Of Gainers, Losers, and Victims: COVID-19 and Securitized Lockdown in Nigeria in Early 2020

Albert Chuma Okoli[*] Elias Chukwuemeka Ngwu[**]

Abstract

This paper analyzes the impact of the Covid-19 lockdown on the Nigerian populace from the standpoint of how the socio-positional backgrounds of people accounted for their differential vulnerabilities in that regard. By way of a qualitative analysis that relied mainly on a desk study, the paper posits that the lockdown was over-securitized and anti-people, considering the gale of police brutality and violation of human rights that attended the process. The paper makes a case for a moderately de-securitized lockdown regime that is implemented based on incentivized moral suasion rather than coercion.

Keywords: COVID-19, Lockdown, Pandemic, Public Health, Securitization.

Introduction

In December 2019, a disease outbreak was recorded in Wuhan city of China. It was a rapidly onset epidemic that came to be known as COVID-19. Caused by a novel virus designated as SARS-CoV-2, the disease was declared a "Public Health Emergency of international concern" by the World Health Organization (WHO) on January 30, 2020 (WHO, 2020a). This was a sequel to the rising international spread of the disease, due largely to human circulation enabled by the global aviation industry.

On March 11, 2020, WHO redefined the hitherto localized epidemic as a pandemic, following its alarming spread and incidence across the world (UNODC, 2020). Various countries began to impose various emergency lockdown measures to mitigate the pandemic, ranging from partial to total shutdown of non-essential economic activities. Regarding enforcement, approaches varied from liberalized to draconian modalities, with the authoritarian regimes more inclined to the latter (Sefa-nyarko, 2020). The common feature of the lockdown in various jurisdictions has variedly been the tendency to securitize (Nunes, 2020). During the securitization process, governments in different countries have sought to respond to the exigencies of the pandemic

[*] Federal University Lafia, Nasarawa State, Nigeria. Email: okochu007@yahoo.com
[**] University of Nigeria, Nsukka, Nigeria. Email: elias.ngwu@unn.edu.ng

through extra-statutory interventions based on 'decisionist exceptionalism', which undercut the conventional norms of statecraft (Henrieder & Kreuder-Sonnen, 2014). By so doing, the procedures of normal policy intervention have often been sidelined, while extreme contingency measures have been widely resorted to (Sears, 2020).

Following the first reported case of Covid-19 in Nigeria in February 2020, the Federal Government announced a stringent lockdown regime whose initial phase took effect on March 30, 2022. Among other measures, the lockdown was characterized by restriction of public movement and gatherings, prohibition of mass meetings, compulsory wearing of protective nose masks, and closure of schools, markets, and other public arenas. The police enforced the lockdown measures in conjunction with other internal security agencies and specialized task forces. The enforcement of the lockdown witnessed manifest militarization of law enforcement as the police and her allied forces capitalized on the exigencies of the moment to brutalize and victimize the populace under the pretext of Covid-19 containment (Aborisade, 2021). In effect, within the first month of the lockdown enforcement, Nigeria had recorded more police brutalities and human rights violations than Covis-19 cases (Aborisade, 2021).

While a lot has been written on the socio-politico-epidemiological dimensions of COVID-19 (Bisson, Schmauder & Claes, 2020; Bar-Siman, 2020; Figus, 2020), only a little has been documented concerning the material dialectics of its securitized processes. Although COVID-19 fatality has been no respecter of social positions or backgrounds, there is no gainsaying the fact that the masses have been far much more vulnerable. This study proffers a political economy analysis of COVID-19's securitization in Nigeria to ascertain how people's socio-positional backgrounds account for their differential vulnerabilities to the impact of its lockdown. What was the character of the COVID-19 lockdown in Nigeria? What were the essential consequences of its securitization? Did anybody gain at the expense of others in the process? Who were the gainers, losers, and victims? The remainder of the paper is organized into a number of broad thematic areas. Next are background issues, including the paper's purpose, methods, focus, propositions, and frame of reference. This is followed by briefly considering the literature review and analytical framework. Then comes a segment discussing COVID-19 and the political economy of securitization. The last section is the conclusion with recommendations.

Research Methodology

The purpose of the paper is to interrogate the COVID-19 lockdown in Nigeria in early 2020 against the backdrop of its differential impact on the populace. Specifically, the paper seeks to engage a set of analytical posers:

i. What has been the nature and character of the COVID-19 lockdown in Nigeria?
ii. Have the costs and benefits of the securitized lockdown been equitably shared?
iii. Who are the gainers, losers, and victims of the process?

In seeking to answer these questions, the paper adopted an exploratory analysis anchored on insights from a desk study. The desk-based insights were systematized against the postulates of securitization theory to proffer a theoretically grounded narrative capable of engendering and informing future empirical inquiries on the relevant aspects of the subject matter. The paper follows the logic of qualitative analysis, whose thrust is prosecuted thematically in line with the objectives. It is expected that the insights and submissions from the analysis would serve as a veritable prima facie premise for more rigorous evidence-based research on the subject matter.

