

The Collective Working Body: Rethinking Apparel Workers' Health and Well-being during the COVID-19 Pandemic in Sri Lanka

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ABSTRACT

This article contributes to debates on global apparel workers' health and well-being through an examination of how Sri Lankan workers were affected and treated during the COVID-19 pandemic. Based on qualitative interviews in and around the Katunayake Export Processing Zone, the article takes the Sri Lankan apparel industry as a case study. It reconceptualises the “precarious working body” as a “collective body” in order to demonstrate how workers' health was a matter of collective precariousness. Workers' health was not only dependent on that of others around them inside densely populated factories, but was also shaped by systemic material and discursive practices that affected workers collectively. These material practices included labour control and incentive structures that prevented workers from seeking medical attention and taking leave when needed, which in turn led to the spread of the virus across factories. The discursive practices comprise the social stigma and devaluation of women apparel workers that facilitated the blaming of workers for spreading the virus and enabled their inhumane treatment during the pandemic response. We argue that conceiving of apparel workers as a “collective body” enables a recognition of the systemic forces that create ill health at work and that expose certain (but not all) working bodies to the risks of infection.

KEYWORDS

Labour regimes; social stigma; occupational health; apparel industry; COVID-19

Introduction

In this article we examine how apparel workers' health was experienced during the COVID-19 pandemic through a range of embodied practices and vulnerabilities. We do so by taking the Sri Lankan apparel industry – a major global apparel production site – as a case study. While we build on existing scholarship on health and safety in the Sri Lankan apparel industry (Hewamanne, 2008, 2017; Gunawardana, 2016; Ruwanpura, 2017, 2019), our approach is novel in that we focus on the working body. Drawing on the concept of the “precarious body”, we seek to make sense of how workers were affected by the pandemic and how they were treated during the pandemic response (Prentice and Trueba, 2018). Furthermore, we propose a reconceptualisation of the precarious body as a “collective body”. Against discourses of neo-liberal corporate social responsibility (CSR), which conceptualise health and the body as sites of individualised action and responsibility (Ruwanpura, 2017, 2019), we argue that the COVID-19 pandemic revealed the working body as a collective body, in which an individual worker's health was not only dependent on that of others around them, but also shaped by systemic material and discursive practices that in turn accelerated

a surge in infections across factories. Conceiving of apparel workers' bodies as a collective body helps us make sense of how the second COVID-19 wave evolved in Sri Lanka and how affected workers were treated during the subsequent militarised response (Ruwanpura and Sarvananthan, 2021; Ruwanpura and Women's Center, 2021).

Until late 2020, the pandemic was well under control in Sri Lanka as a result of the restrictive measures taken by the government. However, in October 2020 a surge of infections was reported in Brandix garment factory, a top-tier manufacturer. No community cases had been reported in the preceding weeks, but within one day over 500 Brandix workers tested positive (Aneez, 2020; AFWA, 2021). These infections soon spread to the entire apparel industry and beyond, with medical analysts confirming that the largest outbreak happened in October 2020 (Jeewandara et al., 2021; Ruwanpura and Women's Center, 2021). During this second wave, Brandix was accused of effectively "manufacturing COVID-19" (Husain, 2020). Apparel workers were soon vilified and shunned by the public; some were evicted from their boarding houses, and vendors and transport services refused to serve them. Village communities told migrant workers not to return home.

We unpack how the collective body of workers was affected during the pandemic by two crucial, but routine, elements of everyday health and well-being on the shop floor. First, tight managerial practices prevented workers from seeking medical attention and taking leave despite showing symptoms; this produced the perfect conditions for the virus to spread through factories. Second, class- and gender-based social stigma led to infected workers being treated inhumanely during the public response to the outbreak. We illustrate how the social stigmatisation of the Sri Lankan apparel industry and its workers enabled employers to treat infected workers and their close contacts inhumanely as a collectively stigmatised body, while effectively turning the migrant workers among them into second-class citizens. The article sheds new light on the ways in which both material labour control practices *and* discursive social stigma actively contributed to the spread of COVID-19 in Sri Lanka's apparel factories and shaped the treatment subsequently handed out to workers. Beyond that, it provides insight into how such material and discursive practices constitute apparel workers as a unified, precarious body – collectively exposed to infections, subjected to humiliating treatment by the state and employers under a hostile public environment, and left with very few ways to negotiate their health and well-being at a time of crisis.

