

Normalizing Human Insecurity: Exposing Global Inequality During the Pandemic

Made Fitri Maya Padmi

Universitas 17 Agustus 1945 Jakarta, Indonesia

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Abstract: Covid-19 Pandemic has been viewed as human security division as part of health security nexus. Little research has been conducted to explore of this disease as part of insecurity and threat to human survival and living with dignity. Thus, this paper aimed to analyze that during the pandemic, people are actually exposed to the insecurity rather than to be secured. This paper used qualitative research method. The data were collected and examined closely to see the details of inequalities that happened around the world. The result of this paper provided that people are exposed to multiple threats because of pandemic, especially in low-income countries. Pandemic exposed global inequalities between the rich and poor. It revealed that people living in poverty are prone to the impacts of Covid-19 diseases and forced to live with the virus as normal part of daily life.

1 INTRODUCTION

Since the first outbreak on Novel Corona Virus (Covid-19) in December 2019, there was no sign of this pandemic getting close to its end. As of 21 October 2022, based on World Health Organization (WHO), there have been 623,893,894 confirmed cases of COVID-19 and 6,553,936 people died due to this virus worldwide (WHO, 2022). The virus started in Wuhan, China transmitted from animal to human and quickly turned into human to human infection. It spread across the world through human contact, and soon became a global pandemic. The world was forced to hold almost everything: people mobility, social interactions, educations, and economic activities.

All states were in shock facing this – not so new – threat. Viruses, bacteria and other microbiomes were one of the causes of mass death throughout the history. Millions of people were killed by infectious disease more than the victims of natural disasters or wars. The Black Death, plague that struck in the 14th century, has killed around 200 millions of people, Spanish Influenza in 1918 has killed nearly 100 millions of people, Smallpox may have killed 300 millions of people in the 20th century, HIV AIDS has estimated 32 million of fatality cases and that number still added every day as today, and mosquito-borne

disease like malaria and dengue were still lurking as mass killer (Walsh, 2020). These data showed us that virus and bacteria can be paramount threats for human existence.

Thus, the concept of human security, which was putting human life as the core object of security, was relevant to explain the pandemic. Human security connected between social sciences and natural sciences such as biology, environment, health, anthropology, politics, international relations and economy, as integral part of security issues (Eriksen, 2010). Human security concept saw the threat to humans' life came from varies of factor such as natural disaster, starvation, authoritarian regime, disease, etc. Covid-19 pandemic which has been causing millions of deaths and ruining the economy could be perceived as one of insecurity source for human security.

The impact of Covid-19 reflects structurally rooted inequalities which go beyond the pandemic crisis as a mere disease. The inequalities represent the worsening gap of access toward healthcare and economic disparities. Government of a state has duty to manage the source of insecurities, and to discipline the population in order to create awareness the threat possessed by the virus. Government with its political language like 'stay at home', 'abide the health protocols', 'wash hands', 'wear mask', tried to impose habit of resilient to the people. The tools to

eliminate the virus has yet ready, thus preparing the people to live with this life-threatening condition was seen as a solution to the problem. ‘New Normal’, jargon introduced by Indonesia government was one example of it. According to Evans and Reid (2014), government encourage the peoples and individuals to cope with insecurity as the condition of possibility for humans’ life, instead of assisting peoples and individuals to develop the ability in securing themselves from the threatening and dangerous events. This paper aimed to analyze how Covid-19 was not only a health problem, but also part of human security issue. This paper also would like to analyze inequalities exacerbated during the pandemic and somehow government policies tend to familiarizing and normalizing the Covid-19 threat as an integral part of daily life.

2 LITERATURE REVIEW

The notion of Human Security has been inflicting debate among scholars regarding the security matters. The narrow security studies emphasized on military and political security as focus of phenomena and state as the prime actor on international security. However human security studies have transformed the orthodox of state-centric security into more humane and focused on human’s survival and welfare. United Nation Development Program (UNDP) in 1994 published Development reports that introduced the human security concept for the first time. It explored wider perspectives of security on human’s daily lives rather than state’s territories and economics issue rather than military approaches.

