

Beyond Numbers: Sri Lanka's COVID-19 Response, Politics and People

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COVID-19 arrived when the Sri Lanka Podujana Peramuna (SLPP) government, led by the Rajapaksa brothers, was setting itself up for a landslide victory at the 2020 parliamentary election. The United National Party (UNP)—the main opposition party—was (and still is) in disarray over its leadership, and whatever remnants of the Left, are in shambles. Having revealed intentions to repeal the 19th Amendment that trimmed his executive powers, President Gotabaya Rajapaksa dissolved the parliament on March 2nd 2020, six months before its term ended, in the face of a pandemic. An expectant citizenry looked to the President for ‘strongman’ leadership to rebuild the economy after the failed tenure of the 2015-2019 administration.

Within the SLPP, the Cabinet was scrambling to impress the President, even as Viyath Maga—a ‘civil society movement’ made up of business and professional elites who backed the presidential campaign—called for technocrats to govern the country. However, the military, with close ties to the President, was increasingly infiltrating public life, with many military officials appointed to civilian positions. The space for dissent was fast-shrinking as critics feared unfettered militarisation after the parliamentary election (Kadirgamar 2019).

Sri Lanka's COVID-19 response grew out of this political landscape. The first confirmed ‘case’ was a Chinese tourist identified on 27th January; the first local case came six weeks later on 10th March when a tour guide contracted the infection from a group of European tourists. By then, ‘panic buying’ had started, with masks and hand sanitiser running out of stock. However, travel bans were enforced only after 18th March when election nominations were due, to prevent deferment of

the election, at the time scheduled for the 25th of April. As this delayed response came under public scrutiny, a country-wide police curfew was implemented on 20th March, heralding a 2-month lockdown that would bring the country and its economy to a standstill.

If the country's COVID-19 response was evaluated purely on numbers, Sri Lanka may be a success story. As of the 1st of June, 1,683 COVID-19 cases and 11 deaths have been reported (Epidemiology Unit 2020). While there has been criticism of the testing strategy from some quarters (Haniffa 2020), by and large, the public health and social measures implemented by the government seem to have kept the virus at bay. Beyond the numbers, however, Sri Lanka's COVID-19 project has been fraught with military surveillance, ethnonationalist mobilizations, and suppression of dissent. This commentary critically analyses the militarised nature of the national COVID-19 response, its politics, and implications.

Relegating Authority

The military and the Government Medical Officers' Association (GMOA)—the public sector doctors' union—featured prominently in the initial phases of Sri Lanka's pandemic response. The President, a military officer himself, having served as Secretary to the Ministry of Defence during and soon after the civil war, had close ties with the military and state intelligence agencies. On the other hand, the GMOA had been strategising with the President long before his victory at the presidential polls. It is widely known within medical circles that the GMOA made key contributions to the President's election manifesto, *Vistas of Prosperity and Splendour*, now the SLPP government's policy framework.

On 17th March, the President inaugurated the National Operation Centre for Prevention of COVID-19 Outbreak [*sic*], with the Army Commander, Lieutenant General Shavendra Silva at its helm. While this move was questioned both on ethical and technical grounds, several other (retired) military personnel were appointed to key (civilian) positions in the national pandemic control programme. In parallel, the GMOA professed its views via numerous media outlets, and issued policy guidance on managing the pandemic. To discerning observers, it was clear that the Ministry of Health, the Epidemiology Unit (i.e. the institution that oversees communicable disease control under the Ministry of Health), and professional medical bodies such as the Sri Lanka Medical Association, College of Community Physicians and Sri Lanka College of Microbiologists, had been side-lined in the initial pandemic response.

Without Justification

The Sri Lankan public health system is credited for eliminating several intractable communicable diseases, including malaria. Most recently, Sri Lanka received World Health Organization (WHO) certification for eliminating measles (2019) and mother-to-child transmission of HIV and congenital syphilis (2019). With a functioning (albeit under-resourced) disease surveillance system that links the grassroots, through the Medical Officer of Health, with district-level and central administrations, the public health system always had the capacity to build an effective COVID-19 response.

