Briefing note

WAGING WAR AGAINST COVID-19:

The Securitisation of Health Responses in Five Asian Countries

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A primer to the report:
"The Securitisation of COVID-19 Health Protocols: Policing the Vulnerable, Infringing Rights"

Waging War Against COVID-19: The Securitisation of the Health Response in Five Asian Countries

Since early 2020, countries have experienced an exponential rise in COVID-19 related infections and deaths. In an attempt to respond to this unprecedented spread of a deadly disease, governments around the world have invoked emergency executive powers, and/or adopted exceptional measures. In many cases, these have resulted in an expansion of law enforcement powers, in some cases in parallel with the side-lining of public health authorities. The necessity and effectiveness of such strategies have been heavily criticised, particularly in light of reports of abuse of force, arbitrary arrests and detention, and targeting of already marginalised, vulnerable, or over-policed communities (including ethnic minorities and migrant workers).

A review of the laws, policies, and practices introduced in five Asian countries (Indonesia, Malaysia, the Philippines, Singapore, and Sri Lanka) to respond to the pandemic suggests a tendency of governments to over-rely on law enforcement authorities, both in the development and in the enforcement of the responses.

Initial findings indicate that in all five countries the overarching authority is usually an inter-ministerial 'national task force' composed of ministers and top civil servants, often led by military or other law enforcement personnel.

- In Indonesia, the COVID-19 Response Acceleration Task Force was formed on 13 March 2020, which was superseded by the COVID-19 Handling and National Economic Recovery Committee on 20 July 2020.[1]
- In Malaysia, in May 2020, the government established the Compliance Operation Task Force to ensure public compliance with public health-based Standard Operating Procedures as the country entered the Conditional Movement Control Order (CMCO) period.[2]
- In the Philippines, under the existing framework of the Inter-Agency Task Force on Emerging Infectious Diseases (IATF), on 24 March 2020 President Rodrigo Duterte convened the IATF and inaugurated the National Task Force against COVID-19.[3]
- In Singapore, on 22 January 2020, the city-state convened the Multi-Ministry Task Force to manage the COVID-19 pandemic, which was supported by the existing Homeland Crisis Executive Group.[4]

- In Sri Lanka, the National Operation Centre for Prevention of COVID-19 Outbreak (NOCPCO) was launched on 17 March 2020, followed by the establishment, on 26 March 2020, of a Presidential Task Force.[5] The mandate, extensive powers, and legal basis of the Task Force have been questioned by local civil society.[6]

In Indonesia, Philippines, and Sri Lanka, national task forces are dominated by military or former military personnel with limited (if any) public health expertise.[7] In Indonesia, it is estimated that there were at least 21 retired and active duty military officers directly involved in the decision-making process to control the pandemic.[8] In the Philippines, discounting the active officers, President Rodrigo Duterte called in four retired generals to serve in leadership positions in efforts to mitigate COVID-19.[9] In Sri Lanka, the Commander of the Army who leads NOCPCO – General Shavendra Silva – has faced accusations of war crimes.[10]

In these five countries, a mixture of police, military and enforcement personnel plays a prominent role in implementing COVID-19 control measures, including enforcing movement restrictions, social distancing, and mask wearing, checking temperatures, and managing quarantine facilities.

This securitisation of health protocols (as the enforcement of COVID-19 health protocols by police, military and other empowered officials) effectively turned a global public health crisis into a national security issue, with the virus identified as an enemy to be defeated, and the response framed as a war to be won. To ensure enforcement of COVID-19 protocols, new punishments for 'violators" were introduced while fundamental rights were restricted; raising concerns about the legality, necessity, proportionality, and effectiveness of such measures.

The degree to which police and armed forces became involved in the design and implementation of COVID-19 travel and health protocols differ across the five countries, with three approaches identified: Blended civil response, securitised response, and militarised response.

1) BLENDED CIVIL RESPONSE

This is the case when health experts and elected officials are in charge of the national task force and provide civilian leadership; while the police ensures day-to-day law enforcement and the military is assigned to providing niched technical assistance when necessary.

In Singapore, the Immigration and Checkpoints Authority imposed temperature screening at border checkpoints, and issued Stay-Home Notices (SHN). For non-citizens working and living in the city-state, violations of SHN would result in a fine or incarceration, or revocation of one's permanent residency or work pass.[11] Singapore Police Force's roles in the nation's response to the pandemic included securing the Government Quarantine Facilities, facilitating dormitory operations, and ensuring public compliance with circuit breaker measures.[12] Meanwhile, the Singapore Armed Forces were involved in providing logistical support. Another unique aspect of COVID-19 law enforcement in Singapore was the deployment of a "Safe Distancing Ambassador" as a first interface with the public, but reinforced by the police and enforcement officers issuing fines or arresting those who violate COVID-19 regulations. By August 2020, as migrant workers spent months under strict quarantine in dormitories, reported incidents of suicides and attempted suicides raised serious concerns about the impact of pandemic measures on their mental health.[13]

2) SECURITISED RESPONSE

A securitised response is characterised by the fact that public security personnel dominate the national task force, but the police force leads the daily operations of COVID-19 health protocol enforcement; while the military provides technical assistance and helps coordinate local level implementing bodies. As a consequence, the virus is primarily approached as a public security rather than a public health threat.

In Indonesia, the government likened the COVID-19 response to a 'military strategy'.[14] The Indonesian National Police (POLRI) and Indonesian National Armed Forces (TNI) were the main law enforcement agencies supervising the implementation of COVID-19 countermeasures, while Executive Police officers were deployed according to the government's zoning system based on local infection rates.