United Nation Charter acknowledged the urgency of promoting a multidiscipline approach to security. Security was not only state-centric security with the military as its core policy, but also multidimensional layer of security consists of – but not limited to - economics, health, social, environment, energy, food, political issues. UN Charter Chapter IX Article 55 stated that:

“With a view to the creation of conditions of stability and well-being which are necessary for peaceful and friendly relations among nations based on the respect for the principle of equal rights and self-determination of peoples, the United nations shall promotes: ...higher standards of living, full employment, and conditions of economic and social progress and development, ...solutions of international economic, social, health, and related problems, ...universal respect for, and observance of, human rights and fundamental freedoms for all

without distinction as to race, sex, language, or religion.” (UN Office of Legal Affairs, 2022)

While not eliminating the existence of traditional security, human security offered broader scope of threats and how to secure humans’ lives and protecting the state. Human security advocated that the people are able to freely and safely exercise their rights (UNDP, 1994). Human Security gained its popularity in early 2000 when UN Secretary General, Kofi Annan, urged all nations to work hand in hand to achieve the goals of freedom from fear and want (Vietti & Scribner, 2013). Human security meant to protect people from prevalent and severe threats and conditions. Human security aimed to build strong and resilient community. It has purpose to create such system where political, social, environmental, economic, military, and cultural aspects work together to protect the people from any kind of insecurities and live with dignity (Commission on Human Security, 2003).

Health security is part of the Human Security dimensions. Health security highlighted on the existing disease as the threat of human’s mortality, the access of people to get good health care, and the rights of people to live in a safe and healthy environment. Based on Human Security Now, a report from Commission on Human Security in 2003, health security “is both essential and instrumental to achieving human security” (Commission on Human Security, 2003, p. 96). It is essential because disease can be the source of human’s death and a threat to people survivability. Health security is also instrumental because people can resume work while being sick and not afraid of loosing their income due to sickness (Elbe, 2013).

With the spread of Corona virus, health security became more prominent than ever before. Not only it caused toll of deaths worldwide, but it also hampered the economy and livelihood of people around the world. Covid-19 as an infectious disease that rapidly spread from country to country has made itself a subject of such securitization. Not only became a serious national security issue, but covid-19 had also become an emergency international issue. Many studies have been discussing about the covid-19 pandemic and its relations with human security nexus (Nurhasanah, Napang, & and Rohman, 2020; Centro Studi Internazionali, 2021; Amartasari, 2022). Most of the studies emphasized on how covid-19 is part of human security, and it must be managed by non-traditional security approach. There was no doubt that Covid-19 brought huge impact not only just on health aspect of people, but also on their social life,

economic conditions, and other essential factors in life.

There was still limited study on the threats toward the human security. To understand how to be secured, people need to know about the insecurities. To help the decision-making process and set priorities for policy agenda, ones should be understood the meaning on human insecurity (Werthes & Debiel, 2006; Werthes, Corinne, & Vollnhals, 2011). Previously states and other international organization rely on Human Development Index published by Human Security Report Project and the World Bank as measurement for human security-related policy. A further attempt made by David A. Hastings to create a comprehensive indicators for human Security Index, including: protection of diversity, peace, environmental protection, corruption eradication and information empowerment, economic inclusion, and wide access for healthcare (Hastings, 2009; Werthes, Corinne, & Vollnhals, 2011).

This paper tried to fill the gap where human insecurities were employed to be core of public policy. Government and other policy makers utilised the exposure of threats to human's live and how vulnerability of people became the measurement of the policy. Meanwhile the goal of human security itself is to protect the people, sometimes exposure to the insecurities as essential to build a resilient community.

3 METHOD

The study uses the qualitative method with descriptive and explanation through some criteria. Qualitative method encourages understanding of the substance of an event. Thus, qualitative research is not only to fulfil the researcher's desire to get an overview/explanation, but also help to get a deeper explanation. This is a preliminary desk research to see the spreading of Covid-19 was a tangible threat to human security. Its reliability was considered though triangulation method by comparing between one information to the others using the credible website. The data used in this article is from journal, book, report, videos, news related to human security, pandemic, and covid-related policies. It is further analysed using health (in)security as main concept as the framework and to answer the human security challenge. This study will also oversee the pattern of media use repetitive news to spread not only information regarding the virus, but also familiarising it as part of human's life.

4 RESULT AND DISCUSSION

4.1 Covid-19 Pandemic as Human Insecurity

Human Security nexus provided the correlation between its dimensions. Environmental degradation has direct and indirect impact toward the vulnerability of people to economic decline, scarcity of foods, deterioration of health, and societal conflicts. The spread of pandemic exposes the multidimensional threats to the livelihood of people. It possessed the highest impact on human mortality rate, medical and health sectors, and followed by economic, social, security and psychological impact (Centro Studi Internazionali, 2021). Covid-19 inverted all the existing norms of what security means, where threats to security come from, and how the challenges should be managed. For people who live in low-income households, the Pandemic possessed a great threat to their livelihoods rather than the traditional threats in security nexus (Newman, 2022).

