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Азией и внутри нее. Поскольку региональное сотрудничество между странами Центральной Азии в последние годы имеет положительную динамику, возможно, региональные и межрегиональные меры ЕС могут способствовать углублению будущего регионализма в Центральной Азии.

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### **SECURITIZATION OF NEW EMERGING THREATS**

**Nigmatova Gulzat Tolegenkyzy**

sultangaligulzat@gmail.com

PhD student in International Relations,

L.N. Gumilyov Eurasian National University, Astana, Kazakhstan

Supervisor – Kussainova A.M.

A considerable amount of literature has been published on securitization of threats that pose a danger at national and international level. These studies show that security is no longer limited to the bounded scope of military dangers, and health issues are now properly referred to ‘as one amongst a number of non-traditional security concerns that include the environment, energy, food and migration’ [1, p.2]

#### **New emerging threats in the Post-cold war era**

According to McInnes and Lee (2006), health problems started to come out after the 9/11 event and several threatening bio-chemical attacks throughout the world, which made people to become anxious. As McInnes and Lee observe [2, p.13]:

The use of biological weapons by Iraq against its Kurdish population in 1988, suspicions that the same government was stockpiling anthrax, botulinum toxin, smallpox and other agents

prior to the Gulf War of 1991–92, the attempt by followers of Rajneesh Bhagwan to spread salmonella in the US, and the attack on the Tokyo subway using sarin by the Aum Shinrikyo cult in 1995, all contributed to a heightened sense of awareness that ‘non-traditional terrorists’ were becoming better organised, some seeking access to biological weapons.

The evidence seems to indicate that the Post-Cold war period made significant changes to national and international security. The most anxious thoughts of people were issues such as infectious diseases, cyber-attacks, terrorism, and extremism.

As noted by O’Manique and Fourie, in the 1990s the UN started to review its notion of security: society does not accept traditional concepts of conflict; there were occurred new features of hazards that penetrated to real life of people and policy [3, p.247]. They discussed about the events which were the evidence of new evolution of wars such as ethnic, religious, tribal and more globalized ones as cyber-attacks, terrorism that represent themselves as a threats of new era.

Traditionally, military concepts of security threats began to move back in the early 1990s, the United Nations Development Programme (UNDP) issued its World Development Report in 1994, inventing the concept ‘human security’, taken to refer to any threat (military or other) that threatens the well-being of humans [3, p.247]. Together with that, the issue of domestic lack of stability had a significant surge on the international agenda for most of the 1990s. A key matter of importance was that internal imbalance could spread internationally, threatening regional stability and international trade. However, the focus on internal instability and ‘failed states’ also defined human rights concerns which exceeded conventional concepts of state sovereignty [2, p.15]. By the same token, Fidler in his study maintains that health in terms of security appeared since the mid-1990s. As Fidler explains, securitisation phase of for public health started to reply main factors of progress: increased potential spread of terrorism and bioweapons; proceeding rise of HIV/AIDS infected people around the world; and growing realization about susceptibility of nation in developing and industrialised countries provoked by the massive spread of disease risks which devastate political, economic and social spheres of life. Altogether these events led experts begin to frame public health issues as a security issue [4, p.42].

In addition, fighting against terrorism and HIV/AIDS, both may be accepted as a similar issue due to the several factors such as: US State Department initiative for claiming this as a huge problem that needs attention and mobilization, and one of the main challenges of national and international security [3, p.247]. Moreover, the first serious attempt to discuss a health issue in connection with security framework was on 10 January 2000 by the UN Security Council. Following that debate securitization of HIV/AIDS got a legal status in July 2000 by UN Resolution 1308. This chapter has demonstrated how pandemics started to consider as a security issue. It is now necessary to explain the theory of securitization and how infectious diseases refer to it.

#### **Reasons of securitizing HIV/AIDS**

Despite the fact that HIV/AIDS has been securitized, there are several drawbacks of that action. Elbe discusses about the HIV infected people that facing challenges, when they are subject to undue attention which isolates them from community: not giving permission to work in the state institutions, rejecting to issue visas for travelling. All of these actions directed to them violate human rights, even if securitize state and community from HIV/AIDS disease [4, p.128].