In May 2020, 340,000 TNI personnel were mobilised to ensure public observance of COVID-19 policy responses.[15] Police's auxiliary units, such as the Municipal Police, were also involved in the enforcement of COVID-19 health protocols conducting routine patrols in communities.[16] As of February 2021, more than 40,336 POLRI officers[17] and 29,736 TNI personnel had been deployed as contact tracers.[18] Throughout 2021, police offices in some cities administered COVID-19 rapid tests,[19] while TNI deployed thousands of its personnel to administer COVID-19 vaccines.[20] This indicates that while the military has not been fully mobilised to take over civilian policy decision-making,[21] it is disproportionately involved in the implementation of COVID-19 protocols, and in charge of strictly health-related tasks.

> *In Malaysia, video footage shows that COVID-19 testing in these areas was used to identify undocumented migrant workers, before police raids were conducted, arresting workers and refugees and transporting them to detention centres.*

During the Movement Control Order (MCO) and Conditional Movement Control Order (CMCO), the Royal Police of Malaysia (PDRM) conducted roadblocks and manned inter-state checkpoints to monitor travellers, advising them to stay at home and follow the COVID-19 protocols. On 20 March, the Malaysia Armed Force was mobilised to assist the PDRM in enforcing the MCO. Their assignments included operating checkpoints, conducting patrols in urban and rural areas, maintaining order security at public health facilities.[22] However, during the CMCO in May 2020, a crackdown on undocumented migrant workers and refugees under the guise of COVID-19 regulation was

reported. Video footage shows that COVID-19 testing in these areas was used to identify undocumented migrant workers, before police raids were conducted arresting workers and refugees, and transporting them to detention centres.[23]

Eventually this series of raids resulted in more than 2,000 people detained.[24] Detention centres and related facilities were overcrowded and in appalling conditions; migrant workers and refugees often lacked proper sanitation, medical care, food, and clothing.[25] Consequently, by 31 May 2020, some of these detention facilities at Bukit Jalil, Semenyih, Sepang and Putrajaya had become new COVID-19 clusters with 410 confirmed cases.[26]

In the Philippines, within an Enhanced Community Quarantine, the police manned checkpoints and enforced nightly curfew; while the military implemented border controls and facilitated the movement of healthcare workers, medical equipment, and supplies.[27] By July 2020, however, the government's response to the pandemic had been incrementally securitised, with strong parallels to President Duterte's violent war on drugs.[28] This was reflected – among others - in President Duterte's authoritarian remark ordering the police and the military to 'shoot them dead,' when referred to the quarantine violators.[29]

Abuse of power, ill-treatment, and arbitrary enforcement of COVID-19 countermeasures were reported (including against children), ranging from physical threats and beatings to public humiliation – such as locking people in coffins and dog cages, or stripping children naked before ordering them to walk home.[30] At least three deaths were reported following ill-treatment or use of lethal force in lockdown enforcement.[31] By 29 April 2020, over 100,000 arrests for curfew violations were reported.[32]

In the Philippines, securitisation was initially rolled out uniformly across the country, but in districts or communities with rising infections rates, the security response was increased and reinforced. This, for example, was the case of Cebu City, in June 2020, when the police's commando unit Special Action Force was called in to ensure COVID-19 protocols enforcement. Meanwhile, health facilities in Cebu remained critically understaffed and overwhelmed.[33]

3) MILITARISED RESPONSE

A country's response to COVID-19 can be classified as 'militarised' when the military provides overall leadership and directions for the implementation of health protocols. This includes setting up field hospitals, running quarantine facilities, placing vulnerable groups under surveillance, and strictly enforcing movement control.

At first, the implementation of COVID-19 measures in Sri Lanka was led by Sri Lanka Police who imposed curfews, set up checkpoints and issued passes; while the role of the military was similar to the police, with the additional task of running quarantine centres.[34] However, Sri Lanka's pandemic response soon became increasingly militarised, with military personnel carrying out strictly health-related tasks, including temperature checks. This is especially true in the Northern and Eastern parts of the country where the Tamil ethnic minority reside. There were reports of extra-legal action and arbitrary enforcement from the military, especially when they converted local public schools into quarantine centres, posing health risks to the students in the already crowded neighbourhood.[35]

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The securitisation of the pandemic response has also led to a high number of arrests for curfew violations; with over 40,000 arrested by the police and the military between 20 March 2020 and 28 April 2020 alone.

In addition, the roles of the military and the State Intelligence Service in contact-tracing[37] created public concerns as both enlisted the help of telecommunication companies to trace individuals' contacts and locations they have visited; while also searching into people's immigration records and opting for using drones to monitor villages affected by the pandemic.[38]

CONCLUSION

Governments around the world have taken exceptional emergency measures to confront the spread of the COVID-19 virus. In many cases, a predominant focus on control and punishment has been observed, rather than on public health and social support. Different levels of securitisation of the COVID-19 response can be evinced from an analysis of the responses in the five countries reviewed. The witnessed over-expansion of law enforcement powers poses significant challenges to the protection of fundamental rights, especially of already vulnerable communities, and questions have been raised about the long-term impacts that these measures may have. To mitigate the expansion and perpetuation of unjust enforcement powers, urgent reform is needed, on at least two levels. First, **the securitisation and militarisation of health protocols should be reduced and abandoned altogether**, ensuring that the management of the pandemic response is led by a comprehensive task force with health experts at the centre, and the meaningful involvement of affected groups. Second, **special attention should be paid to the rights of vulnerable communities**, including refugees, undocumented people, migrant workers, ethnic minorities, and other over-policed communities. A re-evaluation of the impact these policies exert on the various vulnerable communities is imperative amidst this unprecedented pandemic, as an overreliance on law enforcement risks causing unnecessary harms, and exacerbating abuse and discrimination.

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