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The Impact of Covid–19 on Ethnic Minorities in Sri Lanka

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Abstract

The unforeseen impact of *Covid–19* and its outcomes, including a variety of state responses, have directly or indirectly affected all segments of human society in multiple ways. Most importantly, certain communities have been more distressed than others. In this global context, Sri Lanka seems to be among the countries where the negative impacts of Covid–19 on ethnic minorities have been more severe and intemperate. The article's overarching research question concentrates on the Sri Lankan government's responses to the pandemic and their unequal impact on some ethnic groups since the first quarter of 2020 through 2021. This qualitative study finds that the spread of the virus extended and intensified the inequalities, frustration and discontent among ethnic minorities, as the experience of uneven impacts is clearly and directly associated with already-entrenched injustices that prevent the benefits of mainstream socio-economic processes from reaching certain Sri Lankan ethnic minorities. It is likely that this situation will continue well into the post-pandemic recovery stages. The article therefore concludes that Sri Lanka needs to undertake a coordinated, consultative process founded on the principles of equality, equity, social justice and human rights, to develop policies and strategies to address issues that rendered the sufferings of ethnic minorities severe during both the pandemic and the post-pandemic recovery stage.

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Introduction

As of December 2021, the pandemic has taken more than 5 million lives and has had far-reaching social and economic impacts on human societies across the globe. Covid–19 is a highly contagious disease that spreads through 'respiratory droplets and contact routes' (World Health Organization 2020a). Regardless of differences in wealth, language, religion, gender or age, its spread and impact on people are described as highly calamitous and heterogeneous (Mein 2020). Both between and within societies, the pandemic's effects have been unequal, and 'the world, it appears, is preparing to prosper the survival of the fittest' (Balamayuran 2020: 120). In response, UN Secretary-General António Guterres urged nations to tackle the crisis together to prevent stigma, hate, discrimination and *xenophobic* behaviours from being linked to the Covid–19 (United Nations 2020). In today's contexts, even developed nations with abundant resources have been incapable or negligent in providing speedy, relevant and effective responses to the difficulties faced by their minority groups and indigenous populations.

Urgent pandemic measures such as declarations of states of emergency, lockdowns, quarantines and business closures have multiplied the forms of discrimination against certain disadvantaged and vulnerable groups. In the United States of America, black and Asian communities have suffered from higher infection and mortality rates (Yaya et al. 2020; Gover, Harper and Langton 2020; Webb Hooper, Nápoles and Pérez-Stable 2020; Boserup, McKenney and Elkbuli 2020; Chapman 2020). Similarly, in the United Kingdom, black, Asian and minority ethnic (BAME) communities have been associated with higher mortality rates, compared with the white population (Minority Rights Group International 2021; Morales and Ali 2021; Keys et al. 2021). Similar infection and mortality trends have been documented in Europe, Asia and Latin America. As a result, the devastating impact of Covid–19 over the specific situation of minorities has intensified significantly (Bachelet 2020; Mein 2020; Gould and Wilson 2020; Pan et al. 2021; Chen and Wu 2021; Hwang 2021).

This article examines the relationship between the government's pandemic response and its unequal impact on minority communities in Sri Lanka. The study synthesises a wide variety of secondary literature with primary data from analytical reports produced by the

Ministry of Health, Ministry of Defence and Department of Government Information. The weekly analysis of the Epidemiology Unit of the Ministry of Health was assessed to identify the mortality trends across the communities of Sri Lanka. To determine the impact of Covid–19 on the country's ethnic minorities, focus group discussions and interviews with individuals belonging to minority communities, including government officials and personnel, were conducted in Western, Eastern, Northern and Central Provinces. Also, interviews with Sinhalese individuals in Central Province yielded views on the 'cremation only' policy. Initial reviews confirm the government's success in curtailing the spread of the virus. However, evidence collected through interviews and focus group discussions indicates that pre-existing discrimination and inequalities experienced by minorities have widened during the Covid–19 period. The insights gathered through secondary literature show that the spread of the virus presented a new situation for the nation and the pandemic responses, initiated mainly by an Executive President, were centripetal, nationalistic and militarised in nature; the president used the need for a public response as an opportunity to design ostensibly public health measures in ways that further suppressed certain minority communities and resulted in additional forms of discrimination against them.

To this end, the first section of this article briefly describes how countries worldwide have responded to the pandemic. The second section analyses the government of Sri Lanka's responses to the pandemic from the first quarter of 2020 through 2021. The third section provides some insight into the harms of pandemic responses for ethnic minorities in Sri Lanka. The final section looks forward as it briefly highlights the need to take coordinated consultative action to address the issues and challenges that make the sufferings of the communities of ethnic minorities hardest during the post-pandemic recovery stage.

Pandemic responses: Global perspectives

Many countries, including the richest, acted much worse than expected since the advent of the pandemic, although a few countries have shown great resilience. This is because these countries' policy responses, choices, practices and state public healthcare capacity were timely and adequate. Swift government intervention at the early stage of the outbreak helped to disturb the spread of the virus. Many countries in the Asia-Pacific region were applauded for being very active at the time. Among them, New Zealand was the first to contain the spread of the Corona virus. Its precautionary approach crushed the curve within a short period as the government had compelled the people to adhere rigorously to physical distancing, testing, tracing and isolating infected persons. The country also benefitted from advanced health care facilities, transparent pandemic leadership and trusted public communication, which together brought Covid under control (Dewan 2020; Park 2021; Wilson 2020; OECD 2022). The Lowy Institute's Performance Index (2021), utilising available data up to early March 2021 to gauge the relative performance in 116 countries, supports the general idea that Asia-Pacific countries performed comparatively well at containing the pandemic. Even the few non- or less-democratic countries in this region were relatively effective in bringing the situation under control (Zakariya 2021). The case of Japan is a clear example of how a country with centralised authority can perform well without any legal, political or administrative constraints. There, consultative decision-making with the collaboration of experts, combined with efficient local governments, made pandemic-controlling efforts a success (Nagata et al. 2021).

At the same time, some democracies in the Americas and Europe did not perform satisfactorily at the beginning; indeed, some attempts to handle the pandemic can be described as outright failures. This reflects the fact that there is no guarantee that even democratic governance would yield the best-suited policies for dealing with a global crisis of this magnitude. Except for China, dictatorships such as Russia, Venezuela, and Iran have done terribly (Zakaria 2021). Different countries have dealt with the pandemic differently (Zakaria 2021; Lowy Institute 2021) and no political system has 'proved to be demonstrably "better" than another in the swiftness of its response or in reducing the lethal impact of the disease' (Gaub and Boswinkel 2020: 6). To sum up, the experience in the Asia-Pacific region is not uniform, beyond the vague observation that the pandemic forced virtually all governments at all levels to operate in a context of radical uncertainty (OECD 2020; Blofield and Hoffmann 2020).