The article is structured as follows. The next section reviews relevant literature on the health and safety of apparel workers in the Global South as well as on the devaluation of women workers in the Sri Lankan apparel industry. This is followed by the introduction of our conceptual framework, which reconceptualises the working body as a collective body. The fourth section provides a brief background to the Sri Lankan apparel industry, combined with a description of our research methods. Based on empirical data, the fifth section focuses on how prevailing production regimes and poor health and safety standards in the industry became a catalyst for the surge in COVID-19 infections in garment factories. Section six explains how the devaluation and social stigma attached to apparel workers contributed to and legitimised the way workers were treated once they tested positive or were identified as close contacts of positive cases. The final section summarises the way in which the concept of the collective body sheds light on how the pandemic spread and how embodied precarity became entrenched in the process.

An Ethical Sourcing Destination? Labour Regimes and Social Stigma

The health and safety of global apparel workers received renewed scholarly attention following the collapse of the Rana Plaza building in Bangladesh in 2013, which killed over 1 100 workers

(Prentice, 2021). Even though such catastrophic events are not frequent, the health and well-being of apparel workers across the world are extremely precarious and routinely affected by physical and mental risks (Mezzadri, 2017; Prentice and De Neve, 2017; Saxena, 2020). Health concerns in the Sri Lankan apparel industry relate to handling hazardous materials, repetitive piecework, sexual harassment, malnutrition, fatigue and various forms of stress (Attanapola, 2004; Amarasinghe, 2007; Hewamanne, 2008; 2021; Ruwanpura, 2019). Much worker ill health can be attributed to nutritional deficits caused by low wage levels across the sector (Amarasinghe, 2007). Where overtime and production targets are a regular feature of the labour regime, they encroach on the time that workers have for resting and recovering, and lead to their premature exit from apparel work (Goger, 2013; Gunawardana, 2016).

The multiple health issues troubling apparel workers reveal a central paradox of the labour process and just-in-time production regime: although employers require healthy bodies at work, they routinely prevent ailing workers from taking time off so that production is not disrupted and lead times are met (Ruwanpura, 2017). Hence, even within factory clinics, workers' ability to access medical help remains heavily dependent on successful negotiations with line managers against whom workers are hierarchically positioned by class, gender and other social disadvantages (Ruwanpura, 2017, 2022). Consequently, workers have to assess carefully when and how to ask for medical attention, while clinicians constantly gauge whether workers' claims are genuine (Hewamanne, 2008). Ruwanpura (2016, 2017, 2022) rightly argues that while there are reasons to praise the factory-based health facilities that set Sri Lanka apart from other apparel regions, the actual effectiveness of such facilities remains highly constrained by the nature of the production regime. There is thus a need to move beyond individual health-seeking behaviour and to recognise the structural conditions that produce unhealthy working bodies. The first aim of the paper is to demonstrate how an extractive labour regime that routinely undermines workers' health exposed the collective body of workers to COVID-19.

The second aim of the paper is to examine how social stigma, which has long devalued female apparel workers, facilitated and normalised the inhumane treatment of women workers once they became infected with the virus or identified as close contacts. It is well known that negative gender stereotypes adversely shape working conditions and opportunities for women employed in global production networks (Lynch, 2007; Hewamanne, 2008, 2016, 2017; Goger, 2013; Mezzadri, 2016, 2017; Ruwanpura, 2018; Saxena, 2020). Elson and Pearson (1981) made one of the earliest connections between stereotypical assumptions about "third world women" and the devaluation of their labour on global assembly lines. Not only is women's labour widely considered unskilled and easily replaceable, a sense of its disposability has reached mythical proportions (Wright, 2006). Within this disposability myth, young women in developing countries are considered a "form of industrial waste that can be discarded and replaced easily" (Wright, 2006: 2). Global factories perpetuate this myth as it enables them to extract maximum labour value from women workers and to dismiss them when their productivity eventually dwindles.