Conceptual Exposition: COVID-19, Securitization, Lockdown

Certain concepts are key to our discussion on the gainers, losers, and victims of the COVID-19 pandemic in Nigeria. These are COVID-19, political economy, securitization as well as lockdown. In this section, we attempt to clarify the conceptual undergrowth around these terms.

COVID-19

COVID-19 is an acronym for Corona Virus Infectious Disease-2019. It is the variant of the highly infectious "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; formerly called 2019-nCoV)"[4] Officials reported the first human cases of COVID-19 in Wuhan City, Hubei Province, China, in December 2019. It was then reported to the WHO on December 31, 2019. On January 30, 2020, the WHO declared the COVID-19 outbreak a global health emergency, and on March 11, 2020, the agency declared it a global pandemic[5]. The WHO explained that most people infected with the COVID-19 virus would usually experience mild to moderate respiratory illness and recover without requiring special treatment. However, older

[4] (https://emedicine.medscape.com/article/2500114-overview).
[5] (https://emedicine.medscape.com/article/2500114-overview)

people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer were more likely to develop a serious illness if infected by the virus (WHO, 2020b).

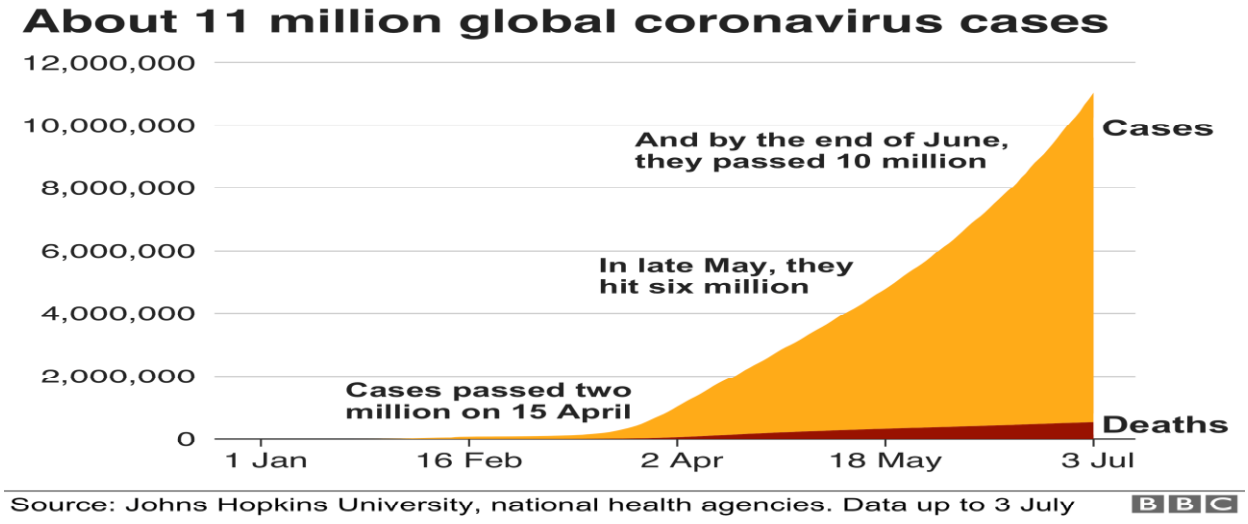
Chinese officials traced some of the earliest known cases to a wholesale food market in Wuhan. Many initial patients were stall owners, market employees, or regular visitors to this market. The market was closed on January 1, 2020. There were, however, some of the initial cases that did not have apparent links to the market in Wuhan. This fact triggered speculations about the possible suppression of information on the actual origin of the disease by the Chinese authorities. Intense speculation and outright accusations that COVID-19 may have had more clandestine origins ensued. While some suggested that the virus may have accidentally leaked from a Chinese laboratory, the Wuhan Institute of Virology administered by the Chinese Academy of Sciences, others of conspiracy persuasion believed the virus was engineered to spread among humans as part of a bioweaponry program. The latest thinking gained traction following its vociferous propagation by the United States president, Donald Trump. However, upon further inquiries, scientists appear to be united around the view that the virus has a natural animal origin and was not a manipulated or constructed virus (Hjelmgaard, 2020). The United States intelligence community has also supported this view (see Seldin, Jeff, 2020).

The latter school of thought recalled that many similar viruses are found in wild bats, so it seems likely that the origin of this one is probably via an intermediate host. An earlier variant of the Coronavirus, SARS-CoV-1, was the cause of the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003, while yet another variant was also responsible for the emergence of the Middle East respiratory syndrome, or MERS-CoV that was first identified in Saudi Arabia in 2012.[6] Both SARS and MERS were known to have originated from bats. Without strong counterfactual evidence, scientists are persuaded that COVID-19 also has its ecological origin in bat populations. It has nonetheless been clarified that since there is usually limited close contact between humans and bats, the transmission of the virus to humans may likely have occurred through another animal species, one that is more likely to be handled by humans. This

[6] (https://www.who.int/news-room/fact-sheets/detail/middle-east-respiratory-syndrome-coronavirus-(mers-cov).

intermediate animal host or zoonotic source could be a domestic animal, a wild animal, or a domesticated wild animal and, as of yet, has not been identified (WHO, 2020b).