In this connection, Holly Jarman (2021) refers to four types of state capacities to arrest the risk of virus transmission and to reduce the damage inflicted on individuals and groups in any political system: governance, surveillance, coercion, and social policy. She draws attention to governance and highlights the fundamental role of the government in safeguarding the lives of citizens in a pandemic situation. It is mandatory for any type of government, whether decentralised or centralised, to ensure greater transparency and accountability in the decision-making process in dealing with the pandemic. She emphasises the importance of inter-sectoral governance, which requires deliberate collaboration among various stakeholder groups and quick mobilisation of resources. Also, her analysis provides recommendations on how governments should collect and analyse data, and how testing, tracking, and isolation should be instituted. In this connection, tactics of surveillance are to be transparent and non-discriminatory. As a third strategy, Jarman (2021: 57) discusses 'coercion', which refers to the 'use of the state's legal authority to make and enforce rules that protect society from the worst effects of the pandemic by changing the behaviour of individuals and organizations.' Finally, she underscores the importance of social policies in order to enhance welfare services for children's education, people with disabilities and low-income families. She emphasises the essential role of 'pre-pandemic social policies' related to health, education, employment and wellbeing. In addition, Jarman highlights the need to adopt new social policy responses to the pandemic in order to secure the social system in a time of crisis. This article acknowledges that contextualising the ideas of state capacity as detailed by Jarman contributes to the explanations of the pandemic responses of the government of Sri Lanka since March 2020.

Sri Lanka's response to Covid–19

The impact of the three-decade-long armed conflict between the Liberation Tigers of Tamil Eelam (LTTE) and the government of Sri Lanka has significantly influenced the government's interventions and responses linked to Covid-related issues since March 2020. A long history of prejudice and discrimination led the Tamil youth of Sri Lanka to take up arms against the government of Sri Lanka in the 1970s. By the 1980s, the LTTE, an armed group, had become more active and dominant, destroying other Tamil militant groups and, from the mid-1990s, beginning to press its demand for a separate state through warfare. The LTTE encouraged Sri Lankan Tamils to mobilise as a single entity, disregarding the regional and caste differences, to oppose the manifestations of specific discrimination against Sri Lankan Tamils.[3] Although the LTTE was suppressed in 2009, the armed conflict had already taken the lives of tens of thousands of civilians and displaced approximately one million people (DeVotta 2009). This generated fear, mistrust and suspicion between communities and, a decade later, Sri Lankan Tamils still do not feel reconciled with other communities.

After the military defeat of the LTTE, a second major minority group, the Sri Lankan Muslims, began to experience targeted repression in all spheres of their life. Riots against

3 Tamil's influence on Sri Lanka is as old as that of the Sinhalese (Indrapala 1965). Relis gion and language separate this group from the Sinhala majority.

the Muslim community, including anti-halal and anti-slaughtering campaigns in some districts, exacerbated tensions between Sinhalese and Muslims. When a group of Islam-associated individuals performed a terrorist attack that has come to be known as the Easter bombings of 2019, the Sinhalese majority community turned even more aggressively against the country's Muslims, who now live in fear. Another group of people, Up-country Tamils,[4] who migrated from India to Ceylon as indentured labourers during the 19th century to work in the British plantations, has become the third minority in Sri Lanka. They were already burdened with poverty and lower levels of education, inadequate housing and poor healthcare before the pandemic arrived.

Considering the above, it appears that the ethnic minorities in Sri Lankan society continue to occupy a subordinate and marginal position, and they struggle to find their place in post-war Sri Lanka in the face of sustained structural disadvantage and violence. Therefore, it is still a major challenge for the Sri Lankan nation to find a way to grant equal rights for all in order to promote peaceful co-existence between various ethnic groups. Serious efforts need to be made to reduce the potential for mistrust and frustration and thereby restore harmonious community relations. In this context, Covid–19 reached Sri Lanka in March 2020, just as its threat to become a global pandemic was being realised. Using Jarman's (2021) insights to connect state capacity with responses to Covid–19, we now begin our in-depth look at Sri Lanka's responses in terms of governance, surveillance, rule enforcement and social policy.

Governance and surveillance of public health

Previous global health calamities proved that pandemic governance is not trouble-free even in the context of a scientifically advanced contemporary world. From the beginning of the Covid pandemic, public health authorities worldwide have played a significant role in preventing virus transmission. However, 'responding to a public health emergency such as Covid–19 requires effective government institutions capable of delivering both preventive and emergency medical care while also maintaining other essential public services' (World Justice Project 2020: n.p.). Such a situation urges inter-sectoral collaboration in the governance process adhering 'to the rule of law – open to the public, contestable in the courts and through elections governed by law, with the consent of the legislature, and reviewed by audit and other oversight bodies' (World Justice Project 2020: n.p.). Failure

4 Indian-origin Tamils prefer to be referred to as 'Up-country Tamils' (which means Tamils who live in the upper mountains). They are called plantation or estate Tamils as well.

in this nature of pandemic governance may erode the citizens' trust, and non-compliance with pandemic preventive regulations could have persistent effects on economic, political and social domains.

When considering pandemic governance in Sri Lanka, it is necessary to examine how the government of Sri Lanka took effective public health interventions and non-pharmaceutical measures to contain the virus transmission. As a first step, before any Sri Lankan had tested positive for Covid–19, on 26 January 2020 the Ministry of Health established the National Action Committee, comprised of 22 qualified medical experts, to take precautions and action to contain the virus transmission into the country. Instead of using existing legal structures such as the National Council for Disaster Management and the Disaster Management Centre, the government established the above *ad hoc* committee to deal with the Covid–19 pandemic (Fonseka and Ranasinghe 2021).[5] After locals were reported as having contracted the Corona virus, the government quickly announced a nationwide curfew, enforced severe travel restrictions and shut down all essential and non-essential services throughout the island.

Soon, pandemic governance was abruptly transferred to the military, which took charge of the National Operation Centre for the Prevention of Covid–19 Outbreak (NOCPCO), formed on 17 March 2020. Under the leadership of Lt Gen. Shavendra Silva, the Commander of the Army, and Dr Anil Jasinghe, Director-General of Health Services, medical and other experts and politicians were tasked with taking all necessary measures to manage healthcare and other public services related to the Covid–19 pandemic. The defence sector took the lead with the collaboration of the health sector. The coordinating responsibility of the complex public health and other issues related to Covid–19 was given to military personnel who had demonstrated unswerving alliance with Gotabaya Rajapaksha when he was the Secretary to the Ministry of Defence. Lt Gen. Shavendra Silva announced that all government officers should be prepared to work for NOCPCO if there is urgency. This approach to carrying out pandemic operations neglected Sri Lanka's experienced civil service professionals, who could and should have played a decisive role in planning, service provision, infrastructure development and resource mobilisation. The engagement of armed forces in response to the Covid–19 outbreak was justified through

5 The first National Disaster Management Council was established in May 2005 and the Disaster Management Centre was later created to oversee disaster preparedness, dissemination of early warning and coordination of disaster relief efforts throughout the island.

the argument that, being a well-organised institution, the military has the capacity to mobilise rapidly during times of uncertainty (Guruparan 2020). However, it is a known fact that the military in many western democracies did not lead pandemic responses; their role was limited to providing assistance and logistical support designed by the public health authorities.

