COVID-19 in Malaysia: impact on the poor

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In Malaysia's battle to contain COVID-19, a Movement Control Order (MCO) was implemented to contain the spread of the virus by keeping most people at home. The MCO prevents travel of more than 10km from one's residence. In the first three phases of the MCO (18 March-28 April 2020), only one member of the family was able to leave the house in an emergency or to buy groceries, food or medicine, with only one person allowed in a car at a time. In the following phases, these restrictions are being eased, with two people from the same family allowed to travel together, but distance restrictions remain in place with a few exceptions. Roadblocks have been set up along many major roads across the country, manned by police and the army, requiring travellers to explain one's reasons for being on the road.

Above: COVID-19 screening at UNIMAS City Campus. UNIMAS's joint efforts with the State Government and the Ministry of Health have assisted in the ongoing process of screening COVID-19. Image Universiti Malaysia Sarawak Malaysia on Flickr, Creative Commons licence.

Only businesses or services deemed essential are allowed to remain open, such as banks, selected restaurants, pharmacies and supermarkets. Those that open run on a skeletal staff. The rest of the employees are often told to take no-pay leave. In some cases, jobs are simply terminated. Some industries and factories have also been forced to close for at least part of the MCO duration, if not throughout the entire period. Some companies have since totally closed down, leaving countless daily-paid and part-time workers suddenly unemployed. There is little avenue for recourse when they are terminated as a result of MCO restrictions.

There is little understanding of the impacts of these harsh, albeit necessary, restrictions on the poor. Most jobs held by Malaysia's bottom 40 per cent (B40) require their physical presence and cannot be done from home. Roadside food stalls and pop-up morning markets, often a mainstay of the poorest population's income, have been ordered shut. These shops also normally enable the poor to purchase food and other necessities at lower prices than in the supermarkets. Rural farmers and fishermen who continue to work find that there are no buyers, as factories, restaurants and markets are closed. Stopping work is not an option for the farmers and fishermen as they live hand-to-mouth on a daily basis. In times of pandemic, when perhaps others in their family have lost their jobs, theirs is the only hope that they might be able to scratch together some income with which to buy non-agricultural necessities such as diapers and milk powder.

In the deep interior and highlands, indigenous people would ordinarily be able to survive, as their existence is usually isolated and dependent on wild food sources. But many forests that have been a lifeline for generations have been logged and cleared for plantations, industry or development; both food sources and forest medicines that could cure illnesses are gone. At the same time, rubber and oil palm middlemen are no longer collecting supplies. These are the few trades that the indigenous people now depend on. Their limited ability to buy provisions is further reduced and financial aid that NGOs may have banked into their accounts is inaccessible as most are at least an hour and many roadblocks away from a bank.

While the urban poor are closer to banking facilities and convenience stores, they too suffer. Most are daily-paid workers in blue-collar jobs or menial labour; many have since lost jobs. Those still employed but dependent on public transportation suffer from restrictions imposed on buses and trains. Those without their own vehicles are stranded as taxis are beyond their limited budget. The urban poor do not have wild sources of food or space for home gardens. They are entirely dependent on store-bought sources and have no alternative when they run out of cash. While myriad permutations of government aid were given out before and during the pandemic, amounts and disbursements vary. A 2018 study by the Khazanah Research Institute reported that on average, B40 households only had RM76 (USD17) in post-expenses disposable income every month.

Amongst the poor, there is little understanding of health, sanitation or the severity of COVID-19. Many live in physically compact communities and for the urban poor, in tiny apartments. It may not be tolerable for them to stay indoors when there are often many generations inhabiting a small confined space. A lack of refrigeration in many homes means they are unable to purchase a week's supply of food, even if they were able to afford to do so. Food delivery services are unlikely to be accessible or affordable. NGOs and social workers scrambling to get food and supplies to the poor, elderly, disabled and shelters, were initially advised to leave the provision of assistance to official government agencies. There was no clarity on where donated goods or aid would go, nor whether the established networks of the needy would get the supplies that they desperately need. Since then, the government has allowed NGOs to distribute food and provisions, but there are countless bureaucratic and impractical obstacles to overcome. On many occasions, government agencies have asked NGOs for aid and manpower.

While there were several measures announced to reduce the burden on the poor, most do not know how to access them, and many are not registered with the mechanisms through which aid is disbursed. Announcements that allay immediate pressures of public housing rental, loans and utilities are merely temporary. Once the MCO is lifted, multiple obligations will return with a vengeance, but jobs and income opportunities are not guaranteed. While it is vital to stop the spread of the virus, the lack of considered assistance to those on the edges means that many will suffer not just the possibility of contracting the virus, but increased difficulties in meeting the most basic of needs.

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Manifestations and targets of panic vigilantism due to Covid-19 in Myanmar

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Panic precedes, accompanies, or follows grave political, economic, cultural, and public health crises. Reading about and seeing pictures of the global COVID-19 health crisis in neighbouring and faraway countries, the people of Myanmar simply could not believe that the coronavirus had not been detected in the country until February and March 2020. They felt that it would only be a matter of days or weeks until it was detected, and thus their panic was months in the making. Myanmar eventually announced the first two cases on 23 March. By 4 May Myanmar had 161 cases of infection, six of whom died. Since then, panic has turned several people in Myanmar not only into frenzied shoppers but also into vigilantes against people they 'believe' are currently or potentially infected with the coronavirus.

