



Statement by the

Research Group for Biological Arms Control
Carl Friedrich von Weizsäcker Centre for Science and Peace
Research at the University of Hamburg, Germany

to the Meeting of the States Parties to the
Biological and Toxin Weapons Convention

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Mr. Chairman, Distinguished Representatives, Ladies and Gentlemen,

Let me start by thanking you for the opportunity to speak to you today. I make this statement on behalf of the Research Group for Biological Arms Control at the Carl Friedrich von Weizsäcker Centre for Science and Peace Research at the University of Hamburg in Germany. The mission of our Research Group is to contribute, through innovative research and outreach activities, to the universal prevention of biological weapons development, production and use. The focus of our activities is twofold. Firstly, we contribute to preventing the erosion of the universal bioweapons prohibition by opposing norm-harming activities. Secondly, we develop new concepts and instruments for monitoring bioweapon relevant activities and for verifying and enforcing compliance with the norm against bioweapons.

The topic of this year's discussions in the Meeting of Experts and the Meeting of States Parties is disease surveillance. Seeing discussions on health in a security-related multilateral forum fits well with the recent development of bringing health and security issues closer together. For a long time, public health was about people and tightly connected with development questions. It was not considered a security issue in a state-centric sense. This has changed. The lack of public health is seen increasingly as a threat to regional stability and to peace and security in general.

The fact that human-made outbreaks of diseases have received increasing attention since the middle of the 1990s has intensified this development. While there is an ongoing debate how urgent the bioterrorism threat is, large amounts of money have already been made available to defend against this threat. Early on, this money went largely into specific anti-terrorism projects. Increasingly, it is used to build public health infrastructure more generally. Many – in particular at the receiving end – argue that wherever the money comes from and for whatever stated purpose, as long as public health infrastructure is built, it is money well spent. There is a growing number of voices, however, that express uneasiness about mixing security and public health in such a way. Is this uneasiness justified? Are there aspects that should make us wary to forego the traditional separation between the two?

In our opinion, there is a need to critically reflect the effects of securitising non-military spheres of society such as health. In contrast to popular belief, there is a price attached to funding public health improvements out of defence or homeland security budgets. Firstly, there is the risk of redirection of funding. The focus of security-oriented public health research has been mostly on diseases considered to be of bioterrorism concern. Issues of high importance under a general public health point of view such as primary health care, prevention and health promotion, chronic diseases and

infectious diseases causing high disease burdens such as tuberculosis, malaria or HIV/AIDS may not receive adequate attention. A worrying result of this focus on a few potential bioterrorism agents is an increase in work on these agents; this raises the number of access points to such agents for terrorists, the number of people with critical dual use knowledge, and last but not least the likelihood of accidents.

And secondly, there is the risk of a change in research culture. Traditionally, health research has been transparent, open and international. Recently, we have seen an increase in secret and semi-secret research, attempts to restrict the open publication of research results and access to certain research activities for selected persons, e.g. scientists from particular countries. Life science research will suffer, if it becomes less transparent, due to a decreased effectiveness of peer-review and less cooperation.

The tradition of transparency in health research needs to be protected. Moreover, it should inspire the discussions in this room. Transparency should be a guiding principle for biological arms control. BWC States Parties took a first step towards more transparency in 1986, when they agreed an information exchange mechanism. The CBMs are an important source of treaty-relevant information, and we applaud those states which have started discussions on CBM improvement in preparation for the next Review Conference. Our Research Group tries to support the improvement of the CBM mechanism by annually analysing the CBM submissions that have been released to the public. The latest analysis – our 2009 CBM Reader on Publicly Available CBMs – is available at the door. There are, however, many other sources of relevant data, which, if used, could increase transparency in treaty-relevant activities much further. One example are public databases, such as UN COMTRADE, that contain trade data collected by countless customs officers worldwide. Our Research Group has developed a trade monitoring concept that, if implemented, would increase transparency in the transfer of biological dual use goods globally. We have discussed this concept with a number of experts in this room and look forward to continuing these discussions.

We do not want to finish our remarks without expressing our firm belief, that disease surveillance – as important as it is for human security – is only part of proper implementation of Article X of the BWC, and no replacement for a compliance checking system for the Convention.

I thank you for your attention!