In pandemic governance, the government had a major role in delivering healthcare facilities and ensuring the smooth distribution of essential services to citizens. In most countries, existing civil administrations performed such operations. Yet, in Sri Lanka, soon after the establishment of NOCPCO, the President appointed a number of task forces to coordinate preventive and management measures to mitigate the impact of the Covid–19.[6] These task forces were only answerable to the Executive President (Centre for Policy Alternatives 2021b). It also became difficult for the ordinary public to realise how decisions are made and implemented. At the same time, the Executive Presidency gave the government a chance to hide decisions taken for the sake of political convenience. On 26 March 2020, the Sri Lankan government appointed a presidential task force to direct and coordinate the delivery of continuous services for the sustenance of overall community life. Again, on 22 April 2020, the Presidential Task Force for Economic Revival and Poverty Alleviation was established under the leadership of Basil Rajapaksa, the president's brother, to concentrate on the challenges and opportunities in the context of Covid–19 outbreaks in Sri Lanka. Another presidential task force to study and provide instructions on measures to be taken by all armed forces to prevent coronavirus infections among members of the Tri forces was appointed on 27 April 2020. In addition, the Presidential Task Force for Sri Lanka's Educational Affairs was appointed on 28 April 2020 to oversee the continuation of educational services in the midst of the Covid–19 pandemic. In some countries, governmental multi-sector expert groups and independent expert groups were formed to oversee the socio-economic consequences of the pandemic, provide recommendations to frame public policies, and assess already enforced policy measures to arrest the adverse impact of the pandemic.

After a month, another two presidential task forces were established under Major General (Retired) Kamal Gunaratne, to: a) build a secure country, with a disciplined, virtuous

6 The National Operations Centre for Prevention of Covid–19 Outbreak (NOCPCO) was terminated from Covid–19 activities with effect from 9 December 2021. Its staff has been redirected to the Operations Center for Green Agriculture, under the leadership of Army Commander General Shavendra Silva.

and lawful society and b) handle archaeological heritage management. The Presidential Task Force for Archaeological Heritage Management in Eastern Province was to identify important archaeological sites and was given the power to develop appropriate programs and allocate land to preserve sites in Eastern Province. This entirely Sinhala body chose to ignore the fact that the province is populated by far more Tamils and Muslims than Sinhalese (Centre for Policy Alternatives 2020).[7] The creation of many task forces to deal with the pandemic raises the question of 'whether the pandemic is used to dislodge Sri Lanka's civil service and legitimise some action that may have dire consequences' (Fonseka 2020).

The pandemic governance became further challenged when the Executive Presidency of Sri Lanka became more entrenched on 13 August 2020 by promoting the Director-General of Health Services, Dr Anil Jasinghe, to the position of Secretary to the Ministry of Environment. Dr Jasinghe led the civilian government's response to the first pandemic wave, and fewer than 2850 cases were confirmed during that period (Epidemiology Unit of Ministry of Health 2020). This success was hailed by the international community (Amaratunga et al. 2020; DeVotta 2021; Hettiarachchi et al. 2021). By sidelining Dr Jasinghe with an environment portfolio and instead promoting a major general, Sanjeewa Munasinghe, to lead the Department of Health, President Gotabaya Rajapaksa was further strengthening the role of the military in the provision of public health. Dr Jasinghe's honest and forthright communication about Covid-–19 was much appreciated and admired by the public, but not by the government. After three months, the government announced in November 2020 that Dr Jasinghe would be brought to the Covid –19 Prevention Committee meetings (Ranasinghe 2020).The removal of Dr Jasinghe facilitated Lt Gen. Shavendra Silva, the Commander of the Army to dominate NOCPCO and further strengthened his position as the upper hand in Covid preventive activities in Sri Lanka. For example, Silva appeared in all media conferences to communicate Covid-related decisions taken by the government.[8] The armed forces were tasked to distribute humanitarian assistance and conduct awareness-raising campaigns while disinfecting public spaces including streets and public transport vehicles, countering misinformation, running quarantine centres and administering Covid vaccines. This is how the Sri Lankan

7 On 28 November 2021, 17 months later, the government added a Tamil and a Muslim to the task force.

8 Dr S. Sritharan functioned as the Acting Director until 27 October 2020, when Dr Asela Gunawardena was appointed to direct the department.

government sidelined healthcare professionals and civil authorities in the fight against the pandemic.

Furthermore, events such as the parliamentary elections (in August 2020) expedited the spread of the virus throughout the country and challenged the process of pandemic governance. It is important to note that the Election Commission of Sri Lanka postponed the parliamentary elections twice, in April and June of 2020, and finally agreed to conduct the elections on 5 August 2020. Political parties' rallies and pocket meetings to convey their direct messages to voters ended up with increased virus spread on the island, as social distancing measures were not followed. In addition to election campaign dynamics, the voting procedures significantly increased the virus threat on the island. Unlike the many other countries that quickly adopted special voting arrangements such as postal voting and early voting, proposals to conduct advance voting for quarantined persons were abandoned, ostensibly due to concerns that these could violate the election law. [9]The Ministry of Health merely extended the polling duration from 4.00 p.m. to 5.00 p.m., but also limited the vote to people who had completed the 14-day quarantine period.

The number of new cases began to increase further when garment factory workers in Minuwangoda contracted the virus in the first week of October 2020. Also, the irresponsible behaviour of migrants travelling from other countries to Sri Lanka expedited the spread of the virus in the country as they dodged the quarantine requirements (Amarasuriya 2020). Then, the outbreak of Covid–19 cases in the Peliyagoda fish market in the third week of October 2020 and infections at the prison of the Western Province intensified the Covid impact on Sri Lanka. Against this backdrop, when a person known as Dhammika Bandara introduced an ayurvedic syrup as a remedy, the government advocated its use in a refocused approach to public health. It was unusual in that Sri Lankan Western-style clinical trials were performed to gauge the efficacy of this tonic (Silva 2020). These trials and discussions at the political level further delayed the procurement of vaccines for the people of Sri Lanka.

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9 When an election takes place in Sri Lanka, it is mandatory for all eligible voters to vote in person except a few state officers. The state officers engaged in election duties, the distribution of essential services and three services, police and Civil Defence Force (Election Commission of Sri Lanka n.d).At present, there is no mechanism set up for the Sri Lankan citizens living abroad to vote at any Sri Lankan elections. Under the current regulations of the election commission, the voters at polling booths between 7.00 am and 4.00 p.m. are allowed to cast their ballots. A few public servants are allowed to do postal voting as they engaged in the provision of essential service and assist to conduct the poll during the polling period.

