The Securitisation of Covid-19 in a Globalised World

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Abstract

It is often said that our massive world has shrunk to become a 'global village'. Much as mankind has benefitted immensely from a globalised world, sovereign states have not escaped from the consequences of becoming increasingly integrated. Since the 21st century began, a number of countries have infrequently counted their losses during and after the outbreak of an existing or novel infectious disease that claimed thousands of lives and disrupted socio-economic activities. In the December of 2019, a new strain of coronavirus 'COVID-19' broke out in Wuhan, China, which in the first quarter of 2020, started spreading in Asia and other regions of the world. Hence, the World Health Organisation (WHO) declared COVID-19 a 'pandemic' while states national governments, following the usage of security parlance, appropriately took extraordinary measures to contain and possibly eradicate the deadly disease. This paper, hinged on the Securitisation Theory, examines the securitisation of COVID-19 in a globalised world. For the cursory study, data were garnered from secondary sources. The paper concludes that COVID-19 was successfully securitised by WHO and several states national governments. However, the exceptional measures taken by them cannot be said to be effective until the respiratory disease has been contained to a large extent the world over.

Keywords: COVID-19, Securitisation, WHO, Extraordinary Measures, Existential Threat

Introduction

We all live in a 'global village', owing to the proliferation of innovative Information and Communication Technologies (ICTs) and the gradual removal of national barriers for easy flow of trade, capital and persons (Tandon, 1998). Much as this has been a blessing to mankind in the 21st century, there are problems that come with it. Health wise, the speed and ease at which people move across states boundaries give rise to unprecedented spread of viral diseases (some of which are zoonotic diseases i.e. diseases transmitted from animals to humans) – the Human Immunodeficiency Virus (HIV), Ebola Virus Disease (EVD), Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV), Middle East Respiratory Syndrome Coronavirus (MERS-CoV), and now the novel coronavirus disease (COVID-19).

The aforementioned infectious diseases have not erupted without states national governments and international organisations alike, responding accordingly. Over the years, they have used the security language to declare a contagious disease as an immediate or imminent existential threat. For example, on the 17th of July, 2000, the United Nations Security Council (UNSC) in Resolution 1308 stated that if the HIV/AIDS pandemic is left unchecked, it "may pose a risk to stability and security" (UNSC, 2000 as cited in Adeola and Ogunnoiki, 2016, p. 76). On the 8th of August, 2014, the World Health Organisation (WHO) declared the Ebola epidemic a "public health emergency of international concern" under the International Health Regulations (IHR (2005)) (see Burci and Quirin, 2014). On the part of the UNSC, it adopted unanimously on the 18th of September, 2014, Resolution 2177 where it clearly stated that "the unprecedented extent of the Ebola outbreak in Africa constitutes a threat to international peace and security" (Adeola and Ogunnoiki, 2016, p. 75; UNSC, 2014 as cited in de Bengy Puyvallée, 2017, p. 48).

Presently, sovereign states in the international system are fighting independently and collectively against COVID-19 which WHO proclaimed as a "pandemic" in the Q1 of 2020. Against this backdrop, this paper, predicated on the securitisation theory, is a brief discourse on the securitisation of COVID-19 in a globalised world.

Theoretical Framework

At a time as this when states the world over are experiencing a common health crisis, the theory often used by international relations cognoscenti in examining the situation is, the Securitisation Theory (ST) of the Copenhagen School of Security Studies. The progenitors of this theory remain Barry Buzan, Ole Wæver and Jaap de Wilde (1998) with contributions and revisions from Thierry Balzacq (2005, 2011), Ralf Emmers (2007), Juha A. Vuori (2008, 2011), Matt McDonald (2008), Rita Floyd (2010), Holger Stritzel (2014) among others.

Following the establishment of the Danish think-tank, Copenhagen Peace Research Institute (COPRI) in 1985, several security scholars began to rethink the long-standing traditional security threat (i.e. the military threat) argument of the mainstream Realist Theory. It was not until the early 1990s that an international security scholar successfully broadened the narrow scope of traditional security threat to include non-traditional security threats. The scholar to have done this is none other than Barry Buzan. Buzan came up with five security sectors which are: (i) political sector (ii) economic sector (iii) military sector (iv) societal sector, and (v) environmental sector (Buzan, 1991).

