The first case of Covid-19 was registered in Papua New Guinea on 13 March 2020, and by 17 March the government considered it a national security issue. On 22 March, Prime Minister James Marape declared a State of Emergency. Flights, national and international, were cancelled, education institutions were ordered to close and so were businesses. Six months later (when this paper was first drafted), there had been 581 confirmed cases and a total of 7 deaths. But it is impossible to estimate how precise this and subsequent data is: there is limited capacity to test people and the national health infrastructure does not reach the entire country, making a total assessment difficult. Our paper focuses on the state’s response to the pandemic during the initial phase, and does not consider the increase in Covid cases after September 2020, nor the additional problems that emerged due to this increase (by September 2021, reported figures showed 18,339 cases and 194 deaths, with the peak reached in May 2021).

When the government imposed the State of Emergency, it was justified by promises of protection, safety, and security of health. However, the reality soon turned out to involve violence for many people living on the edge – in economic precarity in the informal economic sector, which was particularly affected by restrictive measures. In the capital city of Port Moresby, this included small business owners, street vendors, and villagers travelling into sell their fresh garden produce at various markets. In urban centres across Papua New Guinea, many people’s livelihoods depend on such economies. They work in markets, and have stands on the street selling all manner of things. Therefore, workers in the informal economy – mostly women – play an important role in making food and other items accessible to most of the urban population.
In addition to concerns over the impact of the various state-sanctioned control measures was the introduction of pandemic legislation by the national government in June 2020, which replaced and superseded the State of Emergency. The parliamentary opposition leader, Belden Namah, instituted a legal challenge over this legislation, citing constitutional flaws to its legal validity. The Pandemic Bill contains provisions to restrict rights and freedoms, allows arbitrary search and entry, and weakens accountability.

Indeed, the heavy securitization of the Covid response came to a head in May 2020 when personnel from both the Papua New Guinea Police and the Defence Force attacked informal vendors in a village outside of Port Moresby, brutally assaulting the sellers, and at the same time stealing their market earnings. The attack, which also involved verbal abuse and sexual assaults on women, was condemned by community leaders on national television.

What the State of Emergency achieved in the absence of a comprehensive government response to the pandemic was to instil fear in the public who, under ordinary daily circumstances, suffer from a notable trust deficit in state actors, including judicial services and law enforcement agencies. To be clear, this lack of trust in the State and its bureaucratic machinations is not entirely new. A cursory view of the Papua New Guinea social media landscape is sufficient to gauge the level of public cynicism over the State and its ability to effectively implement its programs, whether they be fighting a pandemic, stopping corruption, reforming public service, or implementing good governance. In fact, many people expressed concerns that police brutality in the city, which is high in ordinary circumstances, would occur with even more alarming frequency during the State of Emergency. One influential social media commentator [on PNGNEWS] declared that he «fear[ed] the police more than the coronavirus». Another concerned commentator observed that «it’s better the government should call off the State of Emergency because this kind of act is making people suffer more than the Covid-19 itself». Responding to comments on the violent attack described above, one witness of a separate incident wrote:

I witnessed a young policeman beat up another young man in front of his family because he was driving a vehicle that couldn’t make it home on time to beat the curfew hour. Repeated lashes with the [rubber] fanbelt to the head, back and shoulders. The young man (about the same age as the cop) cried like a little boy asking the cop to stop. I moved my vehicle forward, and upon seeing me the cop ceased the assault.

The above remarks surrounding acts of police brutality reflect a deeply entrenched, underlying dynamic of mistrust on the part of the public over
the state’s ability to effectively address widespread acts of heavy-handedness by the police throughout the country. This scenario of the ubiquitous presence of state violence raises a series of questions as to whether a highly securitized and militarized response to a health pandemic is an effective means of intervention.

Not surprisingly, the threat and occurrence of violence in relation to coronavirus is not limited to acts by the police. When the second case of coronavirus was diagnosed in New Britain Province, the public response over the case drew a mixture of public reactions that included threats of violence to the patient and her family. While it is difficult to judge the specific level of emotional anxiety and stress this might have caused the patient and her community, the case points to a larger problem where new diseases can rapidly evoke fear, uncertainty, suspicion, anger, and threats of violence.