Sri Lanka's political context also had a major influence on the pandemic governance of the Covid–19 pandemic. In the absence of parliamentary oversight, governance was exclusively in the hands of the executive and took the form of executive orders that were often implemented with military support. Then, when the election was held on 5 August 2020, the incumbent party returned to power with its largest-ever majority. Within two months, the Sri Lankan government under Executive President Gotabaya Rajapaksha enacted the 20th amendment with its 2/3 majority in the parliament. The 20th amendment provided unfettered powers to the President, bringing an end to the democratic practices introduced by the 19th Amendment during the regime of Maithiripala Sirisena. It also rendered ineffectual the checks that had been placed on the executive president and other aspects of accountable and rule-of-law governance in Sri Lanka. Globally there was a tendency among the governments in the first wave of the pandemic that 'heads of government were putting themselves forward as leaders, including in countries so small or with such limited local government as to limit possibilities for intergovernmental centralization…[However,] centralization was much less evident in the second wave' (Greer et al. 2022: 410). Not so in Sri Lanka, where the government deliberately promoted centralised second-wave pandemic operations under military leadership.

It might be suitable for the short term to have 'the involvement of only key stakeholders or a smaller number of important authorities to ensure time-bound effectiveness in decision making, implementation and effective coordination, among different sectors' (Kamalrathne, Amaratunga and Haigh 2021: 574). In Sri Lanka, however, the military came to lead virtually the entire pandemic response, while civil health authorities led by a major general played a supporting role. The president's militarised approach undermined both the principle and practice of multi-sectoral pandemic governance in the fight against the pandemic.

Further, to combat the public health crisis, the Sri Lankan government adopted a few public health surveillance measures to contain new infections, follow up cases and minimise virus transmission into society. Generally, an efficient health surveillance mechanism is an essential feature of public health systems. It reduces the burden of health crisis events (Litwin et al. 2022), by simplifying early screening, diagnosis, quarantine, and treatment, and by expediting policy interventions. However, as Jarman (2021) highlights, these surveillance measures should be non-discriminatory and transparent.

In Sri Lanka, to quickly recognise the infected persons and put up with prompt isolation and quarantine, first of all, the government released Gazette Extraordinary No. 2167/18 20 March 2020 and declared Covid–19 a quarantinable disease. Therefore, the procedures described in the existing Quarantine Regulations were to be applied. The authorities stated an ambitious goal – to halve the incidence of cases and reduce mortality to zero – and proposed to pursue this goal by reinforcing public health preparedness measures such as strict social distancing, lockdown with curfews, an inter-district travel ban, and closure of airports and ports. In the interest of arresting further transmission of Covid–19, the government took social rather than pharmaceutical measures. On 25 March 2020, the government formally defined 'public place', 'proper authority' and a 'diseased locality' in Gazette Extraordinary No. 2168/6. These were described as crucial mechanisms for tracking and controlling the prevalence and progress of virus transmission. This gazette notification named the Director-General of Health Services as the Proper Authority. Yet, the police and military were authorised to take necessary steps to curb the spread of the virus, including monitoring and enforcing compliance with Covid–19 response measures.

Further, to prevent community spread, the government of President Gotabaya Rajapaksha adopted compulsory cremation for persons who lost their lives to Covid–19 (Gazette Extraordinary No. 2170/8, 11 April 2020). The government vigorously defended the 'cremation only' policy, but the Muslims were highly dissatisfied with its implementation. Cremation had not been recommended by the health authorities – indeed, health-related authorities advised against it – yet it was imposed by the government purely for political reasons. This example illustrates a disagreement between stakeholders and the general public, which reflects the lack of transparency in pandemic governance.

On 15 October 2020, another gazette notification (No. 2197/25) announced that a one-meter distance from all other people in public places was now mandatory. The same gazette detailed quarantine procedures, bans on gatherings and other measures to prevent the spread of Covid–19. On 25 November 2020, to carry out surveillance, the government set up a home quarantine mechanism consisting of *Grama Niladhari*s, economic development and *Samurdhi* development officers, family health service officers and police officers to inspect the houses during the quarantine period.

Further, the websites of the Ministry of Health's epidemiology unit, the Ministry of Defence and the Health Promotion Bureau shared up-to-date information on new cases and deaths. They displayed weekly situation reports, guidelines and circulars related to public health. In addition to the government's '1999' Covid–19 alert-and-assistance hotline, the Dialog mobile company also set up a '1390' hotline service for people to receive advice on the coronavirus and be guided toward online consultancies with doctors. The Information and Communication Technology Agency in Sri Lanka initiated a special digital project, 'Stay –Safe', from 7 November 2020, to facilitate tracing people who had been in contact with anyone who had been infected with Covid–19 (Presidential Secretariat 2020). However, this is more rudimentary than the digital and electronic surveillance systems used in some countries, such as apps, location data and electronic tags to expedite disease prevention, detection, tracking, reporting and analysis. For Sri Lanka, the initial and operational costs for digital and electronic surveillance systems were beyond its budget.

To strengthen the existing system further, the government set up the State Ministry of Primary Health Care, Epidemics and Covid Disease Control in December 2020 to ensure equitable access to primary health care and allied services throughout the country. Later in the same month, the government established another presidential task force, this time for National Deployment and a Vaccination Plan for Covid–19 Vaccine, to identify safe and efficacious Covid–19 vaccines for Sri Lanka in consultation with technical experts. On the recommendation of Shavendra Silva, the Commander of the Army, the Presidential Secretariat appointed 25 senior army officers as coordinating officers for all districts, effective from 1 January 2021. While this was happening, the government of Sri Lanka began to vaccinate the people, but slowly, as there was limited availability of vaccines. The number of newly confirmed cases started to fall significantly in late February. However, a third wave coincided with the celebration of the April Sinhala-Tamil New Year 2021 (International Monetary Fund 2021). As of August 2021, Sri Lanka's number of Covid deaths per million was two orders of magnitude higher than the Indian state of Tamil Nadu, Sri Lanka's closest neighbour, and fourth-worst in the world, after Georgia, Tunisia and Malaysia (*Economynext* 2021). It is important to highlight that 83.5 % of those who died had been unvaccinated. The Covid–19 summary sheet of the Epidemiology Unit by the third week of August 2021 stated that approximately 32 per cent (5,617,819 persons out of an eligible population of 17,655,390) were administrated the second dose, and booster vaccinations were not yet available.[10]

10 According to official sources, by the last week of August 2021, the total number of those infected with Covid–19 stood at 422,244 with 8,371 confirmed deaths (Epidemiology Unit 2021). Lamentably, more than half the total deaths (53 %) were from the Western Province. Among the dead, 57% were male and 43% female

In summary, the government of Sri Lanka relied on the military to lead the pandemic responses. Also, the pandemic provided an opportunity for the military to become more intimately involved in the governance process than ever before. Certain measures were brought forth to deal with a crisis that is very different from a terrorist attack or natural disaster, which begs the question: why did the government of Sri Lanka rely so heavily on military personnel to deal with the pandemic? As Fejerskov and Lang (2020) correctly note, the excessively militarised response in countering the pandemic threatened both civilian freedom and the legitimacy of civil authorities, and probably proffered challenges to democracy and solidified authoritarian practices. With opaque institutional mechanisms such as task forces and gazette notifications, it is not clear how decisions were made, and it was easy for the government to promote politically motivated decisions as essential to the war against Covid–19. In fact, the national response to Covid–19 will have political repercussions and consequences for years to come. When looking at existing surveillance systems in response to the pandemic, there is a great need to set up efficient digitalised information systems for early screening, diagnoses and treatment. While there is no official information as to the ethno-religious breakdown of diagnosis rates, much is known about Covid mortality. Further, due to an insufficient health surveillance mechanism that lacks electronic health records, digitalised information and sufficient health information infrastructure, Sri Lanka experienced an unnecessary delay in understanding, predicting and preparing to face the pandemic. This negatively influenced the processes of containing and mitigating the Covid–19 pandemic.

