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The Gas and Brake Policy: Indonesia's COVID-19 Securitization Dilemmas

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Abstract

Indonesia, like many other countries, has encountered a slew of social, political, economic, and public health challenges in the aftermath of the COVID-19 pandemic. In response to these challenges, the Indonesian government implemented security measures by instituting large-scale social restrictions (Indonesian: *Pembatasan Sosial Berskala Besar*) and, later, micro-scale social restrictions (*Pemberlakuan Pembatasan Kegiatan Masyarakat*) to restrict people's mobility and virus transmission. Using securitisation theory as a framework, this article examines how the nationwide dilemma between public health and economic security arose. Based on official documents, government papers, and political speeches, this study reveals how the country's COVID-19 responses were largely defined by carefully constructed and flexible measures known as the 'gas and brake' policy (*Kebijakan Gas dan Rem*), which were aimed at resolving the health-economic dilemma. This policy is deemed appropriate given the country's limited public health and economic resources, despite the fact that many argue that such an approach reflects indecisiveness and a lack of coordination among the country's authorities. This article also demonstrates that policymakers in Indonesia use this policy to resolve the securitisation dilemma by reinforcing the hierarchical ordering of security sectors as a readjustment strategy. The policy is used to justify tightening or easing social restrictions by changing the security narrative throughout the pandemic.

Keywords: Copenhagen school; coronavirus; COVID-19; Indonesia; securitisation; securitisation dilemma

Introduction

How does Indonesia deal with the coronavirus? The question remains as the country confronts an extraordinary challenge in the form of a pandemic. Indonesia, the fourth most populous country in the world, struggles to survive in the fight against the new coronavirus disease (COVID-19), in part due to poor public health and inadequate economic resources (Mietzner 2020b; Nugroho and Negara 2020; Sparrow *et al.* 2020). With more than 250 million citizens, a disease outbreak could be a public health disaster. As Mietzner (2020a: 228) puts it, Jakarta's response to COVID-19 goes beyond ensuring the safety of its citizens; it is also about the global fight against the pandemic.

This article examines how the securitisation process works in Indonesia and the dilemma that hampers it. On the one hand, a social restriction policy is required to prevent further coronavirus infection; on the other hand, it poses significant challenges to people's daily lives. Not only are social limitation policies in Indonesia difficult to implement, but they also threaten the country's economic security. Throughout the pandemic, economic concerns have dominated public health discourse in the country. COVID-19 poses a severe threat to the individual's quality of life. As a highly infectious disease, the new coronavirus affects every person, neighbourhood, family, and household worldwide (Milani 2020). Furthermore, COVID-19 represents a severe threat to the national welfare and the lives of citizens. The spread of COVID-19 can overwhelm national health infrastructure, particularly in developing countries, making it difficult to provide public health services (Ali and Ali 2020; Ariawan and Jusril 2020; Narain *et al.* 2020).

Given the severity of the pandemic, many governments worldwide have implemented national lockdowns and quarantines to limit virus transmission. Accordingly, numerous researchers have also investigated the implementation of the securitisation of COVID-19. Okech *et al.* (2020), for example, analysed how COVID-19 securitisation has strengthened the military formations' authority to engage in extraordinary actions such as policing, surveillance, and enforcing curfews in African countries. In a few situations, emergency laws also enable authorities to monitor their citizens' activities using government databases and information provided by private sector organisations. Vankovska (2020) similarly found that the pandemic generates authoritarian tendencies in most Western Balkan countries. She argued that political elites had exploited the momentum to consolidate their power and violate fundamental human rights, such as the right to privacy and freedom of expression. Meanwhile, Rüländ (2021) questioned Southeast Asian countries' efforts at securitisation and expanding their military presence. Additionally, he stated that the COVID-19 emergency laws contain draconian measures aimed at silencing critics of government actions. These scholars contend that while securitisation is necessary to contain the spread of the virus, incorporating COVID-19 into the security discourse can have adverse consequences.

While many have discussed the impact of COVID-19 on Indonesian politics (Chairil 2020; Fealy 2020; Honna 2020; Masduki 2021; Mietzner 2020a, 2020b; Primandari 2020a), the economy (Gibson and Olivia 2020; Olivia *et al.* 2020; Sparrow and Dartanto 2020; Suryahadi *et al.* 2020; Utami and Ilyas, 2021), tourism (King *et al.* 2021), and education (Azhari and Fajri 2021; Exsalabor *et al.* 2021; Kusumaningrum *et al.* 2021), the 'securitisation dilemma' in the country has received scant academic attention. This is unfortunate since the fight against COVID-19 is often viewed as a trade-off between public health and the economy. Therefore, this study aims to bridge the gap by investigating Indonesia's response to COVID-19 since its initial outbreak and how the response has evolved. It also contributes to the existing literature on securitisation studies in developing countries. This study, however, is less concerned with evaluating the efficacy of the approach to the pandemic and focuses primarily on policy implementation in addressing the recurrent problem.

This article begins with a discussion regarding the conceptual framework of securitisation theory and COVID-19 as a national security issue in Indonesia. It will investigate how the pandemic evolved and how the Indonesian government has responded. It will also discuss how the securitisation dilemma—a conflict between public health and economic security—arose during the pandemic. Watson (2013) asserts that a securitisation dilemma emerges when ensuring the security of one referent object jeopardises the security of another. During the coronavirus pandemic, restricting people's activities and social mobility has been found to be detrimental to the nation's economy. As a result, rather than emphasising public health during the pandemic, the Indonesian government has adopted a flexible "gas and brake" policy approach in response to the virus's spread throughout the country (*kebijakan gas dan rem*). This article highlights the dynamics of COVID-19 securitisation in Indonesia while examining its attempts to resolve the securitisation dilemma.

Securitisation Theory

The Copenhagen School broadened the notion of security to encompass a wide range of issues. Wæver (1995), for example, argues that the 'security' label relies on policymakers who have the authority to define an 'existential threat' to a referent object (those who are threatened). According to Buzan *et al.* (1998), leaders can elevate an issue beyond normal politics by classifying a security issue through the 'speech act'. Therefore, the securitisation process transforms non-military issues into security problems (Balzacq 2005; Buzan *et al.* 1998; Wæver 1995). The discursive securitising move consists of three stages: the first involves framing an issue as an existential threat, the second involves framing acceptance by the target necessary audience, and the third entails suspending 'normal politics' by legitimising extraordinary measures (Balzacq 2005).