This scenario bears similarities to the social impact of the HIV «epidemic» in Papua New Guinea, where the prevalence and incidence of HIV is among the highest in the Pacific. The most recent numbers suggest that the prevalence rate is 0.9% of adults between 15 and 49, especially in Port Moresby and the Highlands, and within certain populations. Among these, sex workers are one of the most affected, with a prevalence of 19% in the capital city. In addition to infrastructure problems such as not having access to treatment or tests, stigmatization also makes treatment difficult. People with or suspected of having contracted HIV are violently mistreated, shamed, and exiled from villages. Sometimes accusations of witchcraft ensue (aimed both at the person affected or at an individual who is said to have made the person sick). Stigmatization and vulnerability related to HIV have affected not only those infected with the disease, but also frontline health workers who have treated and cared for these patients. The same appears to be true in this new coronavirus context (Smaghi et al. 2021, p. 22).

In the neighbouring Autonomous Region of Bougainville [an island transitioning to independence], the fear, anger, and public insecurity over the coronavirus resulted in the unfortunate assault of frontline health staff by relatives of the first recorded infected individual on the island. It was reported in the media that relatives of the individual diagnosed with Covid-19 mobilized and attacked the health workers after they had learned that their relative was diagnosed with the virus. This incident demonstrates how health workers are exposed to threats of violence from the public as a result of misguided public perceptions of the coronavirus as a government hoax in many parts of the country. A recent study by the PNG National Research Institute on perceptions of Covid-19 in several Port Moresby settlements revealed that many settlement dwellers thought that the coronavirus was a hoax (Ezebilo 2020).
As the government restrictions continued, the public in Port Moresby gradually became lax about the seriousness and lethal consequences of the pandemic. The government restrictions on the limit of passengers on buses were not adhered to by bus owners and commuters alike. This disregard of control measures in public transport often ended up in confrontation between commuters and government authorities, particularly the police and road and traffic safety personnel. The public’s basic lack of seriousness about the virus also played out in numerous other contexts. Present author Kenema was in fact a witness to one such incident while accompanying two of his relatives (Gabriel and Kevin) to a government motor vehicle registration office. The city was under lockdown, and all government offices were under directives including the implementation of social distancing and the mandatory use of face masks. Upon arrival, however, Gabriel, the relative who was responsible for lodging the registration documents, was refused entry by the security guards because he did not have a face mask. Without any sense of trepidation Gabriel ripped off the mask from Kevin’s face – turned the mask inside out, placed it over his face and proceeded into the office. The security guards did nothing to stop him. As he proceeded inside, he looked back and said:

«The two of us are both prepared to die. That’s not the problem. If both of us contract the coronavirus from sharing this mask – but only one of the two of us die, that would be an unimaginable tragedy. But if the two of us die from Covid infection, then there won’t be much to worry about because both of us will be gone».

Gabriel lives in one of the big settlements in Port Moresby: he is a self-taught mechanic who repairs motor vehicles at his makeshift garage in the settlement. For people like him, in the informal economy daily life is a continuous struggle – and the arrival of the coronavirus and the declaration of the pandemic added little significance to everyday perceptions of risk and survival. He lives in a settlement where the majority of residents do not have access to a reliable supply of drinking water, let alone water to comply with the regular handwashing encouraged by government health authorities in their fight against the virus.

As noted above, the impact of the State of Emergency on the informal economy was immediately felt. Many settlement dwellers experienced a dramatic drop in their income when the city markets were forced to shut down. Research suggests (Ezebilo 2020, p. 2) that many settlement residents lost as much as 50% of their income as a result of the government lockdown measures.

Even before the Covid-19 pandemic, the state-run health system in Papua New Guinea with its poor infrastructure was already in a state of crisis.
In most rural areas, access to medicine and health posts are scarce (with perhaps 70% not functional at all), which raises the question as to whether the idea of a complete lockdown is out of touch with reality in terms of both health and economic impact.

Some critics suggest that lockdown measures are not needed because most of Papua New Guinea’s population live in rural areas, seemingly isolated from the rest of the country. However, previous experiences with pandemics or health crises in Papua New Guinea have shown that this presumed isolation might be incorrect. Research (Allen 2020, p. 6) shows how in 1890 smallpox and dysentery spread quickly across regions from Madang in the north to [West] New Britain in the east. There were also epidemics of dysentery that annihilated villages between 1888 and 1900, and between 1943 and 1944, dysentery spread from coastal areas to the Highlands.

These historical occurrences (during periods of control by Germany and then by Japan) happened when there were no roads between locations and the diseases spread «from person to person and from village to village, over long distances» (Allen 2020, p. 1), indicating interconnections through marriage and pathways of exchange. Nowadays, of course, thousands of Papua New Guineans move within and between provinces, villages, and cities by road, air, and sea – all this with a public health system that is already fragile and underfunded, with limited doctors, nurses, and ventilators, and with limited capacity to deal with this kind of pandemic emergency.