Sri Lankan apparel factories have profited from emphasising the "valuelessness" of women's labour (Gunawardana, 2016: 864), not only through low wages and long working hours but also through the mobilisation of cultural discourses that stigmatise female garment workers as inferior and disposable, often drawing on sexualised imagery (Lynch, 2007; Hewamanne, 2008, 2017, 2020). With women constituting 70 per cent of Sri Lanka's apparel workforce in 2019 (Wickramasinghe, 2020), their visibility resulted in the Katunayake Export Processing Zone (K-EPZ) being called a "city of whores", a "love zone" and a "whore zone" (Hewamanne, 2008). Hewamanne (2020) reports numerous social encounters around the EPZ in which neighbours, bazaar traders, shopkeepers and autorickshaw drivers used various terms for "whore" to refer to apparel workers.

As the stigma deepened, with exaggerated stories of women workers living carefree love lives, discrimination against them intensified, including sexual harassment and assaults on their bodies and possessions. Stigmatising narratives condemn apparel workers as transgressive women whose behaviour shamefully undermines traditional values, customs and social norms – a threat to “Sri Lankan morality and national identity” (Goger, 2013: 2633). Moreover, as Lynch (2007) and Hewamanne (2017) demonstrate, such negative portrayals of being (or having been) a “garment girl” follow women through time and space, requiring intensive efforts to regain their good name in later life, particularly as brides and daughters-in-law back in the village.

Such stigmatising practices, however, turned out to be highly contradictory. While the disposability logic aimed to enhance the recruitment of cheap female labour to the industry, it also made rural families reluctant to send their daughters (Goger, 2013). Rising labour shortages from the 2000s onward not only led to changes in recruitment patterns (now including married women, men, and Tamil and Muslim women), but also to factory management introducing new discourses of empowerment and professionalism in an attempt to curb the stigma (Goger, 2013; Gunawardana, 2016). While employers’ discursive shift was accompanied by training and development programmes that sought to rebrand female garment workers as empowered, professional and respectable, Goger (2013: 2635) highlights their limited transformative effect on the shop floor; paternalistic attitudes persisted in order to ensure compliance and discipline in the labour process, and therefore the production of value for global production networks. Or, as Gunawardana (2016: 865) puts it, “disruptions to the scripts have not disrupted experiences of depletion”. Although management and industry’s public discourse might have shifted, neither the shop floor labour regime nor the structural conditions that disempower women have changed. Indeed, Sri Lanka’s much-celebrated labour laws and CSR initiatives (such as global ethical codes and the local Garment Without Guilt campaign) fail to confront the political issues of labour devaluation and social stigma that underpin the disposability of women apparel workers (Goger, 2013; Ruwanpura, 2016, 2022; Hewamanne, 2017). Negative stereotypes continue to expose women workers to a range of negative health experiences, including the COVID-19 pandemic during which the social stigma resurfaced with a vengeance (Hewamanne, 2021, 2022).

In what follows, we look beyond the role of voluntary ethical codes and labour laws to focus on workers’ everyday health and safety (Prentice and De Neve, 2017). Responding to the call for “a more holistic and politically engaged research approach to the everyday health and well-being of workers” (Prentice et al., 2018: 157), we refocus on the embodied practices of workers to demonstrate how the devaluation and stigmatisation of apparel workers in Sri Lanka made them particularly exposed and vulnerable during the pandemic. In particular, we document how this evolved during the pandemic response when “garment girls” were not only seen as less-deserving citizens, but the stigma also enabled and justified their inhumane treatment by manufacturers, authorities and the wider public.

Reconceptualising “Working Bodies” as “Collective Bodies”

Our approach draws on Scheper-Hughes and Lock’s (1987: 7) concept of the “three bodies” – the individual body (“the lived experience of the body-self”), the social body (“the representational uses of the body as a natural symbol”), and the body politic (“the regulation, surveillance, and control of bodies”). While women apparel workers experience precarious health *as individuals* through bodily pains, risks and depletion, their embodied experiences are also constituted through the *social body*, articulated through stigma and devaluation, and the *body politic* of the production

regime that curtails their freedom and movement on the shop floor. Taken together, the social body and the body politic produce what Prentice and Trueba (2018: 42) call “precarious bodies”, defined as “working bodies that are profoundly shaped by exposure to global market forces and that must be self-managed through the daily navigation of overlapping risks”. Exposure is key to understanding precarity, and Sargent (2022: 100) suggests we analyse the pandemic through a “politics of exposure” to grasp how those bodies that are routinely subjected to risky and unhealthy work environments were also the ones most directly exposed to infections during the pandemic.