National security policy is not a natural phenomenon; it is a deliberate act of policymakers and politicians with the social and institutional power to elevate the subject above normal politics. to move the issue from normal politics. Correspondingly, security issues in these sectors can be "constructed" and positioned comprising non-politicised, politicised, and securitised issues. A matter is considered non-

politicised when the state does not address it and is not otherwise subject to public debate and decision-making (Buzan *et al.* 1998: 23). Furthermore, a problem becomes politicised when it calls for government decision and resource allocation, or less frequently, other forms of communal governance (Buzan *et al.* 1998: 23). In this manner, an issue is politicised in order to make it open, debatable, a matter of choice, and thus something that bears responsibility. Lastly, the issue is securitised when presented as an existential threat, necessitating extraordinary measures outside normal politics (Buzan *et al.* 1998: 24).

The novel coronavirus, for instance, has been securitised by numerous regimes worldwide since it poses significant threats to public safety and domestic stability (Kliem 2020). Moreover, in addition to being a serious public health concern, this issue also threatens national and international security (Dinicu 2020). Given the emergency circumstances, public health professionals are actively monitoring the situation. Rubin and Bækkesov (2020), for example, define ‘expert-led securitisation’ as a public administrative mechanism dominated by experts that transforms securitising discourse into extraordinary policy. The term refers to a type of crisis management used to transform a crisis into a security threat. It broadens the scope by defining distinct phases of expert participation in securitisation procedures and provides a framework that extends beyond health issues (Rubin and Bækkesov 2020: 321). Similarly, Elbe (2011) argues that during a health crisis, medical experts (such as epidemiologists, virologists, and infection specialists) can be granted institutional powers for regulating and reducing pandemic threats, enabling them to extend their influence in the realm of security (Elbe 2011: 862). Accordingly, the securitisation move is successful if the audience agrees on the urgency of the threat, thereby granting securitising actors the legitimacy to take extraordinary actions (Wæver 1995; Buzan *et al.* 1998: 25). The elements of securitisation, therefore, include political actors (those who designate a specific issue as an existential threat), the audience (the public who may accept or reject the narrative), and the authorisation of extraordinary measures. In his seminal work, Balzacq (2005) explores the three pillars of securitisation: the agents (actors, audiences, and silenced subjects), the discourses, and the mobilized acts. As an intersubjective process, the success of securitisation depends on many factors, including the time and place, the psychological state of the audience, and the actors’ capability (Balzacq 2005: 172). Additionally, Wæver (1995) introduced the concept of ‘de-securitisation’ as a means of reintroducing a security issue into a normal political process. Given that securitisation may impact public life, it is conceivable to de-securitise a phenomenon for ethical or political reasons. Security rhetoric, according to Huysmans, can be used to dramatise a policy, which may aid in elevating the issue up the policy priority list. While security discourse continues, de-securitisation attempts to “de-dramatise” an issue by placing it in an everyday context through narrative (Huysmans 2006: 158).

Infectious diseases can be classified as a security threat due to the fact that a global pandemic can expose the weakness of a country’s healthcare system. Additionally, it can give the impression that states cannot deliver or sustain public services since many workers are ill or unemployed (McInnes and Lee 2006: 279). Therefore, public health can be a primary concern for national security. Elbe, for example, noted how the White House described ‘public health challenges like pandemics’ as one of the security issues in the 2006 National Security Strategy of the United States document. In this case, Elbe argued that Washington had elevated the issue of the Avian Influenza (H5N1) epidemic from a health concern that could be dealt with using standard procedures to a potential security threat to the population. On this basis, the securitisation of diseases is carried out to enable the implementation of extraordinary measures and to gain wider attention from the public (Buzan *et al.* 1998). In essence, public health and domestic stability are intrinsically linked (McInnes and Lee 2006).

However, securitising moves can also be problematic. Watson (2013) highlights the ‘securitisation dilemma’ as a situation when the securitising move might become a source of threat to national security. He analysed the case in which the Canadian government accepted military assistance from the United States during the Second World War to deter a threat from Nazi Germany. While many political elites viewed the US military presence on Canadian soil as a favour, many people also interpreted it as a threat to the country’s sovereignty (Watson 2013: 268). In this scenario, securitisation in the military sector proved politically dangerous for Canada’s autonomy. Olesker identified a similar problem, claiming that securitising an object may result in an increased threat to the referent object (Olesker 2018: 6). Using Israel as a case study, she examined how Tel Aviv responded to the Boycott, Divestment, and Sanctions (BDS) policy imposed by the Palestinians. On the one hand, a securitising move can be a

source of legitimacy for the Israeli government, but it could also delegitimise the country in the international community. Therefore, the dilemma rests on whether to engage in the practice or not (Olesker 2018).

Indonesia's COVID-19 Responses

January-February 2020: Political Gaffes

Since its first discovery in the Chinese province of Wuhan in late 2019, COVID-19 has evolved into a global security threat. Similar to previous coronaviruses such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS), the new coronavirus (SARS-CoV-2) is believed to have originated in bats and is easily transmitted through human contact (Liu *et al.* 2020; Morens *et al.* 2020; Wu *et al.* 2020). While the elderly are more vulnerable to infection, all age groups are susceptible to contracting the virus (Bonanad *et al.* 2020; Levin *et al.* 2020; Ioannidis, 2020). States have begun declaring a state of emergency and advising residents to adhere to health recommendations.