Different manifestations of panic

Panic can develop even before a crisis materializes, only to grow once it occurs. In the evening of 12 March, rumour spread in Myanmar that a patient at the Yangon General Hospital — Myanmar's biggest and best public hospital — had tested positive for COVID-19. Because of news, pictures and videos of infection, deaths, lockdowns, and panic-buying elsewhere in the world, Myanmar people immediately flocked to the malls and markets and stocked food items, household essentials, and medicine. When the government eventually announced the first cases on 23 March, people responded with more panic buying. Manufacturers and mall-owners quickly announced that there was sufficient stock for all. In a televised speech on 24 March, State Counsellor and de facto leader of Myanmar Aung San Suu Kyi guaranteed a continued food supply, and warned that "panic buying just makes more people infected with the virus."[1] Generally, panic buying may lead to temporary shortages of goods. If it continues for an extended period, supply chains will have to be dealt with. When these are maintained, accompanied by restrictions on shopping, panic buying reduces.

However, more disturbing social and racial, or even racist, forms of panic have occurred recently. Numerous reports of panic-stricken people racially targeting and verbally or physically abusing Chinese people or those whom they think are Chinese, have emerged all over the world. Though somewhat understandable psychologically, such panic can be socially destabilizing. People or communities may turn 'excessively' or 'extremely' vigilant. Such panic vigilantism has also been witnessed in Myanmar in recent months, and it has targeted a range of people – from Chinese workers, to returnees from foreign countries such as Thailand, to healthcare providers or frontline workers at hospitals and quarantine facilities, to even domestic returnees or travellers from COVID-19-infected places.

Different targets of panic

Since the first detected cases of COVID-19 originated in Wuhan, Myanmar vigilantes' first targets were Chinese workers at Myanmar factories owned by investors from China. On 31 January 2020, Myanmar workers refused to work after the Chinese company Myanmar Wanbao Mining Copper allowed its assistant manager, a Chinese national, to return from China to the Letpadaung Copper Mine in Sagaing Region. A Myanmar workers' representative said, "We are not entering the workplace if he doesn't leave".[2] Because the crisis coincided with Chinese New Year holidays, the Confederation of Trade Unions of Myanmar, Myanmar's largest workers' association, said that they were 'watching' the outflow and inflow of Chinese workers.[3] Two Chinese nationals working at a factory in Chaung-U township, Sagaing Region were isolated on their return from a visa run to China on 19 March; the factory was closed for ten days.[4] Such cases of early panic vigilantism were generally settled without incident.

Then the targets shifted to Myanmar workers returning from Thailand, which is home to approximate 4 million Myanmar migrants. Overwhelmed by the sheer influx of returnees and the lack of government quarantine facilities, authorities on the border had no choice but to ask those returnees – who were asymptomatic – to self-isolate at their homes. Health and Sports Minister Myint Htwe's comment, reportedly made at a ministerial meeting on 27 March,[5] that those who could not tolerate a two-week quarantine away from their families might even face permanent separation, that is death. This only added to the sense of alarm. By the end of March, some 23,000 workers had returned home. Health and Sports Minister Myint Htwe, again, announced on 29 March that a big wave of infection was imminent from the wave of returnees.[6] By 31 March, Myanmar had 15 diagnosed cases, two of which had returned from or visited Thailand, only further inflaming the health minister's alarmist warning.

Panic vigilantism in Myanmar has occurred online and offline; offline and online naming and shaming are mutually reinforcing. Online 'keyboard vigilantes' on Facebook – the most popular social media platform in Myanmar – took to naming and shaming returnees, when reports (both online and offline) circulated of workers giving incorrect addresses, using 'brokers' to jump the border and bribing the authorities. Information about an unknown number of untraceable workers disappearing into the woodwork after arriving home and about some of them flouting quarantine restrictions was spread by mainstream media and individuals. On 31 March, Myanmar suspended the border crossing between Thailand and Myanmar, thereby temporarily stopping anti-returnee vigilantism. But estimating that up to 100,000 Myanmar migrant workers abroad would return if able, Aung San Suu Kyi said on 30 April, "we (Myanmar) must accept all returnees".[7] These returnees are now on their way by land, not just from Thailand but also from China, and by air from Asian countries including Japan, South Korea, Malaysia, and Singapore.

Numerous villages and towns have refused to house returnees in quarantine facilities in their environs or to receive returnees or travellers from Yangon — the epicentre of the outbreak in Myanmar. A most unfortunate form of panic-induced vigilantism or discrimination has also been seen in cities such as Mandalay and Yangon. Some landlords have evicted healthcare providers and frontline workers, instead of valuing their work. The last target is patients themselves, making a Ministry of Health and Sports spokesperson defend them in the following way, "The patients who have tested positive are humans, too. They have been infected accidentally and we should be kind to them".[8]

Is this the end of the world?

All these instances of vigilantism and discrimination are serious social problems to be tackled. Some would say they are temporary and will go way once the crisis is over. But some discrimination may linger, because namers, shamers, vigilantes, and discriminators in Myanmar or elsewhere may now feel emboldened to say and do whatever they like under the pretext of promoting public health.

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Notes

1 *Myanmar Times*, https://tinyurl.com/MT24032020
2 *The Standard Time*, https://tinyurl.com/SD02022020
3 *DVB*, https://tinyurl.com/DVB10022020
4 *News Eleven*, https://tinyurl.com/eleven22032020
5 *The Voice Journal*, https://tinyurl.com/voice28032020
6 *The Irrawaddy*, https://tinyurl.com/IW30032020
7 *The Irrawaddy*, https://tinyurl.com/IW30042020
8 *Frontier*, https://tinyurl.com/frontier04052020