Meanwhile, despite advances in medical science, the Coronavirus is continuing its spread worldwide, with about 11 million confirmed cases in 188 countries. More than half a million people have lost their lives. According to figures collated by Johns Hopkins University, the US accounts for about 25% of the global total of cases. It also has the world's highest death toll, followed by Brazil and the UK. In China, where the virus erupted, the official death toll is some 4,600 from about 85,000 confirmed cases, although critics have questioned whether the country's official numbers can be trusted. South Africa and Egypt have seen the largest outbreaks so far in Africa with 408,052 cases/6,093 deaths, and 90,413 cases/4,480 deaths, respectively, while Nigeria currently ranks third with 38,344 cases/813 deaths.



Source:https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases

Securitization theory is multi-sectoral. It considers five security sectors: military, economic, political, societal, and environmental (Buzan *et al*., 1998). A potential security threat can be framed within one or more sectors. In Blair's speech, for instance, he framed Saddam's regime as a military and societal threat. This was achieved through his reference to weapons of mass destruction and the incompatibility of Iraq's human rights infringements with the British values of 'freedom, democracy and tolerance' (*The Guardian*, 2003). Securitization theory has been subject to debate, discussion, and critiques over the years (Williams, 2003; Howell & Richter,

2019), which has led to the emergence of second-generation securitization theory to address the critiques as well as provide new insights.

Lockdown

A lockdown is required for people to stay where they are, usually due to specific risks to themselves or others if they can move freely. During epidemics, lockdowns can limit movements or activities in a community while allowing most organizations to function normally or limit movements or activities such that only organizations supplying basic needs and services can function (Dineros & Dipasupil, 2020).

In the context of the COVID-19 pandemic, the term lockdown was used for actions related to mass quarantines or stay-at-home orders (Resnick, March 10, 2020). By early April 2020, 3.9 billion people worldwide were under some form of lockdown. This is more than half the world's population (*Euronews*, April 3, 2020; Business Insider. March 28, 2020). By late April, around 300 million people were under lockdown in nations of Europe, while around 200 million people were under lockdown in Latin America (*Statista*, April 23, 2020). In Nigeria, President Muhammadu Buhari, on March 30, 2020, announced a total lockdown of two states (Lagos and Ogun) and the Federal Capital Territory, Abuja. The three locations are home to almost 30 million people (Mbah, March 30, 2020), and they constitute Nigeria's commercial, industrial and political capital, respectively. The lockdown was subsequently reinforced and extended to the thirty-six states of the federation and Abuja, with inter-state travels restricted to foods and medical supplies from April to July 2020, when the lockdown was relaxed. However, several social and economic sectors remained shut, including schools at all levels, while many others remained restricted.

Perspectives on Public Health and Securitization: Literature Review

During the Cold War, security threats were framed essentially around the risks posed by the spiraling arms race and the possibility of a Mutually Assured Destruction (MAD) through direct or proxy confrontation between the world's superpowers. With the cessation of the cold war, however, concerns shifted to threats posed by asymmetric warfare waged by "global movements… that do not present their passport at national boundaries" (David Rothkopf, 2008

in Marshal, 2010, p.10) as well as "the myriad challenges posed by infectious disease in a globalized environment" (Yuk-ping & Thomas, 2010, p.447). This led to the rechannelling of energy in both intellectual and policy circles towards the reconceptualization of security to include threats of non-military nature, with greater stress placed on human security.

This paradigm shift was brought into bold relief by the 1994 UNDP Annual Report, *New Dimensions of Human Security.* The report identified seven fields of human security: economic, health, food, health, environment, personal, and community (Gómez & Gasper, 2013). The report further decoupled health security as encompassing infectious diseases in the developing world as well as lifestyle diseases in the developed world. It also suggested that common vulnerabilities in both worlds included an unequal distribution of resources to combat disease as well as unequal access to health services, often resulting in higher rates of infant mortality, the easier spread of infectious diseases, and lower life expectancies (Yuk-ping & Thomas, 2010). The 1994 HDR was, however, criticized because "whereas it created a set of baseline parameters for non-traditional security, in general, and health security, in particular, it only identified issues" without providing "any understanding as to how these health challenges become (sic) to be identified as security threats" (Yuk-ping & Thomas, 2010, p.448).

The first attempt to further clarify the inseparability of health challenges and security threats was subsequently provided by (Buzan, Wæver, and de Wilde), collectively known as the Copenhagen School. They suggested that the course of threat identification, the process by which a health issue becomes 'securitized', could be broken down into several phases (Buzan et al., 1998). According to them, the first phase of securitization requires an actor to identify an existential threat to their existence. The second involves accepting the issue by a target audience (usually civil society) convinced of its existential threat potential. This acceptance comes with a third phase shift whereby an emergency (extra-budgetary) reallocates resources to combat the threat. The Copenhagen School holds that once the threat is successfully resolved, the issue is de-securitized to the extent that, if still present, it simply becomes part of the general policy environment with a reallocation of resources back to earlier priorities (Yuk-ping & Thomas, 2010, p.448).