While the virus has begun to spread globally and countries are taking precautionary measures, Jakarta's elites have adopted a different approach. At the start of 2020, Indonesia's then-Health Minister, Terawan Agus Putranto, was certain that the country was free from the coronavirus. He claimed that the country did not have a single case of domestic disease transmission from January to February 2020. In fact, he referred to the work of a Harvard University scholar who questioned Indonesia's coronavirus surveillance capabilities as "insulting" (Setiawan 2020). Additionally, he asserted that the prayers had rendered the country immune to COVID-19 (Da Costa 2020). Other government officials similarly downplayed the severity of the crisis. On 7 February, Coordinating Minister for Political, Legal, and Security Affairs Mahfud MD declared that Indonesia is the only major Asian country free of the coronavirus (Setyawan 2020). Airlangga Hartarto, Coordinating Minister for Economic Affairs, stated that bureaucratic obstacles prevented the virus from entering Indonesia (Sani 2020). Similarly, the Minister of Transportation quipped that Indonesians are immune to the sickness since they regularly consume 'nasi kucing,' a Javanese culinary food (Saubani 2021).

Since the beginning of the pandemic, economic interests have trumped public health concerns in Indonesia. While the coronavirus spread throughout Southeast Asia, the Indonesian government offered economic incentives to the tourism and aviation industries in order to boost tourism (Anggono 2020). For example, in late February, the Coordinating Minister for Economic Affairs said that the government would allocate additional funds to airlines and travel agents to enable them to offer discounts and other incentives to stimulate tourism (Jr 2020). The administration's early coronavirus response, particularly in the first three months of 2020, was a move to "de-securitize" the pandemic by omitting COVID-19 from the government's security discourse (Chairil 2020: 130).

The harsh reality set in on 2 March 2020, when the initial coronavirus cases were confirmed. Surprisingly, it arrived after the infectious disease had spread to neighbouring countries. When COVID-19 became too dangerous to be taken lightly, the government insisted that Indonesia was "serious" about dealing with the new coronavirus (Jingga 2020). Moreover, citing the number of hospitals and medical preparedness across the archipelago, the President appeared confident that the country could cope with the challenge (Cabinet Secretariat 2020).¹ However, public confidence in the government's handling of coronavirus gradually weakened during the early stages of the pandemic. For example, civil society organisations and political activists have criticised the government and urged it to be more transparent in disclosing comprehensive information about the infectious disease (Yuliatwati 2020). This critical information about the pandemic might include several reported cases, infections, or diagnoses. This was exacerbated in part by the President's admission that he withheld certain information from the public to avert a mass panic (Jr 2020). While the mass panic was temporarily averted, the public's trust in the government took a hit.

¹<https://setkab.go.id/kebijakan-pemerintah-dalam-menghadapi-pandemik-covid-19-24-maret-2020-di-istana-merdeka-prov-insi-dki-jakarta/> (accessed 20 October 2021).

March-July 2020: Divided Priority between Public Health and the Economy

On 31 March 2020, President Jokowi formally declared COVID-19 as a 'national public health emergency' due to an upsurge of cases. Before the announcement, Indonesia recorded 1414 confirmed coronavirus cases and 122 deaths (Kuwado 2020a). In addition, he also signed Presidential Decree Number 7/2020 and Presidential Decree Number 11/2020 about the state of the national health emergency. While the former decree served as the basis for establishing the COVID-19 Task Force, the latter called for the central and provincial governments to expedite their response to COVID-19. The government's response to the coronavirus attracted criticism from home and abroad for being tardy (Lindsey and Mann 2020).

In Indonesia, the securitisation process was led by public health professionals and agencies, and there were no extensive public debates. The COVID-19 Task Force team collaborates closely with nationally renowned experts in public health, such as Wiku Adisasmito, Achmad Yurianto, and Amin Soebandrio, among others, under the leadership of Doni Monardo, the then-head of the National Board for Disaster Management (Badan Nasional Penanggulangan Bencana/BNPBB). The team was responsible for coordinating the nation's pandemic response and advising the public to comply with health regulations such as maintaining a safe distance and wearing masks. As Elbe (2011, p. 862) found, state institutions have granted health practitioners the authority to control pandemic threats by involving them in the policymaking process, which rarely happens under normal circumstances. Additionally, most of the COVID-19 task force in Indonesia consisted of military officers serving in various capacities. For instance, they have been tasked with providing food and medical supplies to those in need. According to a study by Laksmana and Taufika (2020), a significant number of retired and active military commanders have held crucial posts at the national and local levels. At the national level, the TNI has been assisting the government in implementing COVID-19 mitigation strategies, while at the local level, the military has been engaged in a wide range of activities, ranging from policy socialisation to the construction of emergency kitchens.

Indonesia's decentralised political structure has also influenced the complexity of the process. National Laws Number 22 of 1999 governs a system that requires the government to delegate authority to provincial governments in all areas except foreign policy, monetary policy, national defence, religious affairs, and the legal system. Accordingly, regional governments exercise authority over various critical fields, such as public works, education, and resource management. However, through Presidential Decree No. 7/2020, the central government prohibits individual provinces from implementing their own COVID-19 regulations. To implement the policy of large-scale social restraints (Pembatasan Sosial Berskala Besar/PSBB), the central government and the health ministry must be consulted and asked for special approval. Therefore, bureaucratic complexity and a lack of coordination between the central and local governments have frequently hindered the country's COVID-19 response throughout the pandemic (Mietzner 2020a). Curley and Herington (2010) discovered similar issues when analysing the process of avian influenza securitisation in Indonesia. According to their analysis, administrative decentralisation hindered the central government's ability to secure support from provincial governments to implement emergency measures (2010: 158).

The PSBB is intended to be a moderately restrictive policy. While it includes extraordinary measures such as closing shopping malls, schools, offices, and other public spaces, it also allows for economic and social participation under specified conditions. These actions were deemed necessary in light of the potential consequences of a nationwide lockdown. Given the potential economic costs, the government chose not to implement a full-scale lockdown, despite evidence suggesting that the strategy has proven to be the most effective in reducing infection rates in other nations (Sparrow *et al.* 2020: 275). As of 20 April, Indonesia had implemented the PSBB in 18 regions, including areas on the islands of Java, Sumatera, and Sulawesi (Mashabi 2020).