Rule enforcement and social policies

A global pandemic generally poses a great challenge to the enforcement agencies and judiciary (Brooks and Lopez 2020). In the pandemic context, the governments should define the role of police and military in 'seeking out vulnerable people and providing them with public health information, assistance on how to access services, and immediate protection from violence and discrimination' (Brooks and Lopez 2020). This may involve temporarily reassigning some law enforcement officers from patrol or administrative duties to other public safety missions, such as food distribution or transportation (Brooks and Lopez 2020). Many countries radically changed their approach to policing public safety in the new landscape. Prior to enforcing containment measures, the enforcement agencies should educate the people about the rules and then provide assistance to ensure that the rules are followed correctly. Also, the enforcement agencies must communicate policy changes immediately and broadly to citizens on every level, from the military to ordinary individuals (Brooks and Lopez 2020).

Yet, it has been witnessed that countries immediately sought the assistance of police and military, as Covid–19 generated unprecedented crises that affected everyone at the same time. This generated 'perceptions of bias, disproportionate use of force, and other human rights issues' (Zouev n.d.). Many countries adopted a wide range of measures including declarations of states of emergency and containment measures, yet these measures could be utilised to 'consolidate executive authority at the expense of the rule of law, suppressing dissent and undermining democratic institutions' (Zouev n.d.).

In the context of radical uncertainty, the ways the government of Sri Lanka enforced rules related to virus prevention and improvement of the quality of life of the people of Sri Lanka take on a new importance. Since January 2020, several extraordinary measures were taken ostensibly to arrest the virus spread and to reduce the impact of the public health crisis. When the prevalence of the Covid–19 virus began to increase, President Gotabaya Rajapaksa ordered the Armed Forces to maintain public order, with effect from 22 March 2020 (gazette notification 2168/1). The pandemic response was also termed a 'war on the pandemic' and a 'national security challenge' (Fonseka 2020).This required the army to strictly monitor and surveil curfews, stay-home orders, lockdown, social distancing, mask wearing and public gatherings. The police also took a major part in these tasks. Most notably, lockdown and quarantine measures came to be enforced differently throughout the country. The military and police enforced severe restrictions on travel, the right to assemble and freedom of movement in the areas where Tamils comprise a higher proportion of the population (Tissainayagam 2021; Tamilguardian 2022).

Social policy responses implemented by the governments during the pandemic differ from county to country. Even within welfare regimes, different social policy responses have been implemented. This is because they had different national social policies. Some countries already had a sufficiently supportive system, therefore 'responding to Covid–19 has not required a major departure in terms of policy orientation, though, as elsewhere, there have been new developments – for example, increased coverage of the risks of the self-employed and freelancers' (Béland et al. 2021: 255). Social policy as social security system ensures the 'protection of individuals and families whose livelihoods have been threatened by unemployment, sickness and loss of economic activity during the prevailing Covid–19 crisis' (Cantillon et al. 2021: 327). As earlier stated, 'pre-pandemic social policies' help to recover quickly from the consequences of the pandemic crisis (Jarman 2021) while these policies aim to stabilise the entire health, education, employment and welfare of low-income families and vulnerable populations within the country. Unemployment benefits, universal credit payments, and lump-sum payments to low-income families are some of the social policy responses introduced in many countries, outside the regular social security system, in response to the pandemic.

In this connection, the social policy responses to the pandemic in Sri Lanka appear to be less comprehensive than required. The government of Sri Lanka opened the Covid–19 Healthcare and Social Security Fund on 18 March 2020 with an initial deposit of LKR 100 million (US$ 500,000) from the President's Fund to provide the necessary assistance and relief measures aimed at containing the spread of the virus. In tandem with the Central Bank, the government also made available relief and stimuli packages such as loans, exemption of demurrage and entry charges for ships, unemployment benefits, an interest-free advance payment and specific nutritional food items for beneficiaries of the Samurdhi Relief Programme, and offered extensions of deadlines on utility bills, assessment taxes and driving license renewal fees, as well as a mortgage relief, a lump-sum payment to households, suspension of the monthly loan payment instalments from the salaries of all public servants, and a goodie pack worth Rs. 10,000 (US$ 50) for those under self-quarantine, all in an effort to avoid catastrophic human, social, and health consequences. However, the data gathered through interviews indicates that cash transfers and distribution of essential rations packs have not been systematically distributed to vulnerable groups in the country. If this is indeed true, then Sri Lanka's social policies have been far from efficient.

In summary, the above matters certainly will have long-term impacts on individuals and groups in Sri Lanka. Thus, the following section sheds light on the impact of Covid–19 on Sri Lankan minorities with a special focus on state pandemic responses, demonstrating that these impacts have been distributed unequally.

Impact of Covid–19 on Ethnic minorities in Sri Lanka

The Covid–19 pandemic has compelled almost every nation to adopt health-related precautious measures to contain the spread of the virus. However, legitimate concerns about the pandemic have been misused to introduce 'laws and policies that are clearly aimed at consolidating power, stifling civil society, restricting independent journalism, limiting individual freedoms, curtailing political opposition, and discriminating against marginalised populations' (Repucci and Slipowitz 2020). The 2021 Freedom House global survey situates Sri Lanka within this current and apparently irreversible global trend. The following section provides an additional dimension to the analysis of how official government responses have targeted the Sri Lankan minorities, directly or indirectly, in ways that propel them towards higher Covid–19 risk and lower overall quality of life. It explains how the early preventive measures taken by the government failed to prevent successive Covid waves, but successfully paved the way for enduring social and economic inequalities and exclusion of minorities from benefits made available to the rest of the population.

Sri Lankan Tamils

In many countries, swift state action in the face of pandemic ramped up surveillance of minority populations and framed them as the vectors of the disease who needed to be contained rather than potential victims in need of protection (Minority Rights Group International 2021). The information collected for this research reflects the fact that the impact of the pandemic-related health measures has been unevenly felt by Sri Lankan Tamils. Structural and policy responses concerning lockdowns, social distancing and isolation adopted by the government had more severe impacts on Sri Lankan Tamils than on other communities. Pandemic-related regulations on isolation, quarantine and social distancing have disproportionately affected the Sri Lankan Tamils. This insight has re-ignited the debate over whether there is an aim to generate new insecurities for Sri Lankan Tamils.