Securitizing HIV/AIDS pandemics means that this disease has as national so international concern on this. Considering this issue as a security problem, less developed countries defend own military forces and political elites, who in turn get the medical treatment. However, the civilian population has no access to medicines, or at least they moved to the last of the queue. In his paper, Elbe shows the examples of some African countries that practice such an issue in terms of access

to expensive antiretroviral medicines. In his case study of Zambia, for example, military representatives have begun to debate that the armed forces should have primary access to more government funding for ARVs, because the military and their families are more at risk because of the nature of their job, and because this would contribute to world peace. Similarly, in Rwanda, high-ranking officers increasingly have an access to ARVs, whilst the general population does not [5, p.129]. To quote from Elbe:

The portrayal of HIV/AIDS as a security issue thus plays into the hands of those who already have the greatest chances of access to medicines, rather than into the hands of those who are currently least likely to receive such access. Indeed, it may inadvertently help to ensure that soldiers and elites who play a crucial role in the maintenance of national and international security receive access to treatment, without being able to ensure that such treatment is also provided democratically and universally to all who need it. This too is an important normative drawback that needs to be reflected upon in a more sustained manner [5, p.130].

As Elbe observed in the quotes above, inaccessibility of medicines to civilians who do not get involved in politics or military has a necessity to be solved, because it creates discriminatory conditions within the state or the region.

Another key point is that speaking at the UN Security Council in January 2001 Dr. Peter Piot, Executive Director of UNAIDS (2001), argued that “[t]he simple fact that the Security Council regards AIDS as a significant problem sends a powerful message: AIDS is a serious matter for the global community” [5, p.130]. Furthermore, McInnes emphasises the importance of securitization in case of widespread presence of HIV infection, which can destroy stable community by infecting skilled “professionals, including civil servants, teachers, police and health worker, may threaten the institutions that make a state run effectively. This may undermine confidence not just in a government but in the state itself” [6, p.317].

A number of authors (Elbe, Aginam, McInne) define evidences based on the historical facts when microbial forces were significantly stronger and more ruthless than armies in the battlefield. It has been demonstrated that the permanent infectious illness burden exacerbate economic disintegration, social crushing, and political destabilization in the states. According to recent studies of National Intelligence Estimate (NIE), they economically affect on productivity, profitability and foreign investments which will be reflected in growing GDP losses, especially in Sub-Saharan African countries.

Elbe draws our attention to the Zimbabwe’s case, where three ministries of government were died because of AIDS and six are reported to be HIV-positive. In some degree, as it is argued, medical treatments are more accessible to political and military power, but even the former president of Zambia Kenneth Kauna was not able to prevent his son’s AIDS death. (IBID) Having defined the causes to securitize HIV/AIDS, I will now move on to discuss several areas of tension that occurred owing to securitization HIV/AIDS.

#### **Advantages and drawbacks of securitizing**

Buzan et al. point out that a security debate generally involves two predictions: “What will happen if we do not take security action (the threat), and what will happen if we do?”

McInnes and Rushton define three particular areas of tension which appeared due to the securitization of HIV/AIDS. Firstly, they draw our attention on human rights and ethics and normal politics, it is mentioned that obligatory requirement HIV testing in order to get a job or in a traditional life of human being is considered to be as a violation. Commenting on this, McInnes and Rushton write:

In making HIV a security issue, a claim is being made that it is outside the realm of normal politics; and that, as an extreme event, it warrants extreme response measures, such as the suspension of certain civil liberties [7, p.240].

Secondly, even though HIV is securitized, not everyone has an access to medical treatments. As shown above, for instance, in some African countries political elite has more priority in distribution of antiretroviral medicine. On this basis it may be inferred that inadequate attitude towards peoples' rang affects on their health and lead to the problem. In the third order, McInnes and Rushton state:

while considerable progress has been made in terms of how HIV and AIDS are perceived, in particular with regard to the stigmatization of people living with HIV or AIDS, securitizing HIV might run the risk of creating a new form of stigma: namely, that those living with the disease are not only health risks but security risks as well. In considering the extent to which security-based logics have come to underpin national and international responses to HIV/AIDS, it is important to be vigilant for signs that these potential problems are becoming apparent [7, p.240].