However, by April 2020, the illness had already spread alarmingly. With 5,932 confirmed cases by mid-April, Indonesia had become Southeast Asia's new coronavirus epicentre (National Public Radio 2020). The disease's mortality rate is also alarming. Indonesia had the highest COVID-19 death rate in the region at the time, accounting for 9.4% of all positive cases (Fernando 2020). According to the official government data, 792 people had died in 10,118 incidents nationwide as of 30 April (Putra 2020). Italy had the highest COVID-19 death rate, with 9% at the time, followed by Iran with 7.8%,

and Spain with 6%. (Deutsche Welle 2020). The high fatality rate in Indonesia is clear evidence of the country's inability to deal with such health problems (Nugroho and Negara 2020: 4).

Despite the necessity of social constraints, the economy is experiencing significant demand and supply shocks, with signs of a significant economic slowdown. In the first quarter of 2020, Indonesia's economic growth dropped to 2.97% year on year, the lowest rate since 2001 (Central Agency on Statistics 2020). Furthermore, the government faces extraordinary challenges in reducing unemployment and poverty rates. As a result, in early June, a number of social restrictions were eased, including the gradual reopening of public spaces. In accord, President Jokowi employed the rhetoric of the "new normal" when he stated that people needed to accept COVID-19 and adapt to it, citing the World Health Organization's (WHO) assessment that the virus was unlikely to go away (Firmansyah 2020). As the disease continues to spread, the administration prefers to regard COVID-19 as a "political issue," prioritising the economy ahead of health (Masduki 2021).

As most areas in Indonesia entered a "transitional phase" to ease restrictions, the coronavirus cases soared. By the first week of July, the number of COVID-19 cases reached 82, the highest number of single-day fatalities since March (Andariyanto 2020). Overall, there were 63,749 cases and 3171 fatalities in the country in total. A study by Gibson and Olivia in July (2020: 328) found that people aged 60 years or older accounted for almost half of the deaths in Indonesia, while people aged 46–59 accounted for around 40%. Additionally, the same study predicted that the indirect consequences of the COVID-19 pandemic, such as poverty and lower income, would probably be even more severe.

Due to the spread of COVID-19, the government is forced to choose between health security and a functioning economy. The 'securitisation dilemma' arises from the position of having to maintain the PSBB to limit the spread of COVID-19 or to erase restrictions to avoid economic disaster. However, as the pandemic continued for half a year, the administration of President Jokowi tended to prefer the latter over the former. In a July 2020 meeting with regional governors, the President described Indonesia as "fortunate" for not adopting a lockdown policy like most countries (Asmara 2020). He said that "... If we chose to have the full-scale lockdown, maybe (Indonesia's economic growth) could have reached minus 17% by now." He further added, "...we were fortunate to have the large-scale social restrictions (PSBB) instead of a full-scale lockdown or a regional quarantine, as the PSBB still allows people's activity in limited capacity". The statement was made on 15 July 2020, when there were 80,094 confirmed cases and 3797 deaths (Kuwado 2020b).

While the remark was intended to reassure the public and investors, it also reflects the importance the Jokowi administration placed on the economy during the pandemic. To make matters worse, authorities frequently criticise poor people for their lack of information regarding COVID-19 protocol compliance by labelling them as "a source of sickness, contagion, and threat" (Mudhoffir and Hadiz 2021, Wilson 2020). For example, the COVID-19 Response Acceleration Task Force spokesperson, Ahmad Yurianto, controversially stated that "the rich should help the poor so they can live without suffering, while the poor can help the rich by not infecting them with the virus" (*BBC Indonesia* 2020).² Similarly, President Jokowi chastised the lower middle class for not adhering to health protocols (Ihsanudin 2020). These statements demonstrate that even if Indonesian politicians assert that they advocate a balanced approach, one could argue that Jokowi's administration appears to prioritise economic recovery over health security (Fealy 2020; Masduki 2021; Mudhoffir and Hadiz 2021).

August-December 2020: Military Involvement

By the second half of 2020, the pandemic had gradually become a growing concern for Indonesia due to the surge in confirmed cases. When viewed through the lens of national security, COVID-19 presents new challenges that necessitate adjustments to conventional procedures. Furthermore, politicians and the military have used threat narratives and war metaphors in their public communication to justify necessary actions and to gain public acceptance. As far as the securitising actors were concerned, threat narratives can be employed by decision-makers to influence the available policy options (Buzan and Waeber 2009).

²<https://www.bbc.com/indonesia/indonesia-52082427> (accessed 21 September 2021).

Hadi Tjahjanto, the then Indonesian Army Commander, once stated that the country is at war with the coronavirus, which is the state's enemy (Astungkoro 2020). Another military elite advocated a "total war" (perang semesta) against the ongoing pandemic, arguing that everyone should support mitigation efforts, primarily by adhering to health guidelines (Yahya 2020). The Deputy Minister of Defence, Wahyu Sakti Trenggono, also invoked the war metaphor on multiple occasions, referring to the virus as an "invisible enemy" that must be dealt with by "preserving food and health security" in the face of the extraordinary challenge (*CNN Indonesia* 2020a).³ The usage of war metaphors to represent the threat to the public demonstrates how the coronavirus disease has entered the national security discourse.

The military has played a crucial role in the mitigation plan as Indonesia grapples with an increase in incidents. In accordance with the country's national law number 34/2004, the armed forces were deployed to aid in coronavirus mitigation efforts. Furthermore, this role has expanded as a result of presidential directives issued in August requesting military assistance for local governments in monitoring COVID-19 protocols. As the restrictions eased, military personnel were stationed in railway stations, restaurants, mosques, and other public places to monitor public activities. As part of local task forces, the soldiers also assisted regional governments in distributing Personal Protective Equipment (PPE) and medical supplies as well as in quarantine patrols. Following the termination of the PSBB in September 2020, the government deployed 150,000 military personnel to ensure compliance with public health guidelines (Mengko and Fitrisari 2020: 224).