Since the current regime of Gotabaya Rajapaksha deemed military intervention necessary and useful for pandemic preparedness and health emergencies, Sri Lankan Tamils experienced a greater risk than others in the north and east during this grave public health crisis, because of their association with the LTTE. The concluded armed conflict in 2009 had closely engaged Sri Lankan Tamils who fought against the government of Sri Lanka as their only option for 'correcting social inequalities and deprivation attributed to a fundamental political issue' (Balamayuran 2018: 76). After a decade, the issues that had convinced Sri Lankan Tamils to fight a civil war remain unresolved.

Since the beginning of the Covid–19 outbreak, UN Secretary-General António Guterres reiterated to countries the world over that 'the threat is the virus, not the people' (Guterres 2020). However, the government of Sri Lanka framed the fight against Covid–19 as a war against a nation and described it as a threat to national security. Hon. Minister Keheliya Rambukwella went further and compared the combat against coronavirus with the battle against the LTTE. The minister stated that the corona virus is nothing to those who won the war against LTTE. Connecting the pandemic to a civil war that affected a particular minority for decades in this way would not ease the situation.

In this context, the government deployed a large number of military personnel to perform various duties. Public health measures were used to insult and intimidate Sri Lankan Tamils in Tamil-populated areas. Soldiers were placed face-to-face with Sri Lankan Tamils, many of whom, even after 12 years, believe that war crime and crimes against humanity committed by the Sri Lankan military should be investigated and punished. Historically, the burdens of both wartime restrictions and public health-based restrictions on movement and behaviour fell unequally on different groups, even when those restrictions were mandated in good faith. The interviews gathered for this article show that by comparison, the stringent restrictions imposed in the areas of the Northern and Eastern Provinces were more severe and the Tamil community's movement during the pandemic came under stricter surveillance, which was managed by putting up additional army checkpoints and barricades. The measures greatly restricted the ability of Sri Lankan Tamils to work, move about outside their homes, and interact with friends and even family members. People travelling on the A9 road, which connects the district of Jaffna with Central Province, were strictly screened, yet this was not the situation elsewhere. Tamil people had to produce a valid reason for using A-9.

To enforce the regulations, the military was heavily deployed to surveil the movements of ordinary Tamil people on the streets. The level of compliance resulted in further exacerbation of discrimination already experienced by many Sri Lankan Tamils. Further, the Sri Lankan army arbitrarily arrested, detained and even beat up Sri Lankan Tamils for contravening the lockdown measures, including individuals who provide essential services in their area. The military personnel in Tamil areas adopted a strict lockdown while allowing a more lenient lockdown in other areas. Deficient mask-wearing became the legal pretext for the execution of state form of violence in the north and east. Obtaining a curfew pass, approval from the District Secretariat and Civil Affairs Division of the Army was needed. On occasion permission from Presidential Task Force was required. The various forms of surveillance measures carried out by the forced police and military, in the name of suppressing the Covid virus, effectively restricted the movements of some Tamils far more comprehensively than makes sense from a public health perspective.

In addition, since March 2020, police and intelligence services were mobilised for contact-tracing of infected persons in the north (Tissainayagam 2021). Even before the pandemic, army personnel patrolling the streets day and night was normal. However, the pandemic provided a reason for a massive army personnel deployment. Different sections of the army were deployed to monitor people's every move; this is certainly not how the army and police worked in the other parts of the country. The military in several parts of the north and east placed barricades to control the movement of the local population. The government was more engaged in applying measures in the areas where Sri Lankan Tamils predominantly live than areas where Sinhalese are densely concentrated.

People were fined or sometimes arrested for breaking quarantine and lockdown regulations. In the north and east, the people were beaten for breaking rules. In this way, the police and military constructed the virus in the north and the east as an enemy to the Sri Lankan nation. In fact, this enabled the government to defend the militarisation in Sri Lanka, especially north and east. People in the north and east were predominantly targeted and excessive force was reported, although no cases had been found in the first wave of Covid–19 in the districts of Mullaitivu, Kilinochchi, and Mannar. In the Tamil areas, after curfew was announced, many barricades in the streets were set up by the military. However, this did not happen in other parts of the island. This clearly indicates the militarisation of state responses, exacerbated during the pandemic and performed with impunity.

Around 50 schools in the Jaffna and Mullaitivu districts were seized and converted into quarantine centres for armed forces without the consultation of the Education or Health departments (Tamil Guardian 2020). Local protests were ignored (Jang 2020; Tamil Guardian 2020). As everywhere on the island, army personnel administered vaccines, which raised other concerns among the Tamil community. Some speculated that the government was trying to murder all the Tamils living in the north, in order to allow China to occupy their lands. They supported this far-fetched claim by connecting the dots between military administration, a massive debt to China for infrastructure projects, and the decision to use a China-produced vaccine in this part of the country. Many individuals interviewed for this research expressed fear about the Sinopharm vaccine.

Although public health officers provided the vaccine doses, the military organised and monitored the vaccination programme. Most of the quarantine facilities were located in the north and east of the country in conditions that still resemble military occupation (Jang 2020). In a nutshell, the widespread threat of the Covid–19 virus and its devastating consequences has provided the opportunity for the government of Sri Lanka to increase its military presence in Northern Province. Also, the placing of strict surveillance mechanisms through the police and military have further restricted the freedom of movement of Sri Lankan Tamils. Even without Covid, government policy in Northern Province and Eastern Province is basically military occupation and population suppression. Many people in government wish to promote the image of a democratic, multicultural Sri Lanka to the outside world, and continued de facto occupation in Northern Province is inconsistent with this image. But they also worry that a new civil war might break out at any time. The pandemic provided a rationale for continuing policies that have no connection with public health.

Sri Lankan Muslims

It has been recorded that one-third of the Covid–19-related mortalities were of minorities, of which more than half were Muslims. Muslims appear to have the highest Covid–19 mortality rates nationwide (Epidemiology Unit 2021). Muslims make up 9.2 per cent of the total population, yet represent 16 per cent of deaths confirmed to have been due to Covid–19. By comparison, the Sinhalese as the largest ethnic group represent 74 per cent and recorded 68 per cent of Covid–19 related deaths. Sri Lankan Tamils and Up-country Tamils constitute over 17 per cent of the population, but only 13 per cent of Covid deaths. The ethnic imbalances related to Covid–19 deaths pave the way for an in-depth investigation as to why the mortality rates among Sri Lankan Muslims were higher in the face of the pandemic.