However, it was not the number of Covid-19 patients that put Papua New Guinea hospitals in a state of further precarity, but the lockdown measures themselves. Lockdown measures also included restrictions on access to Port Moresby’s largest hospital as medical services were scaled down across the city. Many patients seeking medical attention for other illnesses were unable to receive the necessary medical treatment simply because they could not be granted access to Port Moresby General Hospital or the other smaller suburban clinics. The decision to scale down medical services was not based on any increases in hospitalization related to Covid-19, but on an abundance of caution over a potential outbreak of the illness in the hospital itself. The same decision that was intended to protect the lives of vulnerable hospitalized patients placed the lives of other individuals seeking medical attention at risk. It also demonstrates how the idea and perception of vulnerability and risk is a matter of political contingency.

There are sufficient grounds to believe that unimpeded lockdowns and social distancing measures – the likes of which have been implemented across many parts of the world – are unlikely to be successfully implemented in Papua New Guinea. This became very clear in the early days of
the pandemic, when the general public, particularly in urban areas that in
theory are supposed to be better educated on the health risks of Covid-19,
reacted defiantly to the health measures that were introduced to stop the
rapid spread of the disease.

To start with, behavioural adjustments such as social distancing are
practically unachievable in many communities across Papua New Guinea.
In the urban settlements where there is no reliable supply of water, health
awareness and messaging programs that urge people to constantly wash
their hands are not only problematic, but tend to enrage settlement dwell-
ers, who may not have the necessary resources to change their behaviour.

In addition to this, to most Papua New Guineans, the idea that some-
one can or must die alone in isolation is perhaps worse than the thought of
dying from Covid-19 itself. To Papua New Guineans death is a social event
in and of itself, regardless of whether one dies from the coronavirus, a
motor vehicle accident, or old age. As a social event, it brings together rela-
tives and kinspersons in dynamic processes of mourning; health edicts and
sanctions can easily be broken down or breached under the sway of these
strongly held customary and modern mourning rituals. Perhaps nothing
signifies this more than the death and funeral ceremony of Papua New
Guinea’s founding Prime Minister Sir Michael Somare, who passed away in

The picture painted here might sound apocalyptic, but it is not. One
likes to think of apocalypse as an exceptional moment when chaos and dis-
ruption erupts – indeed, the same might be said about «crisis». But what the
Covid-19 issue in Papua New Guinea reveals is an «already there» state of
precarity that makes the exercise of starkly distinguishing the «now» from
«then» meaningless (see also Kabuni 2020). The normalcy in a mode of cri-
sis that characterizes liberal democratic capitalism resonates with research
depicting precarity as «life without the promise of stability» – a modality
marked by indeterminacy that is less the exception than the condition of
our times (Allison 2016 on Tsing 2015).

This recognition raises a question: what would the situation in Papua
New Guinea be if the coronavirus pandemic had not happened?

To some, this pandemic throws «humans» into a time of unprecedent-
ed uncertainty – introducing precarity and powerlessness in the face of our
natural and fragile condition. Some researchers (Higgins – Martin – Ves-
peri 2020) even suggest that we are experiencing something like a «Corono-
cene». But this new label is as much a theoretical and political mystification
(see Luke 2013) as the term it was inspired by – the «Anthropocene». It fal-
sifies social reality, speaking from the vantage point of some abstract «hu-
manity» that seemed to live in a slightly better «then» than it does «now».
For some of us, this might be true: for example, present author Santos da Costa was told by a Danish friend that «we lived in peace and normality before and had no idea how lucky we were». But for most of the world’s population this is not where they were living before. Their normalcy is vulnerability to state violence, to the reorganization of the work force and job insecurity, not to mention poverty, and lack of access to health services that are fragile if they exist at all. The pandemic, then, is good insofar as it brings these relative, unequal positions starkly into view.

Bibliography


Abstract – This paper focuses on the initial phase of the Covid-19 pandemic in Papua New Guinea (March to September 2020), and the government’s response to the crisis. In examining on the one hand inadequate infrastructures, an insufficient health system, law enforcement agencies afflicted by corruption and the use of brutality, and on the other the customs and traditions of Papua New Guineans, the authors conclude that the lockdowns and social distancing measures implemented around the world are not likely to be successful in Papua New Guinea. They point out that the Covid-19 issue in Papua New Guinea reveals an «already there» state of precarity that makes the distinction «now» and «then» of affluent countries meaningless. The normalcy that characterizes liberal democratic capitalism, or life without instability or precarity, is not normalcy in Papua New Guinea, where indeterminacy is less the exception than the prevailing condition of the times. At least Covid-19 has brought these inequalities starkly into view.