In this regard, Indonesia's military leaders have a rare opportunity to intervene in the monitoring of political and public activities in the country. According to Honna (2020), the pandemic has led to increased military involvement in Indonesia's domestic affairs in order to advance its institutional agenda. In this regard, Jokowi's administration has appointed General Andika Perkasa, the-then Army Chief Commander, as deputy head of the COVID-19 mitigation team and Police Deputy Chief General Gatot Eddy Pramono as deputy of the national economic recovery committee. As of August 2020, the Indonesian government employed a total of 21 retired and active military officers in the COVID-19 team at the national level (Laksamana and Taufika 2020: 3). Meanwhile, at the provincial level, there were approximately 225 military officers registered as part of a local COVID-19 task force across the country (Laksamana and Taufika 2020). At the local level, the military's Babinsa (Bintara Pembina Desa) network allows them to operate efficiently down to the village level. In addition to having a large network, military officers can be readily deployed to assist civilians during emergencies.

Indonesia is not the only country that has deployed its military to contain the spread of COVID-19. However, in addition to assisting in preventing COVID-19, the country's security officials have been authorised to impose modest penalties on those who violate health regulations (Fealy 2020). Consequently, violators can be forced to perform squats, push-ups, and other unusual punishments, such as lying next to a coffin or cleaning filthy sewers. Human rights groups have argued that such punishments in various places in Indonesia are counterproductive because there are no metrics to measure the military's effectiveness in fighting the pandemic (Madrim 2020).

January-September 2021: Micro-Scale Social Restrictions

Even at the beginning of 2021, the coronavirus pandemic showed no signs of slowing down. The event unfolds regardless of the President's assertions that COVID-19 is 'controllable' and that Indonesia will be 'successful' in managing the outbreak (*CNN Indonesia* 2021a).⁴ Additionally, he stressed repeatedly that the country made the right choice by implementing the PSBB rather than a lockdown, claiming that lockdown measures do not automatically prevent the spread of COVID-19. These self-congratulatory statements emerged even though the virus's transmission had peaked. By 25 January, the country had registered 999,256 positive cases and 28,132 deaths (Syambudi 2021).

³<https://www.cnnindonesia.com/nasional/20200523130219-20-506173/wamenhan-nyatakan-perang-lawan-pandemi-covid-19> (accessed 20 October 2021).

⁴<https://www.cnnindonesia.com/nasional/20210125123736-20-597985/jokowi-bersyukur-indonesia-mampu-atasi-krisis-pandemi> (accessed 20 October 2021).

As a result, the central government came up with a new policy called Micro Scale Public Activity Restrictions (Pemberlakuan Pembatasan Kegiatan Masyarakat Berskala Mikro/PPKM). Based on the review of prior restrictions, Jokowi's administration stated that smaller-scale social restrictions are necessary to contain the spread of COVID-19 in a more targeted manner (Cabinet Secretariat 2021).⁵ While the PSBB was intended to be a broader public constraint, the PPKM is intended to limit public activity inside cities and local districts. In contrast to the former, the latter strategy is implemented by the central government in Jakarta and may be implemented in multiple regions simultaneously. Initially, Java and Bali islands were targeted because they had the highest COVID-19 transmission rates in the country. The first PPKM was announced on 21 January, as the strategy was implemented in 73 districts, including 29 locations with a high risk of infections, 41 areas with a medium risk, and three areas with a low risk of transmission (Research and Development Agency of the Ministry of Communication and Informatics 2021).⁶ The micro-scale limitations were assessed and updated regularly on a fortnightly basis.

Nevertheless, micro-scale restrictions were deemed unsuccessful from the outset. On 31 January, Jokowi admitted that the restrictions were ineffective, as indicated by the high mobility index and COVID-19 positivity rate (Amali 2021). He criticised the policy's implementation in many parts of the country as "indecisive" and "inconsistent." Speaking on the government's YouTube channel, he stated that the restrictions are harming the national economy and have not resulted in a reduction in COVID-19 transmissions (Kontan 2021a). Based on this evaluation, the micro-scale limits were expanded. Nevertheless, since it is unable to offer economic support during a lockdown, Jokowi's administration is reluctant to use the term 'lockdown'. By enforcing a 'partial restriction', the government provides limited leeway for informal sectors to function during the pandemic.

The majority of workers in Indonesia are employed in the informal sector and are, therefore, unable to work from home. Consequently, COVID-19 significantly affected the country's informal economy and small and medium-sized enterprises. According to the Central Agency on Statistics (BPS), around 78.14 million people were employed in informal sectors in February 2021, with 19.1 million adversely affected by the pandemic (Jayani 2021). The same study also discovered that since February 2020, 1.62 million people have lost their jobs. The cost of physical distancing has a detrimental impact on people's income, particularly in the informal sectors, where income is dependent on outdoor economic activities.

In this regard, the President stated that the pandemic had taught everyone the importance of balancing economic and health security (Asmara 2021a). In order to strike a balance between these two sectors, the central government implemented the PPKM policy. It appears to be presented as a short-term solution to the securitisation dilemma in Indonesia. The rationale behind this concept is to determine how to enforce stricter social restrictions in areas with a high rate of transmission while easing restrictions in areas with a low number of COVID-19 cases. However, the movement of individuals demonstrates that government-imposed social regulations are gradually weakening. For instance, it is known that the PPKM policy, which went into effect in January 2021, limits people's mobility less than the PSBB policy, according to a study by Khoirunurrofik *et al.* (2022). The study concluded that the reduction in efficacy might be attributed to the rising cost of social distancing over extended periods of time, which is common in developing nations with a large informal sector like Indonesia (Khoirunurrofik *et al.* 2022: 10).

Securitization Dilemma and 'Gas and Brake' Policy

By characterizing COVID-19 as a threat to national security, the government aims to increase public attention and awareness of this issue. Securitisation theory is concerned with the construction of threats and the process by which their meaning is negotiated (Balzacq 2011). Thus, threat framing can be viewed as an attempt to construct the danger of COVID-19 to secure the audience's acceptance. Securitising actors, as Huysmans (2006) argues, may continually negotiate the meaning of the threat with the audience through a continuous process. During the early days of the pandemic, Indonesian policymakers committed the political blunder of downplaying the severity of the virus. The act is now proving to be counterproductive to the subsequent mitigation effort (Malik 2020; Primandari 2020b). However, as

⁵<https://setkab.go.id/mendagri-keluarkan-instruksi-tentang-pemberlakuan-pembatasan-kegiatan/> (accessed 21 October 2021)

⁶<https://balitbangsdm.kominfo.go.id/berita-ppkm-diperpanjang-19-717> (accessed at 21 October 2021).

the coronavirus spread at an unprecedented rate, political leaders swiftly decided and enacted extreme measures against the virus. By mid-2020, the spread of COVID-19 had become a national concern and a major cause of contention.