Yet, the military has played a key role in COVID-19 surveillance and quarantine procedures in Sri Lanka. In an interview with *The Hindu* (15th April), an official with the Epidemiology Unit described sharing surveillance information with the military and State Intelligence Service for the purposes of contact tracing and follow up (Srinivasan 2020). A State Intelligence Service (2020) report, dated 8th May, outlines the role of various actors in the pandemic response, indicating that the Army led efforts to contain the spread of infection, essentially running the quarantine centres; while the State Intelligence Service dealt with contact tracing; and the Police supervised curfews and other restrictions on movement, all coordinated by the Ministry of Defence. Meanwhile, according to the report, the Ministry of Health merely attended to “early detection, isolation and treatment [and] contact tracing through primary healthcare staff” (2020, p. 3).

This secondary role played by the health sector in the national COVID-19 control programme is both unprecedented and peculiar. A cross national analysis of COVID-19 task forces operating in 24 countries (not including Sri Lanka), published recently, indicated that military personnel did not feature in the task forces of the 24 countries, which included Thailand and the United States (Rajan et al. 2020). Indeed, health officials were found to dominate most COVID-19 response teams, prompting the researchers to call for more multi-sectoral involvement, particularly from civil society and community organisations.

Placing the military at the helm of COVID-19 control efforts was unwarranted in the first place, and doubly so owing to its questionable capacity to contain the virus within its own camps. Since the latter part of April, the majority of COVID-19 cases have been identified among naval personnel. While military authorities maintain that the navy contracted the infection from ‘drug addicts’ while contact tracing in the Ja-Ela area (Sri Lanka Army 2020), the extent of spread within the Welisara Navy Camp suggests breaches of COVID-19 control measures. The Ministry of Health epidemiologists have since been consulted (Dissanayake 2020), but the navy’s COVID-19 control activities still remain under military administration.

War as Metaphor

The military’s involvement in pandemic control has met little public protest. The war metaphor has been deployed to create and sustain acceptance with numerous high-ranking officials, from the President, Secretary to the Ministry of Defence, and Army Commander, to the Director General of Health Services (DGHS), frequently drawing parallels between the pandemic response and the military defeat of the Liberation Tigers of Tamil Eelam (LTTE). For instance, in a nationally televised interview on 20th April, the DGHS stated, ‘[COVID-19] is like a war on terror, the difference is the enemy’ (Jasinghe 2020).¹

The fallout has been a COVID-19 response constructed in Sinhala chauvinist terms with very little room for critical engagement. Any criticism of the pandemic effort is viewed to be unpatriotic or anti-national. In April, when a cluster of quarantined individuals tested positive in Jaffna, a public health expert working with the Department of Health-Northern Province, raised the possibility of cross-infection at military-run quarantine centres (Kumar 2020). He was vilified on social media, and the GMOA

had the temerity to complain to the DGHS that the doctor “who has a controversial & racist previous history” expressed “views detrimental to the Health Department and Sri Lanka Army” (Aluthge 2020).

Confusion and Fear

A militarised approach has resulted in conflicting messages regarding COVID-19 being conveyed to the public. Take, for instance, mask wearing. Until 20th May, the Ministry of Health maintained that wearing masks was neither necessary nor advisable in the community (due to widespread use of incorrect and unsanitary technique), instead emphasising hand hygiene and physical distancing. However, the military and police implemented mandatory mask use in public places in April. Given its enforcement, being masked has overshadowed the other COVID-19 preventive measures called for by the health authorities.

The National Operation Centre and the Ministry of Health issue daily updates on COVID-19 control measures and case numbers. However, we do not know the basis of decision-making or by whom decisions are made. After a month in lockdown, on 18th April, the government announced that the curfew would be lifted in several districts on 20th April, only to be re-enforced a day or two later without explanation. An NIC-based number system was subsequently introduced to enable individuals to purchase essentials during the curfew, but the system was never implemented. Various state authorities have since issued conflicting guidelines on workplace preparedness, public transport, and other matters.