McInnes found that there is unambiguous relationship between HIV and national security. He reviewed African militaries, where HIV-infected soldiery percentage up to 50, in Malawi and Zimbabwe expected to be nearly 75-80 per cent. Besides, it is supposed that in the periods of conflicts the jeopardy of infection may be as much as 50-100 times that of the civilian population [6, p.319]. As an illustration, Elbe shows how, in the Spanish-American war people had affected by infectious diseases such as malaria or yellow-fever, which reduced the number of applicable soldiers [5, p.319]. Also, it is mentioned about HIV/AIDS posing adverse challenges to country's military forces by acting in relation to them morally and physically. Accordingly, HIV / AIDS has a huge impact on the sphere of labor, as it creates a threat to the lives of employers' employees, for workers' rights, reduces labour resources and causes a shortage of qualified personnel, increases labour costs and reduces labour productivity.

It is argued that if inadequate action initiated now, the HIV/AIDS will possibly develop severe national and international security ramifications in the future. As Elbe observes:

Many of the security arguments about the impact of HIV/AIDS on the armed forces, on state stability, and on peacekeepers function by identifying various risk factors and then speculatively linking them in ways that indicate the potential for HIV/AIDS to cause a security crisis in the future [8, p.179].

Given this evidence, it can be seen that all implications of hazard infectious pandemics lead to irreversible problem that may devastate the system.

This paper sets out to determine causes for a securitize action taken by international actors in order to defend well-being of humans. This article has discussed the reasons for securitization of health issues, in particular there was considered the case of HIV/AIDS infectious disease.

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### **Землетрясение в Турции: последствия для развития**

**Ниязова Меруерт Султановна**

sultankyzy2703@gmail.com

Студентка 4-го курса ОП «Международные отношения»,

ЕНУ им. Л.Н. Гумилева, Астана, Казахстан

Научный руководитель – Д.К. Ахмедьянова

По данным Всемирной метеорологической организации за последние 50 лет количество стихийных бедствий во всем мире увеличилось в пять раз [1]. Стихийные бедствия, такие как землетрясения, наводнения, тайфуны и ураганы, могут нанести серьезный ущерб экономике, разрушив оборудование, здания и инфраструктуру, нарушив жизнь людей и производство.

Экономические последствия землетрясений варьируются от 100 до 100 миллиардов долларов. Этот большой диапазон зависит от магнитуды землетрясения и допущений экономической модели. Япония пострадала от одного из самых дорогостоящих землетрясений. Прямые потери от Великого Хансинского землетрясения 1995 г. (т. е. потери в инфраструктуре, сооружениях, транспорте и коммунальных услугах) оценивались в 100–144 млрд долл., или 2,1% валового внутреннего продукта (ВВП) Японии. С учетом косвенных потерь потери валовой продукции от этого землетрясения могли составить 144 миллиарда долларов. Землетрясение и цунами 2011 года в Японии привели к производственным потерям в Японии в размере 32 миллиардов долларов в марте и 52 миллиарда долларов в апреле. Производственные потери за пределами Японии из-за этого землетрясения за эти два месяца составили 17 миллиардов долларов [2].

Большинство других землетрясений в 21 веке имели экономические последствия порядка 1 или 2 миллиардов долларов США. Землетрясение 2004 г. в Ниигата-Тьюэцу в Японии привело к убыткам в размере 247 млн долларов из-за неработающего транспорта [2].

Недавнее землетрясение, произошедшее 6 февраля 2023 года в Турции и Сирии, по данным турецких властей является самым сильным землетрясением в стране с 1999 года. В результате катастрофы в Турции погибло более 44 200 человек, в Сирии – более 6 600 человек, еще десятки тысяч получили ранения. Если сравнивать землетрясение 1999 года и