While securitisation is necessary to mobilise government instruments and resources, it can also result in widespread state intervention and civil rights violations (Balzacq *et al.* 2016). Instead of continually framing COVID-19 as the greatest threat to the Indonesian people, political elites emphasised the need for a balanced approach. While the security debate may continue, the narrative and policies may undergo considerable shifts. As stated previously, Indonesia's military and security forces were dispatched to contain the spread of the virus. COVID-19, as Honna (2020) emphasised, serves as a justification for Indonesia's security forces to intervene in public life without the pressure of civil society groups under normal conditions. This was especially evident in the second half of 2020, when Indonesian political and military leadership pushed the COVID-19 narrative into the security domain. This is apparent in their terminology and rhetoric in the media, where they repeatedly associated COVID-19 with security idioms such as "invisible enemy," "total war," and "national security threat." These statements were intended to legitimise the unusual practices enforced throughout the country, such as public surveillance, the partial lockdown (PSBB and later PPKM), and other public health protocols. In the meantime, the Indonesian President and his cabinet members delivered these securitising speech acts virtually every day via live television, online streaming platforms, and their social media accounts.

In a political sense, though, stay-at-home orders are widely unpopular. According to statistics, many Indonesians were vulnerable to the COVID-19 regulations enacted by the government. According to a July 2021 survey performed by the Indonesian Survey Institute (LSI), the majority of the population favoured placing the economy ahead of public health when it came to social restrictions (*Lembaga Survei Indonesia* 2021). The same study also discovered that public confidence in the President's ability to control COVID-19 eroded between February and July 2021. While social restrictions are unpopular, the 'securitisation dilemma' also manifests itself in Indonesia. The issue arises when securitisation attempts in one sector are seen negatively in another (Olesker 2018; Watson 2013). In other words, the securitisation of public health, which was supposed to prevent the spread of the virus, gradually became a drag on the economy.

Conceptually, the central government utilised the 'gas and brake' strategy to alleviate this securitisation dilemma. Based on this approach, authorities have significant leeway to loosen or tighten social restraints. President Jokowi's actions, for example, exemplify this approach, as the priority sector for Indonesia's response to COVID-19 varies across the country. Between March and April 2020, the central government implemented a strict large-scale social restriction (PSBB) to limit people's mobility. During the initial months of the pandemic, the President maintained that the central government had the authority to enforce the social restrictions. However, when social constraints began to hurt the economy, he shifted his narrative to advocate for easing the restrictions. For example, in May 2020, he stated that people "must learn to coexist" with the coronavirus. He then argued that the authority to enforce social limitations should be delegated to provincial governors, mayors, and head districts (Gitiyarko 2021). Additionally, the President underscores the importance of maintaining economic stability during the pandemic. This policy, however, evolved substantially as the number of new coronavirus infections increased in the country. The administration's aim in shifting the narrative was to refocus attention on public health in September 2020. "Our major priority remains public health and COVID-19 mitigation," the President remarked during a cabinet meeting (*CNN Indonesia* 2020b).⁷ He also urged the health minister, military forces, and national police to prioritise public health, adding that COVID-19 mitigation efforts are essential for economic recovery. The dynamic approach appears preferable as it is more adaptable to changing circumstances.

Some of his cabinet members also echoed this sentiment. Finance Minister Sri Mulyani, for example, once stated that "in unprecedented and uncertain times, the government's involvement is necessary, but the question is what kind of presence?" This is a perplexing problem that requires resolution. There is no such thing as an ideal situation" (Nordiansyah 2020). On another occasion, Minister of Home Affairs

⁷<https://www.cnnindonesia.com/nasional/20200907143632-20-543626/jokowi-fokus-nomor-satu-kita-tetap-kesehatan> (accessed 21 October 2021).

Tito Karnavian expressed the view that the purchasing power of the people should be maintained. In a May press conference, he stated, “our swift action in dealing with COVID-19 will immediately revive the economy, thus, none of them (health and economy) should be overlooked” (*Media Indonesia* 2020).⁸ The ‘gas and brake’ strategy is intended to strike a balance between economic recovery and health security without jeopardising either. The phrase was coined and implemented as a strategy for surviving the crisis in June (*CNN Indonesia* 2020c).⁹ In this regard, the President said:

“We cannot prioritise the economy at the expense of the health sector, and we cannot place an equal emphasis on the health sector when the economy suffers a setback” (Pribadi 2020).

In response to COVID-19, Jakarta’s elites may shift or refocus public attention and maintain the securitisation hierarchy in Indonesia by adjusting threat narratives to the country’s COVID-19 scenario. In other words, the resolution of the pandemic in Indonesia is situated within the country’s socioeconomic backdrop. For example, during a March 2020 cabinet meeting, President Jokowi declared, “we should learn from other countries’ experiences, but we cannot simply copy what they do” (*CNN Indonesia* 2020d).¹⁰ Over a year later, in August 2021, he made a similar remark, claiming that “lockdown means that all activities are suspended completely; when we had the PPKM, it meant that we only had a partial lockdown, despite the fact that everyone is screaming for its reopening” (Asmara 2021b). These statements imply that Indonesia prefers to manage the pandemic on its own terms without resorting to a nationwide lockdown.

The COVID-19 multi-tiered strategy is another illustration of this approach. Since 20 July 2021, the central government has imposed numerous social restrictions (PPKM), which are evaluated every two weeks. The multi-tiered restrictions, according to the National COVID-19 Task Force, are based on the urgency and COVID-19 developments in various areas around the country (COVID-19 Task Force 2021).¹¹ By categorising areas into levels 1 to 4, the government imposes stricter restrictions in areas with high COVID-19 infections while relaxing restrictions in areas with low virus transmissions.

