process can be achieved, and thus a comparison between several different processes is possible. Also, with reference to the framework provided by these points, a discussion of the causality, i.e. the link between difference in process and differences in outcome, is made possible. Despite all limitations, it has been possible to show how and to some extent why, there existed such a striking difference between the outcomes of the A(H1N1) securitization processes in Sweden and Germany.

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