For these scholars, security is not an objective condition but the outcome of a 'securitizing' speech act (Buzan et al., 1998, p. 26), so that actors 'securitize' an issue when it is perceived as

an urgent threat to a given referent object (Wishnick, 2010). An issue is, therefore, successfully securitized when an audience agrees that an existential threat exists to a shared value (Buzan et al., 1998, p. 31). Conversely, actors may downplay the existence of an existential security threat or 'desecuritize' a given issue, which "implies the end of a state of emergency and the return to politics as normal" (Waever, 1995, p. 9).

Several scholars concede that health challenges, whether from infectious diseases or biohazards, represent a clear and distinct form of security threat that requires extraordinary measures or special organizations to address appropriately. Pirates and Runci (2000, pp. 176–93) commented that,

> *Viruses, bacteria, and various kinds of plants and animals have never respected national borders...Now there is growing concern over the impact of increasing globalization on the potential development and spread of new and resurgent diseases across increasingly porous borders.*

Similarly, works by Garrett (1995) and Oldstone (1998) have charted the various types of diseases that have crossed national borders in the past and present, as well as the types of state-society responses that have accompanied each outbreak. In the virology and bio-medical fields, there is a large array of literature on diseases and their impact on the well-being of people (see Clause *al*., 1994; Guan *et al*., 1996; Brown, 2001; Tumpey*et al*., 2002; Vallat, 2004; Choi *et al*., 2005 in (Yuk-ping & Thomas, 2010, p.449). Furthermore, in the specific field of security studies, Fidler (2000, p.800) noted that 'prior to the 1990s, infectious disease control, of whatever variety, was a neglected aspect of international relations. Singh (2019) notes that the concept of national security was known in terms of war or conflict until the current era of globalization, which has led to increased connectivity through the various corners of the world, with faster and easy traffic and communication. It has also given birth to an increased volume of trade and traffic flowing around the world and, in the process, led to the rise of global 'microbial traffic', which confronts the globalization of health as well as disease. Singh further notes that "microbial risks have been globalized along with commerce, the corresponding health and protective measures, for the most part, have not" (Singh, 2019, p.11).

Altman (2003) demonstrated how political and social structures inhibit responses to the threat of HIV/AIDS, while Whitman (2000) highlighted how the modern international political system, with its preoccupation with sovereignty, inhibits transnational responses to such outbreaks. Whitman noted that without a more flexible system, virulent pathogens could transcend national boundaries far more quickly than could be the case (Yuk-ping & Thomas, 2010, p. 449). Also, McMurray and Smith (2001) considered the impact globalization had on the health and well-being of societies as they moved up the economic development ladder and became more enmeshed in global trade and human interaction processes. Drawing on three case studies, the authors showed how globalization erodes state borders and creates new transnational health challenges. Price-Smith (2002) then illustrated how these challenges could have a profound impact on the stability and prosperity of states, while Brower and Chalk (2003) extended the work on the threats of infectious diseases, with specific reference to HIV/AIDS and public policy responses by United States government agencies. Cumulatively, these studies highlight the need to develop strong linkages between sub-state, state, and international agencies when addressing the security threat of infectious diseases and other bio-hazards.

Caballero-Anthony (2006), in her exploration of the link between securitization and public health goods in Asia, suggested that by applying a securitization approach to preventing infectious disease outbreaks, securitizing actors would have a greater capacity both within and across countries to deal with pandemic consequences. Similarly, in his study on natural plagues and biological weapons, Enemark (2007, p.8) notes that 'the health threats most suitable for securitization are outbreaks of infectious diseases – specifically those that inspire a level of dread disproportionate to their ability to cause illness and death – whether arising as a result of a natural process or human agency. Chan, Støre, and Kouchner (2008, p.498) observed that 'pandemics, emerging diseases, and bioterrorism are readily understood as direct threats to national and global security. Davies (2008, p. 298) informed that during the 1990s, 'awareness of the threat that infectious disease outbreaks could pose to their citizens' health and their countries' economic and political stability encouraged western governments to develop responses in national security terms.' As a result, ' health challenges now feature in national security strategies, appear regularly on the agenda of meetings of leading economic powers, affect the bilateral and regional political relationships between developed and developing countries, and influence strategies for United Nations reform. Moreover, even though health has long been a

foreign policy concern, such prominence is historically unprecedented' (Fidler & Drager, 2006, p.687). Fidler (2003) found that 'the linking of public health and national security raises deeper theoretical issues and controversies about world politics in the global era.'

Other scholars (Aradau, 2004, pp.392-3; Vuori, 2008, p.66) have also noted that the Copenhagen School's literature, rooted in European democracies, tends to equate desecuritization with the restoration of democracy after the exceptional politics of a securitization period. They countered that even the logic of securitization itself is non-democratic since, by definition, framing an issue as a security threat implies an exceptional situation and may involve exclusionary practices. Desecuritization also is problematic since a return to 'everydayness' implies reaffirming pre-existing hierarchies of power (Aradau, 2004, p. 400), which typically exclude certain groups from decision-making (Hansen, 2000, p.287; Wilkinson, 2007, p. 12). Some other scholars have called attention to the social context of securitization, particularly the relationship between the securitizing actor and the audience (Williams, 2003, p.525; Stritzel, 2007, p.364). This is especially significant in authoritarian regimes, where it cannot be easy to distinguish between regular and special politics (Stritzel, 2007; Vuori, 2008). Moreover, such regimes have greater control over the securitization process because the opposition is suppressed (Vuori p. 2008), and political speech is restricted through censorship, threats of imprisonment, and other sanctions (Wilkinson, 2007).