The concept 'securitisation' was first expressed in the working paper, Security, the Speech Act: Analysing the Politics of a Word (1989) by the Danish scholar, Ole Wæver, which he put flesh on in the Securitization and Desecuritization (1995), and Concepts of Security (1997). A year after, Barry Buzan, Ole Wæver and Jaap de Wilde explicitly wrote on the Securitisation Theory in their co-authored book titled: Security: A New Framework for Analysis (1998) (Stritzel, 2014, p. 11; Tafese, 2017, p. 565; Hoffman, 2020, p. 10). In the said book, they defined securitisation as when an issue is "presented as an existential threat, requiring emergency measures and justifying actions outside the normal bounds of political procedure" (Buzan et al., 1998, pp. 23-24). Succinctly, securitisation means "the elevation of an issue beyond the level of everyday politics, which justifies the use of emergency measures to deal with it" (Hoffman, 2020, p. 10). But how does the process of securitisation start and end?

The process of securitisation begins with the 'speech act' of a *securitising actor* (e.g. the national government of a state or an international organisation) that has identified and declares an issue to an *audience* (a state's citizenry or the people in the international community) as an existential threat to a *referent object* (e.g. mankind, community, state, Mother Earth etc.) which necessitate the adoption and implementation of extraordinary measures to deal with such an existential threat. The legitimacy of the extraordinary measures solely depends on the audience who must be convinced by the securitising actor of the need to take such actions. It is only when the audience accepts the framing of an issue as an existential threat by the securitising actor, that the issue becomes securitised (Buzan et al., 1998 as cited in Durocher, 2018, p. 24; Adeola and Ogunnoiki, 2016, p. 73; Hoffman, 2020, p. 10; see Murphy, 2020, p. 494).

At this juncture, it is imperative to note that there are two generations of securitisation scholars. The 'first generation' of securitisation scholars are: Buzan, Wæver and de Wilde. "To these scholars, talking of an issue with a security vocabulary can be enough to make it a security threat" (de Bengy Puyvallée, 2017, p. 5). Their proposition was critiqued and modified by the 'second generation' of securitisation scholars – Vuori, Balzacq, Stritzel, Floyd among others. Vuori (2008; 2011) for example, argued that the traditional concept of securitisation is too simplistic (Eves and Thedham, 2020, p. 2). Thus, he came up with five 'strands of securitisation' – i) securitisation for raising an issue on the agenda, ii) securitisation for legitimising future acts, iii) securitisation for deterrence, iv) securitisation for legitimising past acts or reproducing a security status, and v) securitisation for control (Vuori, 2008, p. 76; see Balzacq 2011; Eves and Thedham, 2020, p. 2).

That said, securitisation has its pitfall. A securitising actor can give a disproportionate attention and resources to a variety of issues when securitised (e.g. infectious diseases, terrorism, immigration, climate change) compared

to other issues (e.g. non-communicable diseases, road accidents) that are not securitised, but can equally be very dangerous and deadly (Al-Sharafat, 2020).

The Securitisation of COVID-19 in a Globalised World

The new strain of coronavirus 'COVID-19' belongs to a group of existing coronaviruses that include SARS-CoV and MERS-CoV. Also known as 'SARS-CoV-2' or the 'Chinese Virus' as former U.S. president, Donald Trump, called it, the virus affects the respiratory system of humans and animals (e.g. Tigers and Lions (see Goldstein, 2020)). In the December of 2019, the viral disease broke out in Wuhan, Hubei Province of the People's Republic of China (PRC), and began to spread across the world in the Q1 of 2020.

People get infected with COVID-19 through human-to-human transmission. Contracting the disease occurs when an uninfected person inhales droplets from the nose or mouth of an infected person which are discharged when he or she coughs, sneezes, or speaks. The droplets are heavy so, they quickly fall to the ground or settle on objects and surfaces close by e.g. tables, laptops, and books. Also, uninfected persons can contract the disease when they touch these objects or surfaces and use same unwashed hands to touch their eyes, nose or mouth (WHO, 2020). Those that maybe at higher risk of the deadly respiratory disease are: the elderly people or those with existing chronic medical conditions, such as heart disease, lung disease, diabetes, severe obesity, chronic kidney or liver disease, or who have compromised immune system (Mayo Clinic, 2020).

It takes 2-14 days for an infected person to manifest some of the known symptoms of COVID-19 after exposure. The most common of these symptoms are: fever or chills, dry cough, and fatigue. Other symptoms that are less common and may affect some infected persons include: aches and pains, nasal congestion or runny nose, headache, conjunctivitis, sore throat, diarrhea, chest pain or pressure, loss of taste or smell, a rash on skin, and discoloration of fingers or toes. These symptoms are usually mild and begin gradually. However, an infected person can display the severe symptom of shortness of breath (CDC, 2020; WHO, 2020). Equally important to note here is the fact that not all persons with the disease exhibit either the mild or severe symptoms. Such 'asymptomatic' people can inadvertently infect others with the viral disease.