A Familiar Enemy

Apart from the confusion, the involvement of military and state intelligence in COVID-19 control has been unsettling for ethnic minorities, both Tamils and Muslims, given the country’s fraught history of (state-sponsored) violence, often targeting minority communities. This time, just a year after the Easter Attacks, Muslim communities are being scapegoated for the spread of COVID-19 (Saroor 2020).

By late March, the media had demonstrated a clear bias towards reporting on Muslim individuals infected with COVID-19. Some media outlets even published personally identifiable information, including names, using stigmatising language that implied deliberate evasion of public health authorities. Social media was rife

with stories of Muslims conspiring to transmit infection, accompanied with the usual calls to boycott Muslim retailers and establishments. In this way, there was a well-organised attempt to construct an ethnicised narrative of disease-laden, insular Muslim groups, living in congested quarters, and rejecting COVID-19 control measures.

In early April, the Ministry of Health issued guidelines for media reporting, stipulating that personal details of patients with COVID-19, including their ethnicity, should not be reported (*Daily FT* 2020). They called for reporting that builds solidarity in a time of crisis, but failed to call out the media or issue any rectifying statements. The media continued to highlight ‘cases’ detected in areas known to be populated by Muslim residents, such as Beruwala or Grandpass in Colombo. To make matters worse, an earlier version of the GMOA’s proposals for a COVID-19 exit strategy included the size of the Muslim population in DS divisions as a variable for risk stratification, which was hastily removed under protest.

The Ministry of Health’s calls for solidarity would seem disingenuous coming on the heels of a controversial guideline stipulating mandatory cremation after a COVID-19 death—contrary to WHO recommendations and international practice. The new guideline drew widespread protest from sections of civil society, Muslim groups, human rights organisations, as well as a group of UN special rapporteurs. Reportedly, the policy has been implemented under unwarranted circumstances, as experienced by the family of a deceased Muslim patient who was cremated after allegedly testing negative for COVID-19 (Qazi, 2020). Despite media flak, the government has not backtracked on this policy.

Inequality under Lockdown

While the media could initially portray COVID-19 ‘risk’ in ethnic or cultural terms, linking infection vulnerability to being Muslim, it became clear with time that the novel coronavirus was partial to low-income communities living under congested and deprived conditions. Among identified ‘clusters’, slum dwellers and residents of low-income tenements in Colombo have faced the brunt of COVID-19, both in terms of the illness and its social and economic impact. They have been at the receiving end of an aggressive surveillance strategy and have faced considerable police brutality for curfew violations.

It is hardly surprising that COVID-19 cases would cluster within these communities. According to the

2012 Census, about a quarter of households in the Colombo Municipal Council area do not have a tap or a toilet within their residential units (Department of Census and Statistics 2015). While this proportion would be much higher among slum dwellers, water is a basic necessity for maintaining (hand) hygiene—critical to breaking the chain of COVID-19 transmission. Physical distancing also remains an unresolved practical challenge in cramped slums and tenements (Cash and Patel 2020).

Daily wage earners, residents of slums and tenements in Colombo have been among the hardest hit in terms of livelihoods, and the upsurge in prices of essential items. While the horrific levels of poverty wreaked by the pandemic receive less coverage, they do make headlines when it suits the media. The deaths of three elderly women in Maligawatta after a stampede for a charitable monetary payment made by a Muslim philanthropist toward the end of Ramadan was a stark manifestation of desperate conditions in the tenements, but the media focused almost entirely on the ‘criminality’ of curfew violations.

By contrast, the lockdown has been at most an inconvenience for the affluent, particularly in Colombo. Closeted in comfortable homes, using online platforms and mobile services to ensure uninterrupted supplies, they have enjoyed door-to-door delivery by supermarkets, takeout from restaurants, and on-call banking services. The quarantine experience has similarly been different with ‘quarantine hotels’ catering to the middle-class and rich, while the poor, once identified as being at ‘risk,’ are shipped en masse to quarantine centres.