Other studies seek to broaden responses to national leaders' public health challenges beyond securitization. They instead examine a more comprehensive range of practices and interventions in response to public health threats, a field they term 'biosecurity'. In their project on biosecurity, Collier and Lakoff (2008) distinguish between the preparedness required to address potential health threats affecting national security, crisis responses to emerging pathogens, and the steps needed to respond to risks linked to technology and industrialization, such as health risks in the food industry.

In a nutshell, the Copenhagen School has been criticized for not addressing "the politics of a disease threat" (Yuk-ping & Thomas, 2010, p.448). Yuk-ping and Thomas (2010) argued that in conceptualizing a rational-actor model - where policy-makers logically respond to threats because they threaten human existence, the securitization model ignores real-world situations

where, for domestic reasons, securitizing actors can deliberately choose not to securitize an existential health threat or may securitize the threat via a speech act but choose not to allocate emergency resources to resolve it. Furthermore, it has been suggested that the model, located within a state structure, is also vague about how it can be applied in international organizations or across state borders. Yuk-ping and Thomas (2010) insist that in identifying and resolving health threats, understanding the implications of these political distortions on emergency responses is critical since, according to them, "non-medical considerations frequently shape the process of securitizing health threats (such as diseases); even where there is recognition of the threat facing the state or society" (Yuk-ping & Thomas, 2010, p.448). In sum, Yuk-ping and Thomas framed their skepticism about the applicability of the securitization model of the Copenhagen School around three contextual concerns, namely: the problem of identification of a health security threat; the governance of the response to the health threat, and the desecuritization of the health threat; as well as the implications for the securitization of health threats across national borders.

Also, the Paris School, involving sociologists inspired by Pierre Bourdieu and Michel Foucault, disputes the "characterization of securitization as a speech act responding to an emergency" (Wishnick, 2010, p.456). Didier Bigo, who played a crucial role in developing the Paris School's research agenda, views securitization as "a mode of governmentality, structured by 'habitus' of security professionals" (Wishnick, 2010, p.457). In contrast to the rule of princes in days past, Foucault saw present-day governmentality as embodying more than sovereignty over territory; instead, "the modern state also embodied a security apparatus as well as an administrative capacity, which sought to ensure the welfare of the population". For Bigo, securitization is not an exceptional speech act; rather, "it stems from a range of routinized administrative practices such as population profiling, risk assessment, statistical analysis, secrecy and management of fear" (Bigo, 2002, p.73). Big further elucidated that "securitization does not just respond to threats; it creates unease and uncertainty itself" (Bigo, 2002, p.78).

The effort by the Paris School to reframe securitization goes a long way toward addressing some of the criticisms of the narrowness of the Copenhagen School's approach. However, several contradictory elements remain nonetheless. One problem associated with their position is that while, in Foucault's terms, "governmentality is necessary to address the challenges of biopower, infectious diseases themselves may undermine state capacity" (Price-Smith, 2002, p.1; Price-

Smith, 2009, pp.204-6). Moreover, even when the state can address public health risks, a type of security dilemma may be created in that the practices employed to ensure security and reassure the population (such as quarantines or wearing face masks during a pandemic) may also create panic (CASE Collective, 2006, p.461). It is also contended that using the language of risk rather than security may not eliminate problems of stigmatization, as some groups are identified as 'at risk' or presenting 'risk factors' (Elbe, 2008, pp. 190-3). Nonetheless, the critique of securitization from risk theorists and the Paris School provides an opportunity to conceptualize responses to infectious diseases more broadly as practices and modes of governmentality rather than purely speech acts (Elbe, 2009).

In response to the numerous criticisms against securitization, second-generation securitization theory has emerged, "expanding securitization theory to address these critiques while providing new insights" (Eves & Thedham, 2020, p.1). According to Eves and Thedham, three such expansions include securitization dilemmas, macro-securitizations, and strands of securitization. Applying these new insights to the analysis of the securitization of COVID-19 in the UK, Eves and Thedham explored the recurring securitization dilemma between public health and the economy, the macrosecuritization of COVID-19 between March 16th and 20th, as well as the applicability of the strands concept in studying the continuation of lockdown measures.

