

**Decolonisation, Development and Disease:
A Social History of Malaria in Sri Lanka,
by Kalinga Tudor Silva**

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Prof. Tudor Silva's new book on social history of Malaria in the twentieth century Sri Lanka is an excellent essay in medical anthropology, development, and political theory. Using three major outbreaks of malaria, he analyses how socio-economic and political processes and indigenous knowledge responded to this tropical disease. He takes these processes as discourses and examines how their complex and sensitive interactions produced intended and unintended outcomes. First discourse is 'scientific discourse' that highlights natural causes of the malaria epidemic and western remedies. Second is the 'nationalist discourse' that focuses on the plight of rural Sinhala Buddhists who were the victims of colonialism. The third is the 'leftist discourse' that was dominated by urban, western educated elite.

Colonial medical experts and administrators who contributed to the scientific discourse projected the colonial stereotype of the natives - weak, lethargic, pessimistic, and susceptible to illnesses, particularly to malaria, which could only be overcome by western medicine and by improving their socio-psychological profile by shifting them from 'relief to work'. This called for a regimented military style approach which would disregard cultural and social forces and local knowledge and remedies.

The Sinhala Buddhist discourse, on the other hand, emphasised that the colonial rule had sapped peoples' physical and psychological energy, resources and cultural identity; and therefore, their lost cultural and economic heritage which included folk medicine and ritual practices should be resuscitated. Moreover, it harped on the urgent need to correct the harm imposed on the Buddhist Sinhala peasantry by the British by acquiring their land for plantations. By distributing state land among them, it emphasised, would enable them to overcome their poverty, marginalisation, and vulnerability.

The leftist discourse initially focused on urban poor and their role in a revolution. With the introduction of universal franchise and limited local government with elected representatives, they saw in the 1935 malaria outbreak an opportunity to reach the Sinhala peasantry and to establish a rural political base. Political reforms of the 1920s culminating in universal franchise and limited local government in 1931, together with the malaria crisis, brought the leftist discourse into contact with the other two discourses.

Silva shows that the above polarised discourses interestingly worked together to provide some relief to the Sinhala peasants who took the brunt of the epidemic in the 1930s. These interactions facilitated the growth of the functions of the state. These functions included the promotion of western medicine and medical programmes to combat malaria, and welfare provision of rice ration, cash-for-work programmes, and distribution of land among the Sinhala landless poor. Through the Sinhala Buddhist discourse, the elite learned about socioeconomic conditions and vulnerabilities of the rural poor. In rural areas, they saw the value of rural vote banks which could propel them onto the national political platform.

By focusing on the malaria epidemic, the leftist discourse found a cause to strengthen the Sinhala Buddhist discourse, making it the dominant discourse of independent Sri Lanka. Because of their urban and western upbringing and poor grasp of cultural adaptation strategies of rural masses, the political elite easily succumbed to the pressures of the scientific discourse on malaria. As a result, at the threshold of Independence, all three discourses were getting closer to each other by mutually feeding each other. Silva analyses the benefits and risks of this harmony among the three discourses, particularly, the marriage between leftist discourse and Sinhala Buddhist discourse showing how this has triggered ethno-conflicts in Sri Lanka in the latter part of the 20th century.

Mass migration of a large number of rural people across ecological boundaries and the development of irrigated agriculture in the dry zone contributed to the second outbreak of malaria in the 1960s. By this time, both the scientific discourse and Sinhala Buddhist discourse treated people as citizens of a new nation state and focused on salvaging them from 'development induced' malaria. The aggressive promotion of malaria control was considered by the political elite as a 'prelude and pathway to economic development'. Silva perceptively finds some resemblance between this development strategy and colonial medicine during the British raj. He argues that in both cases, the ruling elite deployed malaria intervention to legitimise their power and authority over people.

The third outbreak of malaria was triggered by the ethnic war that began in early 1980s. Silva brilliantly outlines the socio-economic and political development patterns in the post-1970 era which were characterised by the 'ethno-nationalistically propelled development push' of Sinhala Buddhist State. The mass movement of armies, displaced people, and abandonment of irrigation canals and cultivated land generated an ideal ground for the malaria upsurge. The key victims were the people who lived in predominantly Tamil-speaking areas in northern Sri Lanka. Sri Lankan army and residents of border villages were also affected by malaria. The 'Roll-Back- Malaria programme' of the WHO penetrated both LTTE-held and government-held territories with ease, as both parties saw the importance of malaria-free populations. Thus the scientific discourse was re-established as the dominant strategy of malaria control and eradication.

The book outlines succinctly the rise of the leftist political elite and its quick maturity through the handling of the malaria epidemic in the 1930s to become the masters of Independent Sri Lanka. It demonstrates the close relationship between malaria and poverty, highlighting the vulnerability of women and children in an epidemic. Silva challenges the dominant development discourse. He says 'development itself is a seriously flawed concept that does not produce uniform outcomes for all parties'. With a vigorous analysis of malaria statistics, he points out that development itself was a trigger of malaria which led the way to undoing of economic and social development.

The book is at once an academic treatise on medical anthropology and a detailed social history of malaria in the past century in Sri Lanka. It is an academic treatise because it has taken a composite theoretical framework distilling from the modernist approach, history of colonial medicine, and epidemiological perspective (the relationship between colonialism and tropical disease). His theoretical framework is much more robust than the individual approaches or perspectives that he uses to build it up. However, the reader would have been better equipped to understand the theoretical rigour of the book, if the first chapter of the book further elaborated his own theoretical framework. The book provides first-hand information on ground realities of the Sinhala peasantry, and a socio-historical analysis of modern political development in Sri Lanka in the context of a recurrent public disaster. This eminently qualifies the book to be labeled also as a social history of modern rural Sri Lanka. The skills Silva demonstrated in marshalling grassroots-level information to verify broad national-level economic and political development trends indicate his thorough grounding in social anthropology, political science, medical anthropology and statistics. This book also displays his multi-faceted erudition and vast field knowledge accumulated over several decades.

Reviewer is Dr. Jayantha Perera, formerly Principal Safeguard Specialist of Asian Development Bank, Manila, and currently a Fellow of the Royal Anthropological Institute, London.

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