Democracy under Siege

The government has used the pandemic as justification to suppress dissent and push through policies that would otherwise have faced widespread protest. Starting 20th March, a curfew was in place, for the greater part of two months, purportedly to ensure the safety of the unruly and wayward public. According to media reports, the police arrested over 60,000 persons for curfew violations during this period. While the legal basis of the curfew is in doubt, the curfew made any form of public protest impossible.

Along these lines, in early April, the IGP instructed the police to take “strict action” against those who criticise government officials engaged in COVID-19 control. Subsequently, a number of arrests were reported in the media over the spread of so-called fake

news. While the details of these seemingly arbitrary arrests are not known, it is alleged that law enforcement authorities apply a double standard: critics of the regime are targeted while no action is taken against others, especially pro-regime media (Chandimal and Fernando 2020).

The arrest of Ramzy Razeek on 9th April drew the attention of local and international defenders of free speech. Arrested under the International Covenant on Civil and Political Rights (ICCPR) Act for inciting religious disharmony after posting a social media call for an ‘ideological Jihad’ to counter anti-Muslim propaganda, Razeek remains in prison at the time of writing, denied bail and suffering medical complications (Chandimal and Fernando 2020). On 25th April, the Sri Lanka Human Rights Commission (2020) expressed concerns about arbitrary arrests, including the use of the ICCPR Act in a discriminatory manner.

The government is also pushing through policies that have little to do with COVID-19 at this time of crisis. For example, in line with its vision for higher education, the government is fast-tracking the implementation of online learning in the state university system, an initiative that was not embraced by the academic community before the pandemic. At a meeting with the University Grants Commission (UGC) on 15th May, the President demanded “the present context” (COVID-19) be used to expand distance learning, suggesting that a third of students enrolled at universities could be attracted to distance education (Presidential Secretariat 2020).

When state universities shutdown in March, university teachers received directives from the UGC to commence online teaching as soon as possible. Bypassing procedures in place to regularise curriculum reform, faculties hastily adopted new pedagogical methods that relied on learning management systems and video conferencing facilities. Meanwhile, students—many from families experiencing dire financial difficulties related to the pandemic—have been asked to engage in learning activities through smart phones, in spite of weak network coverage. The use of online platforms has also facilitated the adoption of informal staff surveillance systems, with some university administrations notifying academic staff of their performance based on the number of hits on courses, time spent online, and student access.

Looking Ahead

COVID-19 is with us to stay for an indefinite period. The urgency displayed by the government to relax restrictions on movement and return to ‘normalcy’ suggests that these actions may be linked to the parliamentary elections. At the time of writing, several petitions are before the Supreme Court against holding the election during a time of crisis. If elections are held early, the government’s handling of the COVID-19 pandemic—widely perceived as successful—would weigh in on the outcome. On the other hand, delaying the election further would enable the President, bolstered by the military, to govern the country unhampered by an opposition. Neither option bodes well for democracy in Sri Lanka.

How should this political dilemma be confronted? The narrow political moves of the government do not detract from the tremendous shifts in the global and national economy. Millions of workers in the informal

economy have lost their livelihoods, businesses are on the verge of bankruptcy, putting employment and incomes of workers in jeopardy, and the economic crisis is bound to deepen. With large foreign loan repayments due over the next year, pressure is mounting on the government, particularly with respects to its solvency and capacity to import goods and transact in the global economy.

Historically, such crises have foreshadowed far-reaching and radical policy shifts across the world, including in Sri Lanka. The malaria epidemic of the 1930s paved the way for the convergence of radical youth in the Suriya Mal Movement, which ultimately evolved into the Lanka Sama Samaja Party, heralding the rise of the left in Ceylon. In this era of COVID-19, do we concede to militarisation and ethno-chauvinist mobilisations or pursue a path of social justice? This may be an opportune moment for the fragmented Left to come together, to carry forward a progressive political and economic agenda.

Notes

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1 Translated from Sinhala by the author.

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