Concerning the securitization dilemma, it was noted that the UK government, in reviewing its lockdown measures every three weeks (Kuenssberg, 2020), faced a securitization dilemma in the days leading up to each three-week deadline. The dilemma was in the form of choice between continuing the lockdown to protect public health or easing lockdown measures to prevent further negative economic impact. According to Eves and Thedham, this represents the societal sector in conflict with the economic sector. On the one hand, if lockdown measures were eased too early, the chance of the second wave of COVID-19 cases and deaths was more likely (BBC News, 2020c). On the other, the predicted economic impact of the lockdown was substantial, affecting the funding of services such as schools and the NHS (Strauss, 2020). In the end, concern about public health trumped that of the economy. Eves and Thedham argued that by resolving the securitization dilemma in favor of public health, COVID-19 had been macro-securitized over the economy, which "explains why the government's references to economic security are heavily

contextualized within the context of the pandemic" (BBC News, 2020a in Eves and Thedham, 2020, p.2). They contrasted this with the USA, where the Trump administration appeared to favor protecting the economy over public health, as evidenced by his declaration that 'we cannot let the cure be worse than the problem' (Haberman & Sanger, 2020). Finally, Eves and Thedham delineated the various strands of the securitization of the pandemic in the UK, taking as their point of departure "the Prime Minister's rhetoric" in the week commencing March 16, 2020 (p.3).

Also, applying second-generation concepts to Serbia's COVID-19 securitization, Eves and Thedham showcased the potential of such approaches outside Western liberal democracies. Recalling that securitization theory has been criticized for being too western-centric, they insist that second-generation ideas can be applied outside of western-liberal democracies to explore all nation's COVID-19 securitizations, "thereby unlocking a vast range of potential research on COVID-19 as a global security issue" (p.3). Eves and Thedham further noted that similar to the UK, Serbia's securitization dilemma seemed to have been resolved in favor of public health. They, however, contextualized the resolution of that dilemma within the "macrosecuritization of Serbian identity" (p.3). Deriving from this claim, we turn in the subsequent sections to examine Nigeria's COVID-19 securitization situation with particular reference to the national lockdown experience.

COVID-19 Lockdown and Political Economy of Securitization

Essentially, securitization is, more often than not, an exercise in service of vested interests. Although it is usually ostensibly undertaken under the guise of 'public good' or national interest, the essence of securitization is to protect and perpetuate the dominant elites' economic, political, and idiosyncratic interests (Okoli, 2016).

Ideally, the securitization process starts with identifying a 'common existential threat' that needs to be dealt with urgently. Then the threat is defined and framed as a 'public emergency' requiring expeditious and exceptionalist government attention. The framing is done by the mainstream media as well as other apparatuses of the state's propaganda. The framing process often features populist narratives strategically designed to sway favorable sentiments in the direction of an intended policy or action. The whole securitization process is often a mere simulation intended to provide a justification, rationalization, and legitimacy for an exceptionalist undertaking (Okoli, 2016).

From all indications, COVID-19 has presented a veritable context and pretext for the securitization of public health and health security. According to Nunes (2020, p.2):

> *COVID-19 confirms the dynamic of securitization of global health. The pandemic has been framed in the context of a threat to people's lives and the regular functioning of societies. It was not just about (the) securitization of the disease, which for the majority of infected individuals is either asymptomatic or shows moderate symptoms.*

While the imposition of COVID-19 lockdown may be justified as a rational and necessary measure, it is pertinent to note that such a measure has come with dire complications and consequences that have left people wondering if it is not becoming more harmful than the disease it is meant to contain (Eves & Thedham, 2020).

In the case of Nigeria, the securitization process, instantiated by militarized protocols such as curfews, roadblocks, armored patrol, and civil restrictions, was contradictory and counterproductive. Under the pretext of a public health emergency, which the authorities framed as a dire existential threat, the government marshaled out restrictive regulations and orders that circumscribed free association and movement. The enforcement of these measures became somewhat worrisome because of the level of excesses, highhandedness, and abuse demonstrated by those charged with the task. In trying to enforce the lockdown regime, the enforcers assumed the posture of warriors seeking to effectuate some garrison command (cf. Aborisade, 2021). The police and other security agencies became disproportionately militarized and arbitrary, conducting their duties with utmost impunity. There were arbitrary arrests, unlawful detention, brutality, and extra-judicial killings on the part of the police. In effect, the enforcement of the lockdown yielded contradictory outcomes that discredited, if not negated, its avowed intentions. Essentially, the contradictions of the lockdown were evidenced in the following trilemma:

i. the conflicting priority as to whether to safeguard the economy instead of public health or vice versa;
ii. the competitive attention either to save human lives or to protect livelihoods;
iii. the tension between (human) security and civil liberty.

Since Nigeria is primarily an informal economy where people earn a living based on daily income (Human Rights Watch, 2020), shutting down the economy to save lives meant aggravated household livelihood crises and strangulated the national economy, the socio-economic costs of this scenario were more detrimental than the COVID-19 fatality. It is conceivable that more Nigerians died of hunger, poverty, and associated maladies than the pandemic.

In addition to its socio-economic complications, the COVID-19 lockdown came with massive human rights violations. Its enforcement has been characterized by human rights abuses such as police/ military brutality, material extortions, and extra-judicial killings. Nigeria's Human Rights Commission (NHRC, 2020) report indicates that 18 persons had been killed by public security operatives involved in enforcing the national lockdown policy as of mid-April 2020. At the time, only 8 deaths had been recorded from COVID-19 complications in Nigeria. The NHRC also reported receiving and documenting "105 complaints of incidents of human rights violations perpetuated by security forces" in 24 of Nigeria's 36 states and Abuja, the capital (Aljazeera, April 16, 2020, para.2).