Indonesia’s approach to the securitisation dilemma appears unstable and susceptible to public pressure. With the COVID-19 securitisation dilemma in Indonesia, the ‘gas and brake’ strategy was chosen as a political compromise between public demands and health restrictions. However, in the absence of a clear hierarchy between the two, the mitigation effort is susceptible to public opinion. This is detrimental to the securitisation initiative since it should be viewed as a strategic policy with the aim of implementing an effective communicative action of security which stems from the constitutive principles of the speech act, strategic approach, and congruence (Balzacq 2005: 191–192).

In Indonesia, securitising actors at state and sub-state levels frequently demonstrate this lack of synergy. While the central authorities appear to have portrayed the new coronavirus as a threat to national security, local leaders occasionally expressed divergent views on social restrictions. For example, following the conclusion of the holy month of Ramadan, the central government prohibited the homecoming (mudik) activities via Government Letter No. 13 of 2021 from the COVID-19 Handling Task Force on the Elimination of Eid Al-Fitr Homecoming (COVID-19 National Task Force 2021). On the other hand, local governors continue to allow their people to practice their mudik traditions, emphasising the preservation of “religious values” and “local wisdom” (Puji 2021). In response, the former Head of the COVID-19 Management Task Force, Doni Munardo, even urged government officials to construct a coherent narrative regarding the homecoming (mudik) ban in compliance with the President’s directive (Nurita 2021). These contradicting messages contributed to public confusion regarding the country’s

⁸<https://mediaindonesia.com/politik-dan-hukum/310566/pemerintah-akui-hadapi-dilema-covid-19> (accessed 21 October 2021).

⁹<https://www.cnnindonesia.com/nasional/20201123120038-25-573270/jokowi-jaga-terus-keseimbangan-penanganan-covid-dan-ekonomi> (accessed 21 October).

¹⁰<https://www.cnnindonesia.com/nasional/20200331160954-20-488766/jokowi-soal-lockdown-kita-tak-meniru-negara-lain-begitu-saja> (accessed 21 October 2021).

¹¹<https://covid19.go.id/storage/app/media/Regulasi/2021/April/SE%20Ka%20Satgas%20Nomor%2013%20Tahun%202021%20Larangan%20Mudik%20Hari%20Raya%20Idul%20Fitri%20dan%20Pengendalian%20COVID-19%20selama%20Bulan%20Suci%20Ramadhan%201442H.pdf> (accessed 7 November 2021).

Table 1. Social Restrictions Policy in Indonesia (March 2020-June 2021)

	PSBB	PPKM	Emergency PPKM
Strategy	Social restrictions suggested by governors on a large scale (provincial level)	Social restrictions on a micro scale (sub- district)	COVID-19 Risk Zonation: Based on health standard supervised by WHO and Ministry of Health
Area	20 areas	City/District to Village Level in 34 Provinces	Java and Bali islands (75 cities in level 3 areas) and 49 cities/districts in level 4 areas).
Implementation	<ul style="list-style-type: none"> ❖ Online Schooling ❖ Closure of shopping malls ❖ 100% Work from home regulations 	<ul style="list-style-type: none"> ❖ Online Schooling (in critical areas) ❖ Hybrid Schooling in non-critical areas (advised by the Ministry of Education) ❖ 75% Work from home regulations (in critical areas) ❖ 50% Work from Home ❖ Shopping malls close at 9.00 PM 	<ul style="list-style-type: none"> ❖ Online Schooling 100% ❖ Closure of shopping malls and Places of Worship ❖ Market and Department Store close at 8.00 PM with 50% capacity

Source: Farisa 2021

Table 2. Micro Scale Social Restrictions (July 2021-Present)

Level 1 PPKM	Level 2 PPKM	Level 3 PPKM	Level 4 PPKM
<ul style="list-style-type: none"> ❖ 75% office capacity for non-essential sectors ❖ 100% office capacity for essential sectors ❖ 75% capacity for traditional market ❖ 75% capacity for shopping centre ❖ Street vendors open until 9.00 PM ❖ 75% capacity for indoor restaurant ❖ 50% capacity for school ❖ 50% capacity for house of worship 	<ul style="list-style-type: none"> ❖ 50% office capacity for non-essential sectors ❖ 100% office capacity for essential sectors ❖ 75% capacity for traditional market ❖ 50% capacity for shopping centre ❖ Street vendors open until 8.00 PM ❖ 50 % capacity for indoor restaurant ❖ 50% capacity for school ❖ 50% capacity for house of worship 	<ul style="list-style-type: none"> ❖ 100% Work from Home for non-essential sectors ❖ 50% capacity for traditional market ❖ 25% capacity for shopping centre ❖ Street vendors can open until 5.00 PM ❖ Indoor restaurant serves takeaway only ❖ 25% capacity for house of worship 	<ul style="list-style-type: none"> ❖ 100% Work from Home for non-essential sectors ❖ 50% capacity for traditional market ❖ Closure of shopping centre ❖ Street vendors can open until 3.00 PM ❖ Indoor restaurant serves takeaway only ❖ Remote learning for schools ❖ Closure of house of worship

Source: Saptoyo 2021.

COVID-19 status. Cancelling the social limitations policy ahead of the Christmas and New Year’s holidays further illustrates these discrepancies. Due to the global spread of the new Variant of Concern (VoC) of COVID-19, also known as Omicron, the government planned to regulate public activities through a level-3 social limitations policy (PPKM) in November 2021.