The merger between public health and human security notion has been gaining some popularity nowadays. Securitization of health threats – including preventable diseases and chronic diseases – showing that limited access to healthcare are significantly have bad impact to the life chance of most people than those who are threatened by traditional threats like wars or political violence (Caballero-Anthony, 2018; Newman, 2022). When including the health challenge into the threat to human security, it is often has interlink connections to the other human security issues. Health issue could impact the ability of people to perform their daily lives, including the capability to work, to get education, etc. To some extent like chronic and infectious disease, it can increase the mortality rate and it can undermine people's ability to generate income which has direct impact to the vulnerability to the other challenges.

Health insecurity has bigger impact to low-income societies. World Health Organization reported in 2019 that almost half of deaths in low-income countries were caused by preventable and communicable diseases such as diabetes, diarrhoeal diseases, lower respiratory infection, tuberculosis, complication during pregnancy and labour, and nutrition deficiencies in childhood (World Health Organization, 2020). Nearly half of all deaths in children under 5 are caused by undernutrition; undernutrition puts children at bigger risk of dying from common infections, increases the occurrence and seriousness of infections, and lags recovery (UNICEF, 2022). In 2020 45.4 million children

under 5 were affected by wasting - life-threatening result of poor nutrient intake and/or disease - of which 13.6 million were severely wasted. And Covid-19 has increased these numbers, that it was estimated 15% of children are affected by wasting because of the damage in household economy (UNICEF; WHO; World Bank, 2021).

The pandemic showed itself as a great challenge to healthcare system to the countries where health issue was not the priority. Not only in Global South, inequality of healthcare also severely affected mortality rate in United States of America. Some of the reasons why U.S became among the worst countries effected by the pandemic: in 2018 around 27.5 millions of Americans did not have any health or medical insurance; healthcare systems were managed entirely by private sectors; delayed government responses; social inequalities (Centro Studi Internazionali, 2021; Newman, 2022). “The pandemic experience in many countries has revealed and amplified structural inequalities in affected societies” (Centro Studi Internazionali, 2021, p. 14).

It was mentioned that low-income societies were the most vulnerable to the infection of corona virus disease due to limited access to adequate healthcare system. However, the pandemic affected this group of people even more. There has been growing number of extreme poverties around the world because of the Covid-19 pandemic. The World Bank estimated that that between 88 and 115 million people around the world would be forced into extreme poverty in 2020. And in 2021 was predicted that COVID-19-induced “new poor” to rise to between 119 and 124 million people (Lakner et al., 2021). World Bank also estimated 75 million to 95 million people living in extreme poverty in 2022 compared to pre-pandemic situation (Mahler, et al., 2022).

4.2 The Normalization of Insecurity

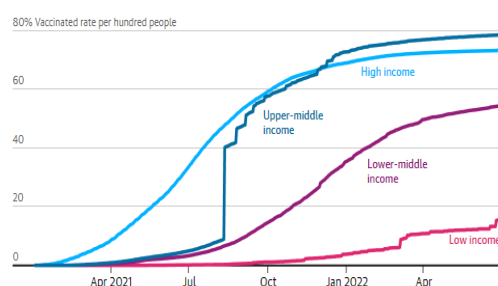
The spread of Covid-19 was pushing every government in the world into a very difficult situation. The spreading of the disease through direct contact with the infected persons, made government took limitation measure on people’s mobility. It meant that people were not only enable to interact with one another, but also the ability to work and make a living were limited and closed to none. International Labor Organization reported that “... from 187 million in 2019 to 220 million in 2020, 220 million in 2021 and 205 million in 2022. Prior to the COVID-19 crisis, the projected unemployment rate of 5.7 per cent in 2022...” (ILO, 2021). When facing

situation like this, government was forced to choose between health or economy.

At the beginning of pandemic, the most popular policy to stop the spread of the disease was through lockdown. However not all countries were in luxury to implement this. Middle and low-income countries were more likely prone to get into economic crisis if they took this measure. It was stated that it could be a welfare and social disaster if countries like Indonesia and India imposing lockdown to its own countries. It was due to lack of protection for small businesses and unemployment subsidies (Economic Times, 2020; Nurhasanah, Napang, & and Rohman, 2020).

The Covid-19 pandemic has widened the gap and disparities among people with different level of economic condition. Income inequality and the rising of unemployment made people more prone to be infected by the virus. When staying at home might save some people, for some other people – low-income – it only worsening their livelihoods. This group of societies were ‘forced’ to continue direct exposure to the disease from their workplaces and unvoluntary contribute to the spreading of the virus (Newman, 2022). People are made to normalize the insecurity by interacting with the danger of the disease every day.