We build on this in three ways. First, we show how precarious bodies are the outcome of both social stigma and shop-floor labour regimes, and thus forged by forces well beyond the individual worker’s control. Second, we suggest that precarious bodies are anything but bounded, individual entities. Rather, the pandemic brought to light how apparel workers constitute a “collective body”, in which the health of one body is closely connected to that of others around them. Or, as Sargent (2022: 90) put it, “the pandemic has revealed the ways that bodies come into contact with each other and their environment over the course of securing a livelihood”. Working bodies are highly porous and interconnected in that pressures (such as those of targets and incentive structures), social representations (such as stigma) and illnesses (such as the COVID-19 infections) link individuals into a collective body of precarity. Third, such a reconceptualisation of the precarious body as a collective body allows us to comment on the nature of responses to ill health, including during the pandemic. In the global apparel industry, occupational health and safety are largely governed by ethical codes of conduct. Although the Sri Lankan apparel industry is keen to portray itself “as an ‘ethical’ supplier that takes global governance regimes seriously” (Ruwanpura, 2013: 89), research has shown how health and safety issues are routinely devolved to workers, who are left to self-manage and negotiate their health on an individual basis (Ruwanpura, 2013, 2017; Mezzadri, 2017; Prentice and Trueba, 2018). The same pattern was observed at the time of the pandemic. While the body of workers was collectively impacted by COVID-19, apparel workers were largely left to self-manage the consequences of the pandemic on their health and livelihoods. We suggest that a reconceptualisation of apparel workers as a collective body, rather than as individual actors, can be a starting point towards recognising the systemic nature of health crises as well as the inadequacy of neo-liberal governance regimes that ignore the collective nature of ill health, devolve risks to workers and individualise responsibility. It can also highlight the need for a policy response that recognises the collective nature of the labour regimes, exposures and risks that produce systemic ill health and precarious working bodies.

Research Context and Methods

Being the country’s primary foreign income earner, the apparel industry is the most significant and dynamic contributor to the Sri Lankan economy. The industry took off in Sri Lanka in the early 1980s and expanded under market liberalisation and favourable trade policies from 1977 (Kelegama, 2004). By 2019 the industry accounted for 44 per cent of the country’s total exports by value and, as of 2022, the industry was valued at US\$5.4 billion, attracting major global brands such as Bestseller, C&A, GAP and H&M (BOI, 2019, 2022). It employed around 350 000 people in over 400 garment factories spread across the country, including in twelve Export Processing Zones (EPZs) (Figure 1) (BOI, 2019). Of these, the Katunayake-EPZ (K-EPZ) and its surrounding garment factory cluster is the focus of this study.

K-EPZ, located just north of Colombo, was set up in 1978 as the first EPZ in Sri Lanka, following the adoption of structural adjustment policies in 1977. According to the Dabindu

Collective (a local civil society organisation working in the area), K-EPZ is home to around thirty-five mostly locally owned garment factories, amounting to around 9 per cent of the industry in the country. It attracts a large number of young rural women from economically and socially marginalised backgrounds as machine operators (Hewamanne, 2021). Workers in K-EPZ and its surrounding garment cluster can be grouped into two broad categories: internal migrant workers and local workers. The migrant workers come from across the island; most of them are young, unmarried women with ten to twelve years of schooling (Hewamanne, 2016). They live in rented accommodation or hostels provided by the factory, government or local private sector, often sharing a room with several others. The local workers typically live with their own families within a fifty-kilometre radius of the EPZ and commute to work daily, primarily using factory-provided transport. By 2020, about 45 000 rural women from economically and socially marginalised groups worked as machine operators in K-EPZ and a similar number worked for subcontracting factories around the zone (Hewamanne, 2021).