It is apparent from the foregoing that the COVID-19 lockdown in Nigeria was obtained at huge social and economic costs. However, these costs have been primarily borne by the poor and vulnerable masses who enjoyed little or no succor from the government. As De (2020, para.16) puts it, "major cost has been distributed to (a) large section of (the) population generally ignored by bureaucracy, while benefits are incurred by a small influential group of people." The implication of this is that the lockdown process has reproduced and/or reinforced structural inequality by creating gainers, losers, and victims (Craze & Brusserich-Acceti, 2020; Roelen, 2020; Dubla-Noriss, 2020), So who are these social categories and how has the lockdown process impacted them? It is to the unraveling of this crucial question that we now turn our attention to.

COVID-19 Lockdown and Differential Impacts: Gainers, Losers, and Victims

Widespread disease outbreaks and containments have always had socio-epidemiological dynamics (Okoli, 2014). Although the COVID-19 pandemic is no respecter of social stratum, gender, or age, its lockdown procedures have disproportionately victimized effects on the poor and vulnerable populace (Oladimeji, Atiba, Mbkkazi & Hyera, 2020). In effect, the lockdown

measures tend to have benefited the elites at the expense of the masses. According to Craze and Invernizz-Acceti, 2020, para.2):

> *Despite rhetoric about 'shared sacrifices', the ability (and effectiveness) to self-isolate is overwhelmingly correlated to income. While the (upper and middle-class) professionals congratulate themselves for staying inside, their isolation depends on a class of workers who often labor without essential equipment or while ill (brackets are authors'*).

The situation in Nigeria is such that the lockdown has produced its gainers, losers, and victims. Among the gainers are the privileged few in government, industry, civil society, and public bureaucracy. They are the elites who have all it takes to effectively cope with the lockdown: handsome savings, good housing, insurance, and access to protective equipment. This category includes public functionaries and security operatives who have exploited the lockdown process for profiteers. While some top government officials expropriated the process through rent-seeking as well as elite capture of palliatives and dedicated funds, their opportunistic counterparts in the public security sector were involved in extorting the public for personal gains (BBC, 2020).

The losers of the lockdown process include the poor and subaltern populace, the unemployed, the displaced, the homeless, and the wider informal sector of the economy. The urban poor who depend on their 'daily hustling' to eke a living have been subjected to hunger and situational destitution, leading to their inability to pay for basic provisions and public utilities (UNODC, 2020). For the homeless, for instance, staying at home has been extremely difficult, if not impossible. As Faniran (2020, p.2) puts it:

> *For Nigeria's homeless, 'staying at home is impossible. The outbreak of COVID-19, with its consequential containment measures, has resulted in a situation where many find themselves in a dilemma. For the homeless population, street children, destitute, people living with disabilities, and beggars: How do they stay at home when there are no shelters, and many live in transient places? How do they practice hand hygiene, physical distancing,*

> *and other recommended protocols for coronavirus protection? How do they contact the CDC should they fall ill? Their precarious living conditions make them more vulnerable to respiratory illnesses and to COVID-19.*

The economy's informal sector had borne the more significant brunt of the devastating impact of the lockdown. Although the sector accounts for more than fifty percent of the entire national workforce (Human Rights Watch, 2020), most of the players therein can barely boast of a living income, let alone the luxury of savings, insurance packages, and credit facilities. Their existential condition was worsened by "loss of livelihoods and insufficient public support" (De, 2020, para.5). Besides, the labor market has been in dire crisis as no jobs are being created while existing ones are significantly being lost or under-remunerated as a result of circumstantial wage cuts (see Brussevish, Dabla-Norris & Khalid, 2020). Generally, the lockdown had a heavy toll on the livelihoods of the poor individuals and households, who merely endured and survived the lockdown experience with little or no government support.

Aside from the gainers and losers highlighted above, the lockdown process equally produced victims. These include those that were physically victimized or dehumanized by the lockdown process. There were police/military brutality cases, sometimes leading to the loss of lives (see Table 1). As of mid-March 2020, a total of 18 persons have been killed by security operatives enforcing the lockdown (UNHRC, 2020). In the same vein, there have also been a series of extortions and human rights abuses. The UN Human Rights Commission (UNHRC) reported high levels of extortion and brutality by security forces in many African countries, including Nigeria, in what has been described as "a toxic lockdown culture" (UNHRC, 2020). According to the report, "Those who cannot pay bribes, poor people, are taken to mandatory quarantine centers although there is no indication that they have come into contact with someone testing positive to COVID" (Aljazeera, April 28, 2020, para.8). Also, the Nigerian Association of Resident Doctors, which represents about 18,000 physicians in the country also reported incidents of extortion, beatings and arbitrary detention of its members even in the course of their duties (Olurounbi, 2020). In addition to ex-judicial killings and violence, people's investments, assets, and properties had been destroyed. A case in point was the hotel in Port Harcourt (in Rivers State) that was demolished in May 2020 over alleged non-compliance with the state's lockdown directive.