Generally, what 'antidemocratic leaders have in common, however, is their use of convenient scapegoats to distract [critics] from governance failures, bolster public support, isolate domestic opponents, and drive a wedge between their own citizens and international advocates of political freedom' (Freedom House 2018). In the pandemic context, to divert attention from the country's deteriorating economic and political condition during the Covid–19 outbreak (DeVotta 2021; Moinudeen 2021), the government of Sri Lanka targeted Muslims, who have enjoyed little public sympathy since Easter Sunday, 21 April 2019, when eight members of a Sri Lankan Islamist group coordinated attacks on three Christian churches and three leading luxury hotels in Colombo, taking the lives of 259 people, including 49 foreign nationals, and injuring more than 500. This was the first-ever terrorist action to be associated in any way with the Sri Lankan Muslim community, and Muslim political leaders were among the most vocal critics of the attacks. However, the Easter Sunday attacks led many, including politicians and state media, to propagate a frightening image of Muslims in Sinhalese minds. The pandemic gave the government the opportunity to impose new restrictions on Muslims and their religious practices, and to scapegoat the Muslim community (Abdul Saroor 2020; Moinudeen 2021; Amarasuriya 2020). In this light, the government's 'cremation only' policy can be seen primarily as a vehicle for the harassment of Muslims that had, at best, a limited connection to public health.

Guidelines, set on 27 March 2020 by the Ministry of Health, had allowed both cremation and burial of the suspected or confirmed Covid–19 deaths, with certain conditions. However, when the first Muslim death occurred in Negombo on 30 March 2020, the public authority insisted on cremating the body, against the family's wishes. A subsequent regulation (11 April 2020) made cremation compulsory. Cremation is forbidden under Islam. As a result, compulsory cremation is directly against religious beliefs and discriminates against individuals belonging to the Muslim community. The government needs to realise that a public health emergency does not give the privilege to violate the fundamental rights and liberties of individuals; in fact, the government has a duty to protect them.

Between 27 March 2020 and 31 December 2020, 50 Muslims succumbed to the disease and all were cremated (Tamil Guardian 2021). Civic resistance activities such as peaceful protests began to take place everywhere in the country. Petitions against the 'cremation only' policy were filed at the Supreme Court, but all were dismissed on 1 December 2020 with the consent of a majority of the judges. Sri Lanka's medical establishment quickly rose in response. An expert committee consisting of 11 microbiologists and virologists appointed by Sudarshanie Fernandopulle, the state minister for primary health services, pandemics and Covid prevention on 24 December 2020 recommended the inclusion of both burial and cremation in the policy. During the second wave, the death rate of Covid–19 infected Muslims was more than 15 per cent and more burials were to take place. Although a few Sinhalese monks appealed to the President to review the mandatory cremation many Sinhalese believed that the burial of dead bodies should not be questioned.

At this critical stage, the country's two medical associations came forward and advocated for the safe and dignified burial and cremation for Covid–19-related deaths. On 31 December 2020, the College of Community Physicians of Sri Lanka (CCPSL), an authoritative body, released a position paper highlighting that 'with more than 85,000 published scientific literature on Covid–19, not a single case has been reported due to virus transmitted through a dead body' (CCPSL 2020: 2). The CCPSL also urged the government to adhere to global guidelines 13, 14 and 15, allowing each citizen of Sri Lanka to be cremated or buried as per their and the family's wishes, within the strict guidelines recommended by the Ministry of Health (CCPSL 2020). On 1 January 2021, the Sri Lanka Medical Association also supported the burial of Covid–19 dead bodies. However, when Health Minister Pavithra Wanniarachchi addressed the Parliament one week later, she stressed that the decision on compulsory cremation would not be altered for social, religious, political or any other personal reason, and falsely claimed that the buried bodies would contaminate the groundwater and lead to the spread of the coronavirus.

This created a strong foundation for Muslims to doubt the government's efforts in the fight against the pandemic. However, international pressure continued against the 'cremation only' policy, with the UNHCR, Organization for Islamic Cooperation and Amnesty International continuously taking the lead. In addition, Muslims joined a five-day 'Pothuvil to Polikandy' March for Justice (3–7 February 2021) with Sri Lankan Tamils in the North-East, culminating in a P2P' rally that demanded an end to compulsory cremation. With all the pressure from the local and global bodies, the government of Sri Lanka decided to permit burials of Covid–19 victims, but this provides little comfort for the families of more than 200 Muslims who were cremated before the policy was changed.

In addition to the clearly intended denigration of the 'cremation only' policy, individual-level affronts by members of the police and military personnel were so common that it is possible to imagine that their actions were directed. In the name of public health, officers of both institutions were allowed to enter homes, by force if necessary. Many virus-infected Muslims have recounted how aggressive and militarised responses were during what should have been routine contact tracing and quarantine enforcement exercises. Government authorities, especially security personnel, used intimidation and excessive power to trace infected people and place them in quarantine centres. Ali Zahir Moulana, former Member of Parliament, stated that 'the health officials and police visiting the grieving families are very insensitive. They round them up like they are terrorists. It is not just discriminatory; it is inhuman' (quoted in Srinivasan 2020). This shows that contact-tracing measures have been implemented differently at the local level.

Although the cremation policy has been lifted, the Muslim community has not recovered from its impact (Slater and Fonseka 2021; Amnesty International 2021). Muslims who contracted the virus have been seriously discriminated against at hospitals by public health officials (Abdul Razak and Mohamed Saleem 2021; DeVotta 2021). Muslims avoided public hospitals due to fear of discrimination. Muslims were at high risk of virus transmission in part due to their over-representation in the business and commerce sector and partially due to cultural factors such as living in densely populated areas, and other social and economic factors such as education and health.

A few recent studies have pointed out that economic and social disparities have played a significant role in the disproportionately high numbers of Muslims who contracted Covid–19 (Silva 2020; DeVotta 2021; Abdul Razak and Mohamed Saleem 2021). While analysing the influence of population density in the distribution of infections from early March to late May 2020 in the USA, Wong and Li (2020) emphasise that population density does not appear to have been a significant factor in the early stage of the pandemic, but it had a major effect during the later stages. Their analysis matches to a great extent the case of Muslims in Sri Lanka. Muslims are concentrated in densely populated areas where, ethnicity aside, the virus has been vicious. This situation has projected a misleading image of Muslims in the face of pandemic – population density and by no means religious affiliation is the culprit – yet has laid bare pre-Covid–19 Islamophobic structures.

Up-country Tamils

The Covid–19 pandemic has disrupted every aspect of the lives of Up-country Tamils in Sri Lanka. Unlike their Sri Lankan Tamil counterparts, a significant portion of the Up-country Tamil community lives hand-to-mouth with daily wages that rarely exceed Rs. 1000 (US$ 5). Even before the Covid–19 pandemic, the estate workers of the Up-country Tamil community had experienced falling living standards and staged wage hike protests, leading to some demands being accepted, albeit with some conditions.[11] The Covid–19 negative impacts are common to many within this ethnic group and the unequal access to accommodation, health, employment and education by generations has made them more vulnerable than others.