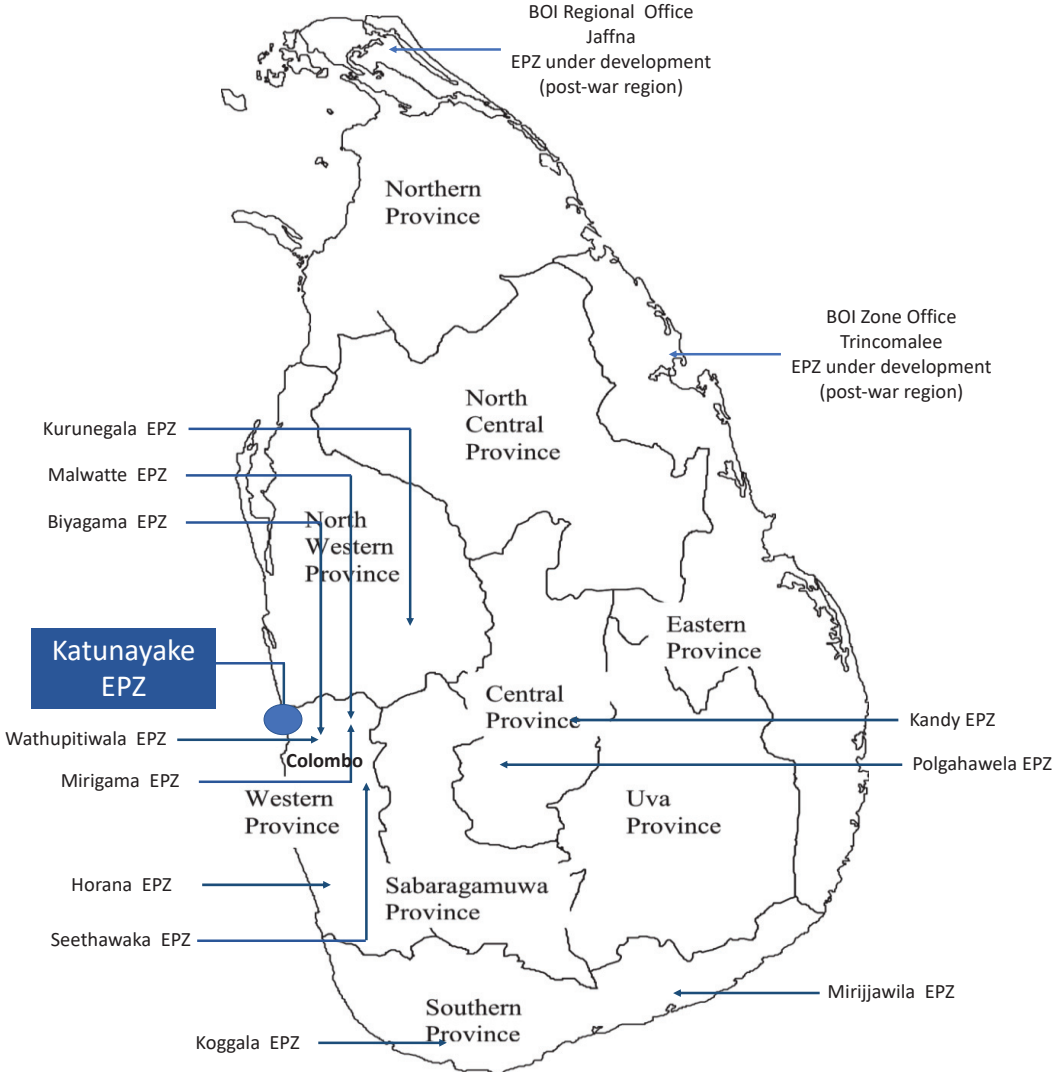


Figure 1: Map of Export Processing Zones in Sri Lanka

Most of the research, conducted by the first author, was carried out between October 2020 and May 2021, when the surge of infections in the industry was at its highest, with follow-up research conducted between May 2021 and March 2022. We conducted repeated in-depth interviews with four trade unions and civil society organisations (CSOs). Two functioned simultaneously as local CSOs *and* newly formed trade unions. They were based in K-EPZ and were headed by female labour leaders. Our engagement with workers included interviews and focus group discussions. We carried out in-depth interviews with fourteen apparel workers, of which twelve were women. We intentionally sampled workers who had tested positive for COVID-19. The first set of interviews was carried out via phone due to COVID-19 restrictions. We also draw on two focus group discussions with twenty-one workers, carried out in March 2022 to investigate the vulnerabilities of apparel workers in the post-COVID-19 context. Focus groups were held at the office of Dabindu Collective, with participants randomly selected by the Dabindu Collective. We found that around half of the participants had contracted COVID-19. After the focus groups, the first author sat with each worker separately, and recorded individual data on their pre- and post-pandemic experiences of work. All focus group participants were migrant, informal apparel workers. Participants represented ethnic majority and minority groups and came from some of the garment factories worst affected by the pandemic in and around K-EPZ. Worker interviews lasted between twenty and forty minutes, with some workers being interviewed repeatedly, while focus groups lasted for around two hours. In addition, we spoke to two representatives of apparel industry authorities and one representative of a manufacturers' association, and conducted a focus group discussion with an international trade union federation. The interviews covered, among other things: workers' labouring and living conditions; factory health and safety standards; spread of the virus; pandemic response by government and manufacturers; treatment and recuperation process of workers; and their eventual return to work. All interviews and focus groups were based on informed consent and full disclosure of the objectives of the study. Our findings are also informed by a half-day workshop in January 2022 in Colombo, held to discuss apparel workers' position in the post-COVID-19 context. The workshop was organised by the Dabindu Collective and was attended by trade unions, apparel workers, union members, CSOs and members of the media.

Primary data collection was complemented by information derived from secondary sources, such as media, corporate and government websites, websites of humanitarian agencies, and labour campaigns. Sources included detailed and continued reviews of the news by the Business and Human Rights Resource Center, Clean Clothes Campaign, Labour Behind the Label, and War on Want, as well as working papers of the International Labour Organisation (ILO) and United Nations (UN) agencies. In addition, we followed social media posts – primarily on Facebook – relevant to the COVID-19 response in the apparel industry. Some social media sites were operated by CSOs, while others belonged to the factories themselves. This data enabled a richer understanding of the events that evolved at this time. To comply with a confidentiality agreement negotiated with participants, we have anonymised all informants.