Measures for preventing oneself from being infected or spreading the infectious disease have strongly been recommended by medical practitioners, health institutions and disease control centres. These measures include: the maintenance of good hygiene (regular washing of hands with soap and clean water or the use of alcohol-based hand sanitiser) social distancing (at least 1 metre away from another person), outdoor wearing of face mask, sneezing into one's elbow, coughing into a disposable tissue, and disinfecting frequently used objects and surfaces e.g. doorknobs and handrails (WHO, 2020).

To date, over 150 countries have recorded confirmed cases of people with the novel coronavirus, if not deaths. Those with the highest number of confirmed cases and death toll in the Q4 of 2020 include: the United States, Russia, Brazil, and India. Though vaccines for COVID-19 have been produced by Pfizer-BioNTech, Sinovac Biotech Ltd, Sinopharm, Johnson & Johnson, and not to forget the Oxford-made AstraZeneca vaccine, Russia's Sputnik V, and India's covaxin, clinical trials are still underway around the world as the virus has mutated in several countries – UK variant B.1.1.7, Nigerian variant B.1.525, South African variant B.1.351, Brazilian variant P.1, and the "double mutant" in India.

Thus far, the global response to COVID-19 contains all the vital ingredients of securitisation: securitising actor, illocutionary act, existential threat, referent object, audience, and emergency measures (Sears, 2020). In China, President Xi Jinping on the 22nd of January, 2020, "ordered the immediate imposition of tight restrictions on the movement of people and channels of exit in Hubei and Wuhan." (The State Council Information Office of the People's Republic of China, 2020). Three days after, he spoke of the "battle to contain the virus" at a meeting of top Communist Party of China (CPC) officials (Caballero-Anthony and Gong, 2021, p. 160).

On the 11th of March, 2020, WHO declared the contagious disease a "pandemic" (i.e. 'an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people' (Kelly 2011 as cited in Rolland, 2020)) to the people of the world, who did not object to its declaration (Mukherjee, 2020; Sears, 2020). Joining China and WHO as securitising actors that framed the viral disease as an existential threat to an audience are the leaders of states national governments. President Trump for example, declared COVID-19 a "national emergency" to the American public on the 13th of March, 2020 (Hawkins et al., 2020). In his speech on the 16th of March, 2020, President Emmanuel Macron of France said:

"We are at war, admittedly a health war: we're fighting neither an army nor another nation. But the enemy is there, invisible, elusive, and it's making headway. And that requires our widespread mobilization." (French Embassy in London, 2020)

On the 17th of March, 2020, Prime Minister Boris Johnson of the United Kingdom used the same war rhetoric, announcing steps the day before that "are unprecedented since World War 2". Same day (March 17), he was of the view that the disease "is so dangerous and so infectious that without drastic measures to check its progress it would overwhelm any health system in the world." In closing, Boris Johnson was unperturbed about how tough the coming months will be, because in his words, "we have the resolve and the resources to win the fight." (Baele, 2020; GOV.UK, 2020; Rawlinson, 2020)

Of all the unconventional steps taken by states national governments around the world *vis-à-vis* combating COVID-19, the following are the common extraordinary measures: air, sea and land travel restrictions, quarantine of foreigners and returning nationals, isolation and treatment of infected persons, total/partial lockdown, and the deployment of security officers to enforce the sit-at-home directive.

Worldwide, the execution of the unusual measure of total/partial lockdown, for example, had varying socio-economic, and security impact. In Africa, Nigeria to be precise, the lockdown period which started late March 2020, exacerbated the poverty situation in the country (AFP, 2021). There was a surge in the cases of sexual assault on women nationwide, and the security of lives and property in several neighbourhoods in the commercial hub of the country, Lagos State, came under threat by the infamous robbery gang 'One Million Boys' (see Osah et al., 2020, pp. 124-125). Compared to European countries such as Germany, the Netherlands, United Kingdom etc. the lockdown led to anti-lockdown protests by disgruntled nationals (Euronews, 2021).

Conclusion

The novel coronavirus outbreak will not be forgotten any time soon, especially the socio-economic, and security impact it had on communities around the world. In the light of the findings of this paper, it can safely be said that COVID-19 was successfully securitised by WHO, and several states national governments that adopted and executed extraordinary measures to contain and possibly eradicate the deadly disease. However, these exceptional measures cannot be said to be effective until the respiratory disease has been contained to a large extent globally.

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