Research showed that the fatality rate in low-income countries were twice than in high-income countries (Joi, 2022). However, the distribution of covid-19 vaccine to these countries by mid-2022. However, it has yet met the target with just one in seven people are fully vaccinated in low-income countries. In contrast with the population in high-income countries, there are three out of four people are fully vaccinated (The Guardian, 2022). High-income countries had greater access to vaccine due to financial condition that allow them to fund the vaccine research and being first in line to get vaccine distribution.



Source: Our World in Data (10 July 2022)

Figure 1: Covid-19 Vaccine Distribution Based on Countries' Income.

From the data above, it can be seen that in low-income countries people who were vaccinated only reached less than 20%, and lower-middle income reached less than 60%. The prerequisite for immune community is 80% of the total population. Once again, low-income and lower-middle income have to accept the reality that they were set back from the queue of vaccine distribution.

An attempt to reduce the inequalities on vaccine distribution was started by joint cooperation, COVAX, between WHO, Coalition for Epidemic Preparedness Innovation (CEPI), GAVI and UNICEF as key delivery partner. COVAX collected vaccines from developed and high-income countries and distributed the vaccines to low-income countries. Vaccines distribution through COVAX were intended to ensure people around the world have the same access to the covid-19 vaccines (Rydland, et al., 2022). Almost all of the countries in the world have signed the initiative. However the shortage of vaccines supply became obstacle to the distribution to the low-income countries and undermining the equity purpose of COVAX itself (Storeng, de Bengy, & Stein, 2021). COVAX relied on the donor for vaccine supply and financial support for production from high-income countries. This joint initiative like any other products of diplomacy, it needs more than just countries' goodwills to be successful. It was criticized that COVAX is a temporary solution that capture high-income countries' interests. When the vaccines supply in developed countries are in the middle of national debate whether the vaccine are for national needs or is it enough for international aids (Storeng, de Bengy, & Stein, 2021; Rydland, et al., 2022).

The government from low-income and middle-low income countries could not only depend on vaccines supply to protect their people. Various measures to contain the disease were taken such as social distancing, wearing masks on public spaces, the use of sanitizing products, travel ban, social lockdown. The government of Indonesia introduced a work-from-home order to the societies in the early spread of the pandemic. It was later revised and supported by tighter regulation called large scale social and mobility restriction (PSBB). The government of Indonesia did not impose a full lockdown scale as a concern to economic conditions of low-income societies (Sparrow, Dartanto, & Hartwig, 2020). In many countries like Indonesia, mobility restriction created a set back on economic conditions of the people. Majority of people could not adjust to work-from-home scheme as majority of work fields could not be done remotely. The increasing number of poverty and decreasing of people's ability to fulfill

their daily needs, changed the government policy regarding the mobility restriction. The loosening of PSBB in Indonesia as a result of compromise policy that government has taken to slowdown the impact on economic crisis. Relaxing the mobility restriction and weak compliance with the public health protocols caused the unwanted rising on covid-19 infections among the people (Rema & Olken, 2020; Sparrow, Dartanto, & Hartwig, 2020).

Repeated events of this crisis during pandemic made some countries created a new measure called the "New Normal". "New Normal" policy was developed during pandemic to treat the virus as part of everyday life of people. This normalization can come from government policy regarding the disease and the behavior of people facing the pandemic (Capano et al., 2022). It rooted from the assumption that the corona virus disease will stay in a long time and the pandemic risk will be adjusted to people's ability to cope.

New Normal was introduced to the societies in order to restore the socio-economic lives within the boundaries of health protocol. People are allowed to go back to "normal" activities including work and continue to make a living. People, especially from middle and low-income societies, needs could not stay at home to provide for their families (Labolo, 2022). People in developed countries embraced new normal sooner than low-income countries. Countries like European Union member states where more than 70% of its population have been fully vaccinated, the wearing mask is not mandatory anymore (European Centre for Disease Prevention and Control, 2022). In contrast to the low-income countries that people need to be out of home to make a living while most of population are not fully vaccinated. These people are expose to the danger of virus while they are shoved into the "new normal" conditions.

5 CONCLUSION

Pandemic has brought a very odd situation for people around the world. Virus became the major source of human insecurity. It brought not only the issue of deadly infectious diseases, the limited access to healthcare system but other threat to human's survival. The shocking impacts of pandemic were how different the capability of people in facing risk of pandemic depending on their economic ability. People with low-income are the most prone group affected by the virus. The gap between high-income countries and low-income countries can be seen from the mortality rates in those countries, vacancies

distribution, and how the people were introduced to “new norma” terms. People are forced to live side by side with the disease, people are expected to adapt with the threats of their own survival.

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