“Manufacturing COVID-19”: The Shop Floor as Breeding Ground for COVID-19

We now turn to the question of how the prevailing labour regime contributed to a fresh surge of COVID-19 cases in late 2020, thereby accelerating a second wave of the pandemic in Sri Lanka. Specifically, we consider how a range of actors – workers and their representatives, capital

(manufacturers and lead firms) and the state – were shaping the developing health crisis in the industry. We first look at the shop-floor labour process followed by the dynamics beyond the workplace, at the national and global levels.

Shop-floor labour regimes

The first wave of the COVID-19 pandemic was kept relatively well under control as Sri Lanka opted for a country-wide lockdown in March 2020 that lasted for over two months. During this time, most garment factories remained closed. They re-opened in mid-2020, when the country emerged from lockdown and life largely returned to normal (Ruwanpura and Women's Center, 2021). However, on 6 October 2020, 567 employees of the Brandix garment factory close to K-EPZ suddenly tested positive for COVID-19, which soon spread to the industry more broadly (de Silva, 2020). We identify two features of the shop-floor labour regime that caused this sudden spike of infections. First, the strict control of shop-floor managers over labour meant that workers were routinely prevented from accessing health care (see also Hewamanne, 2008, 2021; Ruwanpura, 2012, 2013, 2017; Solidarity Center, 2021). Workers reported to Human Rights Watch (2021) and the media (Bandara, 2020) that they were often made to stay on the shop floor, even when showing symptoms of ill health at the start of the pandemic (Workers 2 and 8). Two of our respondents described similar attitudes:

Those days [pre-COVID-19] we could not go to the sick room because we were intimidated by supervisors who chased targets. So even if we got a headache or fever, we took Panadol and worked. You know some of us women suffer very badly during our monthly periods. But, even then, we were not allowed to take any rest or take leave because it was 'just periods'. They sent us to the sick room only if we were very ill; even then, we were only allowed a fifteen-minute break. At the end of the fifteen minutes the nurse would ask us to go back to work (Worker 9, Factory F, January 2022).

Managers did not allow us to rest for more than ten minutes when we visited the sick room. If we fell asleep, they woke us up. Even when we said we felt very ill, they didn't allow us to rest (Worker 8, Factory B, January 2022).

Before the surge of cases in October 2020, many workers had shown flu-like symptoms in September (Sri Lanka Brief, 2020). However, the Brandix factory clinic insisted they had influenza and treated them accordingly (Bandara, 2020). When several workers started fainting on the production floor, managers and on-site nurses merely sprinkled water on their faces and sent them back to work after a short break (Bandara, 2020). Referring to this, a worker reported to War on Want (2020) that "initially, about 600 employees were infected with fever but were told to work to cover targets.... If this [COVID-19 virus] had been identified at that point, the disease would not have spread like this".