Table 1: Select Cases of Extra-judicial Killings during the Initial Phase of COVID-19 Lockdown in Nigeria

Date	*Incidents*
April 14, 2020	Police killed two persons in the New Tyre Market area of Nkpor in Idemmili Local Government Area of Anambra State
April 15, 2020	A commercial vehicle driver named Amobi Igwe was killed by an officer of the Nigeria Security and Civil Defence Corps (NSCDC) at Umuikea, along Aba Express Way, Isialangwa Local Government Area of Abia State
April 17, 2020	Drunken police personnel, not on official duty, killed one Ifeanyi Arunsi in Ebem Ohafia Local Government Area of Abia State
April 17, 2020	A tricycle driver died as a result of alleged torture by the police at the Estate Police Station in Iwoji, Obi Akpor Local Government Area of Rivers State
April 23, 2020	Female police personnel was shot dead on duty by her colleague while trying to enforce the COVID-19 order; it was a case of unprofessional use of arm

Source: Social Action (2020)[7].

Besides, frontline health workers are barely equipped with the requisite tools to protect themselves from being infected by the raging virus. As victims of circumstance, some of them contracted the virus, while some have died of or with the virus. Segments of medics in some states in Nigeria embarked on strike to protest their predicament on the frontlines as well as demand incentives and protection. Added to the list of victims were those who could neither feed themselves nor their households nor can they access basic medicare as a result of the effects of the pandemic on their livelihoods.

Generally, the COVID-19 crisis has incidentally turned a cash cow for the privileged few in public roles and offices, some of whom have expropriated its mitigation to advance their self-regarding interests. This awry outcome depicts the phenomenon of 'elite capture' (Alatas, Banerjee, Hanna, Olken, Purnamasari, & Wai-Poi, 2019), whereby government's interventionist

[7] http://saction.org/human-rights-violations-during-covid-19-lockdown-in-nigeria/

programs designed to support the poor and vulnerable often end up being high-jacked and expropriated by the dominant elites (see Box 1).

Box1: Indications of Elite Capture of COVID-19 Mitigation in Nigeria

- 1.5 billion Naira (equivalent to 38,781,735 USD) was spent by the staff of the Niger Delta Development Commission on themselves as COVID-19 relief/palliative
- 13.5 billion Naira (equivalent to 349,035,615) was to be spent on a homestead school feeding program amid the COVID-19 crisis by the Ministry of Humanitarian Affairs and Social Development
- 2.6 of over 90 million poor Nigerians were to benefit from the first phase of the cash transfer (of N 20,000; equivalent to 51.72 USD) intervention scheme designed to mitigate the effects of the COVID-19 lockdown
- National Association of Resident Doctors (NARD) proceeded on an indefinite strike over unpaid hazards, operational allowances, and the dearth of Personal Protective Equipment (PPE) amid the COVID-19 crisis.
- COVID-19 relief materials/palliatives meant for vulnerable populations (the poor, the internally displaced, the aged, etc.) have often been diverted and misappropriated by government officials and their cohorts in the operational chain.
- **Source:** Authors' compilations

Conclusion and Recommendations

The COVID-19 pandemic presented humanity with an unprecedented public health cum human security challenge. The lockdowns were characterized by exceptionalist measures designed to restrict and regulate human circulations and contacts to check the pandemic's incidences. The need to mitigate the crisis informed the adoption of varying patterns of securitized national lockdown measures across the world.

The implementation of these lockdown regimes has been largely problematic. In Nigeria, the lockdown process was locked in a securitization dilemma: being at a fix reconciling public health and economic exigencies; or choosing between safeguarding life and protecting livelihoods. There was also a conflict of priority between security and liberty. Essentially, the country's enforcement of the national lockdown was largely contradictory and counterproductive. It progressed with huge costs to the poor and vulnerable populace. While the masses were groaning agonizingly under the excruciating burden of the lockdown, the privileged elites and their institutional agents in the public bureaucracy, more or less, aggrandized themselves by expropriating the gains and spoils of the process. So even if the imposition of the lockdown had

been rational and justifiable based on the referent threat, its enforcement was significantly subjective, iniquitous, inefficient, and hazardous. So, if the pandemic had posed a fatal threat to health security in Nigeria, its arbitrary and securitized lockdown measures proved to be equally mortal in effect.

Going forward, there is a need to moderately de-securitize the lockdown processes and other emergency response mechanisms by shifting emphasis from militarized coercion to moral suasion. Rather than clamping down on the civil populace in the guise of enforcing an 'impossible lockdown', people should be adequately educated, sensitized, conscientized, equipped, and incentivized in a manner that would enable them to assume personal responsibility for fighting the pandemic effectively. An efficient palliative regime should be instituted to alleviate the people's suffering in the process. More importantly, care must be taken to ensure that the palliatives reach the intended targets seamlessly. If a lockdown becomes a desideratum, then such a measure should be pragmatically conceived and implemented, considering its costs and benefits. Furthermore, for such measures to be progressive and worthwhile, they must be sensitive to social justice, equity, and good conscience demands.

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