Although the severity of the new variant is unknown, it has emerged at a time when global vaccine immunity is increasing (Karim and Karim 2021). According to Muhadjir Effendy, Coordinating

Minister of Human Development and Culture, the decision to increase the level of social restrictions was made during a cabinet meeting attended by the Commander of the Indonesian Armed Forces, the Head of the National Police, the Coordinating Minister of Economic Affairs, and the Coordinating Minister of Investment and Maritime Affairs. In his official statement, the Minister said, “Level 3 social constraints would be enforced throughout Indonesia, even if this does not mean that every place will have the level 3 status; nonetheless, it should be highlighted that the country will retain the current laws for level 3 (areas)” (CNN Indonesia 2021b).¹²

However, a few weeks later, the initial plan was abandoned. The cancellation was endorsed by government officials, with the Coordinating Minister of Maritime and Investment, Luhut Binsar Panjaitan, stating that the country “has succeeded in reducing confirmed COVID-19 cases” to less than 400 per day (Idris 2021). On another occasion, the President’s Chief of Staff, Moeldoko, told the press that the cancellation is consistent with “the gas and brake policy” in light of “the recent COVID-19 situation in Indonesia” (AntaraneWS 2021b). While measuring the precise impact of public opinion on the policy might be difficult, the decision appears to be consistent with public sentiment on holiday restrictions. For example, according to a poll conducted by two local consulting firms, the majority of respondents oppose the continuation of the social restrictions ahead of the new year’s holiday (TaHer 2021). This is consistent with the findings of a recent survey conducted by the Indonesian Central Bureau of Statistics, which revealed that public compliance in the category of human mobility during COVID-19 is lower than in other categories, such as wearing masks and hand washing (Central Bureau of Statistics of Indonesia 2022).

Conclusion

Following the global spread of the COVID-19 pandemic, Indonesia, like many other countries, has faced a multitude of social, cultural, political, economic, and public health dilemmas. Among them, public health and economic dilemmas, often referred to as the health-economy dilemma (HED), have proven to be the most formidable challenges for governments and policymakers worldwide in their concerted efforts to fight COVID-19. This article examined the dynamics of the Indonesian government’s response to the pandemic through security measures through the prism of securitisation theory. The repeated association of the pandemic with security idioms such as “invisible enemy,” “total war,” and “national security threat” reverberated through the speech acts aimed to shift the COVID-19 pandemic issue from normal politics to a security concern. This was met with the securitization dilemma—the pandemic-related economic recession. The article demonstrated how the responses were mostly characterised by carefully crafted flexible measures labelled as the ‘gas and brake’ policy (kebijakan gas dan rem) oriented towards easing the health-economy dilemma. In the eyes of many, such a policy appears to reflect ambiguity and a lack of synergy between the country’s policymakers. However, as the fourth most populous nation with over 250 million people, inadequate public health and economic resources are believed to have been the greatest challenge for Indonesia’s ongoing fight against COVID-19. Put differently, any efforts to focus merely on public health measures—the macrosecuritization of public health over the economy, according to Buzan and Weaver (2009)—to reduce COVID-19 transmission, such as a lockdown policy in the country, run the risk of jeopardising the country’s economic security.

Since March 2020, when the first cases of COVID-19 were reported, the Indonesian government has implemented a variety of measures, such as the PSBB (Pembatasan Sosial Berskala Besar or Large-Scale Social Restrictions), PPKM (Pemberlakuan Pembatasan Kegiatan Masyarakat or Public Activity Restrictions), and Emergency PPKM. While the basic objective of these social restrictions is the same, limiting people’s mobility to prevent COVID-19 transmission, there are some specific differences in their scope and scale of implementation. For instance, PSBB was implemented in the early stages of COVID-19 spread and had a larger scope and scale of people’s mobility limitations than PPKM and Emergency PPKM. However, PSBB does not have the COVID-19 zonation system, which bases the limitation of people’s mobility on the severity of COVID-19 cases in each region of the country. PPKM is the

¹²<https://www.cnnindonesia.com/nasional/20211117191237-20-722622/seluruh-wilayah-berstatus-ppkm-level-3-saat-libur-natal-dan-tahun-baru>

current scheme of the government's social restrictions measure and is preferred due to its adaptability to the COVID-19 conditions of the regions. It fits well with the country's 'gas and brake' policy because the level of the limitation of people's mobility can be increased or decreased according to the severity of COVID-19 in the regions. In mid-2020, for example, when the pandemic infections reached worrisome levels, the government increased the level of social restrictions by deploying armed forces to help support the COVID-19 prevention and mitigation efforts. This is followed by a securitising move accentuated by the aforementioned security idioms. Nevertheless, COVID-19 conditions in the country are not the only factors influencing the ebb and flow of social restriction levels.

Public opinion also plays a role in the decision-making process. For instance, under the pretext of preserving religious values and local wisdom, local governments in the country frequently disregarded the central government's prohibition on the annual ritual of homecoming (*mudik*) among Muslims following the end of the holy month of Ramadhan. Similarly, the central government's decision to increase the level of PPKM ahead of the Christmas and New Year's holidays owing to the global spread of the new COVID-19 Omicron variant was cancelled in response to popular outcry regarding holiday restrictions. In this case, the "gas and brake" policy serves to address the health-economy dilemma, but, unfortunately, it is also vulnerable to public opinion because, as French international relations scholar Thierry Balzacq argued, there is no clear hierarchy between the public health and economic aspects of the overall securitization initiative. As a result, the Indonesian government frequently adjusts the priority of security areas to reflect the COVID-19 scenario in conjunction with public opinion that fluctuates between easing and tightening social restriction measures.

Studies such as this contribute to understanding how the coronavirus pandemic is reframed and incorporated into Indonesia's national security agenda. While it is not uncommon for many governments to employ securitisation measures, the extent to which such measures are designed, communicated, and accentuated varies from government to government, as do the ways these governments address the health-economy dilemma. For instance, in contrast to Indonesia, among Southeast Asian countries, the securitisation of COVID-19 in the Philippines has largely been characterised by a war-like narrative coupled with strict and draconian securitisation measures enforced by the combined forces of the police and the military and informed by President Duterte's authoritarian tendencies (Hapal 2021; Schaffar 2021). Similarly, the Cambodian government prioritised public health over the economy by imposing extremely restrictive COVID-19 measures, which arguably led to a severe social and economic crisis (Tatum 2021). The Philippines' and Cambodia's COVID-19 responses contrasted marginally with Thailand's, whose securitising move was marred by policymakers' conflicting statements and decisions on lockdown measures (Ganjanakhundee 2020). Such variation is consistent with Huysmans' (2006) argument that while the nature of infectious disease threats remains the same, the characteristics of measures employed to respond to them may vary from one government to another.

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