Second, and related, is the reluctance of workers themselves to seek medical attention, which our trade union respondents attributed to production incentive methods that motivate workers to minimise breaks and regulate each other's work commitment (see also Mezzadri, 2016; Prentice and De Neve, 2017; Ruwanpura, 2017, 2019, 2022). Monthly production incentives are typically tied to the collective performance of the production line as a whole rather than to individual outputs. As a result, production lines compete with each other to maximise their monthly incentive earnings. The collective effort to maximise incomes requires all workers on a line to turn up without fail and to limit – or even forego – their breaks, including breaks for tea, water, lunch and toilet visits. This incentive system creates pressures among line members to keep up the production

speed, to ensure they do not fall behind and put collective incentives at risk, and to avoid the wrath of team members. Such a system effectively makes workers collectively accountable for meeting incentive targets and for monitoring each other's work input. Thus, a tight regime of shop-floor discipline was not just cultivated by managers, but maintained by workers themselves. As our respondent unions revealed, during the pandemic this resulted in workers refusing to seek treatment or take time off when feeling unwell (Trade Union 4). The union explained that this happened in Brandix too, even as infections were spreading:

Even though workers fell ill and were having fever, they had to report for work because they were under pressure by other workers. The resident doctor of the factory said that when workers were having fever, he advised them to take some rest, but the workers refused and went straight back to the line to work. Otherwise, everyone would have lost the production bonus. This so-called 'lean' production system is terrible (Trade Union 4, January 2022).

While Brandix suspended production at this point, the virus rapidly spread across the garment cluster in and around the Katunayake area. This was due to workers mingling with each other in crowded boarding houses and households in the vicinity of the EPZ (Gunawardana and Padmasiri, 2021). Two of our informants who worked in factories in K-EPZ caught the virus in September 2020 from their roommates at their boarding houses (Workers 2 and 18). Another respondent who worked at Factory B in K-EPZ, caught the virus from a co-worker (Worker 2). The lack of adequate access to health care (despite the presence of clinics and nurses at the factory), the reluctance of workers to seek medical attention and the continued production pressures produced a perfect environment for the virus to rage through the factories and affect the collective body of workers in a very short time. By May 2021, it was estimated that over 5 000 apparel workers had contracted COVID-19, with several workers dying from the virus (Gunawardana and Padmasiri, 2021).

Beyond the workplace: dynamics of the wider political economy

Labour regimes at the workplace are invariably shaped by the dynamics at national and global scales (Smith et al., 2018; Wickramasingha and Coe, 2022). While the workplace is key to our analysis, it is also crucial to examine the national and global factors that contributed to this evolving scenario. This is particularly pertinent in a context where several labour campaigns reported how apparel brands, retailers and manufacturers continued to make huge profits while cutting costs at the expense of workers' health and employment (Clean Clothes Campaign, 2021; Human Rights Watch, 2021; Maquila Solidarity Network, 2021).

At the national level, the Sri Lankan government had a stake in ensuring uninterrupted production; their priority was the "resilience and recovery" of the economy during the pandemic. Being the country's main foreign income earner even before the pandemic, apparel manufacturers were given a great deal of leeway by the government, which turned a blind eye to several illegal employment practices during the crisis (Arunatilake, 2013; Hewamanne, 2021; Ruwanpura and Women's Center, 2021). This included condoning salary deductions, lack of overtime payments, increased workloads due to social distancing measures, and forcing workers to continue during lockdowns and amid rising infections (Civil Society 2; Reliefweb, 2021). As a CSO put it:

Manufacturers are okay, as they have deals with the government. The complicity of the government has given them the freedom to even cut salaries and not pay workers. But the government has turned a blind eye to the crisis that workers are facing and doesn't care about workers at all (Civil Society 1, April 2021).