For Up-country Tamils, the distancing measures adopted during the pandemic were impractical and almost impossible, due to the poor quality and overcrowded housing conditions. Accommodation and housing for the vast majority of Up-country Tamils had remained unchanged since they were set up under British rule. A rectangular building is

11 Rs. 1000 (US$ 5) is paid only to those who have minimum daily output of 20 kg of green leaves per day.

partitioned into many line units, each divided into a small living room and a tiny bedroom. More than ten families share facilities such as water taps and toilets. These line-houses are unsuitable for the large, extended families that inhabit them. In the pandemic context, the overcrowded conditions have exacerbated the risk of contracting Covid–19. Emergencies like Covid–19 provide opportunities to reconsider the social policies related to housing for Up-country Tamils in the 21st century.

More than the housing, healthcare and transport in the plantation setting are desperately insufficient. During the pandemic, the lack of an efficient health care system has significantly disadvantaged the Up-country Tamils. Healthcare existence, much less health equity, is still not a reality in plantation settings. Clinic staff does not include physicians with MBBS qualifications. Instead, plantation employees and their families may use an estate dispensary with outpatient services and a medical assistant who doesnot even possess the required basic qualifications. Inadequately developed health care facilities compelled people from the estate areas to travel to town hospitals for Covid–19 treatment. Further, the pandemic has proven how essential public transport is for access to essential services. None exists for the estate workers. The closest hospital is a several-hours' walk on unpaved, zigzagging roads, an exhausting journey even for healthy people. In the pandemic context, the poor transportation infrastructure and facilities exacerbated the frustrations of Up-country Tamils.

Further, although the government of Sri Lanka announced pandemic relief packages for low-income categories, these have not reached all members of the Up-Country Tamil community. The government's social policy responses were not enhanced to support the longer-term unemployed among the Up-country Tamils. Struggling estate families were provided with a monthly pandemic relief allowance of Rs. 5000 (US$ 25) in the initial round of government support. However, estate workers and garment factory workers have not received an additional cash allowance of Rs. 5,000 (US$ 25), which was distributed widely throughout the country, on the grounds that their employers should take care of their welfare (Chandrabose and Ramesh 2021). Conditions became even worse during the second round. Although travel restrictions were lifted and individuals were allowed to perform their economic activities, the provision of direct transfers of cash allowance of Rs. 5,000 (US$ 25) was restricted to the recipients of elders' allowance, differently abled, chronic kidney disease, and Samurdhi programme, and not to many other vulnerable families.

In addition, persons employed in the plantation sector are generally not eligible for redundancy pay or furlough pay. Even before the pandemic, estate workers received no occupational benefits during sick leave. When estate workers contracted Covid–19, the plantation companies did not provide any financial support, nor did they facilitate access to health and social services. They did provide some grocery items, but this was treated as a loan. Temporary workers were left destitute during the complete lockdowns, as they were effectively unemployed.

Above all, the nationwide school closures during the Covid–19 led the Up-country Tamils to deal with a sudden shift to distance learning. Limited access to the internet severely affected the educational outcomes of the Up-country children. Estate children did not possess smartphones or laptops, the essential prerequisites for effective distance learning. Their parents are deficient in digital knowledge and cannot provide the required learning atmosphere for their children. The move to online learning has thus magnified the 'already existing socio-economic inequalities entrenched in the state's educational framework including those children living on tea plantations' (Vincent and Kitnasamy 2020). Therefore, 'the children in plantation communities are in danger of not only dropping out of school but also of being pushed into child (including bonded) labour' (ibid).

Also, the conditions of survival for women in general have considerably worsened. Anecdotal evidence indicates that women of all ages have been subject to unprecedented levels of violence and a considerable increase in domestic violence has been recorded in many estates. Covid–19 has also had a significant impact on the Up-country Tamils due to the lack of access to essential services. The limited access to supportive systems has severely affected the everyday life of Up-country Tamils in Sri Lanka. Since the plantation companies were not committed to containing the risk of Covid–19, the pandemic left estate workers, their families and their community unprotected. The workers, especially tea-pluckers who are mainly women, were at severe risk of workplace exposure as they interacted with other workers, yet they were not provided with personal protective equipment such as facemasks, gloves and sanitisers. Again, the workers were not able to bear the expenses for this kind of purchase.

The above situation, exacerbated by the pandemic, is likely to be attributed to broader existing social and economic inequalities and suggests that people from the Up-country Tamil community experience major barriers when accessing health and education facilities in the face of the pandemic. In fact, half of the relief offered by the government in response to the pandemic did not reach the Up-country Tamils, leading to a further widening of socio-economic inequalities. Almost all ethnic minorities of Sri Lanka have been affected by the pandemic, yet Up-country Tamils are likely to live under deprived conditions worse than those experienced by other ethnic minorities. The government of Sri Lanka has failed to provide adequate support to the Up-country people. As a nation, Sri Lanka has an abundance of healthcare facilities, but they are not accessible to Up-country Tamils, whose inadequate healthcare options have a disproportionate impact on life and mortality in the face of the pandemic. The government's response to pandemic-related social policy for Up-country people is therefore inadequate and discriminatory.

Conclusion

It is clear that the desperate negative impacts of the grave global health crisis on ethnic minorities are severe and distressing in Sri Lanka. It is important to keep in mind that the numerous social, economic and health vulnerabilities of minorities in Sri Lanka are deeply rooted in historic and ongoing social and economic injustices. At the same time, the government's official responses to the pandemic have been neither inclusive, resilient, nor impartial. They appear to be very much nationalistic and centralised. The government used the pandemic to implement measures to control minority communities that they had dreamed of but could not implement in normal times. Of course, these moves can be expected to lead to lasting damages to public health, the economy and politics.

As far as the Sri Lankan Muslims are concerned, the government's rules and regulations to contain the virus posed a serious cultural threat with long-term implications. These regulations were not simply spur-of-the-moment decisions, but a strengthening of Islamaphobic structures that have existed for some time. Muslims are at greater risk than Sri Lankan Tamils and Up-country Tamils, as they have been experiencing both covert and overt forms of discrimination and violence in the aftermath of the Easter Sunday attacks. Sri Lankan Tamils, who have been discriminated against for decades, have been again threatened due to precautions and regulations enforced by the army and police who act as powerful officials rather than civilian authorities in the northern and eastern areas of the country. The overwhelming presence of the military during the pandemic has made the Sri Lankan Tamils more vulnerable to punishment for non-compliance with pandemic regulations. Continued marginalisation and harassment is likely to encourage certain groups, especially young people, to move towards a radical path which could lead to a vicious cycle of conflict, frustration and mistrust between communities. Up-country

Tamils are most likely to live in crowded housing with inadequate access to healthcare, education and livelihood opportunities. These very conditions prevent them from adhering to health regulations, primarily social distancing and quarantine requirements. If the government fails to address the real issues faced by these three ethnic minorities, it will lay the groundwork for an even more fragmented Sri Lanka in the near future.

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