The Department of Labour and manufacturers strongly maintained that they were adhering to health protocols (Gunawardana and Padmasiri, 2021). Yet the government's complicity was evidenced in the way they ignored the sudden surge of infections in the industry and the threats this posed to workers' lives (Hewamanne, 2021; Ruwanpura and Women's Center, 2021). It was widely reported in the media that Sri Lankan apparel factories did not adhere to the health protocols prescribed by the authorities to manage the pandemic (Clean Clothes Campaign, 2021; Gunawardana and Padmasiri, 2021; Human Rights Watch, 2021; Hewamanne, 2022; *The Hindu*, 2022). According to one union, by December 2021 six apparel workers had died from COVID-19:

When I raised these deaths at the Tripartite Task Force the minister said those workers are not entitled [to] compensation, because COVID-19 is not a recognised workplace health hazard under the Factories Ordinance (Trade Union 2, January 2022).

The state's "business first" attitude thus buttressed a production regime that rapidly hollowed out any existing worker protections. Referring to this, a local CSO member said:

These days workers are going to the factory with the death certificate in one hand (Civil Society 2, April 2021).

Health outcomes during the pandemic were also shaped by the dynamics of global sourcing patterns. Even in the pre-pandemic context, the industry was plagued by tight delivery schedules and volatile changes to orders inherent in the just-in-time production system (De Neve, 2009; Carswell and De Neve, 2013; Goger, 2013; Anner, 2020). In the pandemic context, under the pressure of fast-changing delivery schedules, Sri Lanka's factories continued to focus on meeting production targets and shipping deadlines, ignoring the developing health crisis among workers (Civil Society 1 and 2; Trade Union 4). As both trade unions and industry authorities confirmed, lead firms did not make any concessions during the pandemic. On the contrary, they slashed prices, demanded discounts on orders and delayed shipments; this pushed Sri Lankan manufacturers into a tight corner (Trade Union 1 and 2; Technocrats 1 and 2; Clean Clothes Campaign, 2021; Gunawardana and de Silva, 2021). Factories had to "cut corners", which took the form of pay cuts, forced labour, excessive working hours and increased workloads. This happened amid rising infections and a developing health crisis in the industry (see also the survey of the Solidarity Center, 2021; Dammalage, 2021). As Hewamanne (2021) points out, the health crisis was a manifestation of a global, systemic form of exploitation that went unchecked in an industry where worker well-being – both individually and as a collective body – was neglected by the state, manufacturers and lead firms alike. In the next section, we explore how this neglect was also rooted in the long-standing discrimination of the collective body of apparel workers, based on the pervasive devaluation and stigmatisation of apparel work itself.

Social Stigma and Unequal Treatment during the Pandemic Response

As reviewed earlier, the devaluation of apparel jobs and the collective stigmatisation of apparel workers is endemic in Sri Lanka (Lynch, 2007; Hewamanne, 2008; 2021; Madurawala, 2017; Solidarity Center, 2021). Here, we identify three ways in which this stigmatisation was further normalised during the pandemic and how it helped to justify the inhumane way workers were treated during the pandemic.

First, the blame for the outbreak was framed in explicitly moral terms and was laid squarely at the workers' door. When COVID-19 erupted at Brandix in October 2020, media, employers and the general public criticised apparel workers in demeaning ways, blaming their alleged immoral behaviour for the outbreak. A worker named Rathnayake, the first positive case, was especially targeted by her employers who exploited the collective stigma of apparel workers (Bandara, 2020). According to her, some managers of Brandix spread stories implying she was "patient zero" and had caught the virus through sex work (Bandara, 2020). She claimed that these stories were widely shared across social media, damaging her reputation. Rathnayake was not a sex worker, and although only a small number of apparel workers engage in sex work, it nonetheless amplified the collective stigma placed on the workforce as a whole (Wickramasinghe, 2020; Hewamanne, 2021, 2022). It seemed that Brandix, which strongly defended its good health and safety protocols, together with the government and the military, mobilised this negative image of apparel workers to shift responsibility for the infections back to the workers, while keeping their own pressurised labour regimes and neglect of workers' health away from the spotlight (Aneez, 2020; Human Rights Watch, 2021; Ruwanpura and Women's Center, 2021). A narrative quickly spread, through which the collective body of apparel workers was regarded as susceptible to contamination and vilified for starting and spreading the virus (Dammalage, 2021; Hewamanne, 2022). The immediate result was that apparel workers were shunned by the public. Our respondents revealed details of transport services refusing to carry apparel workers, vendors refusing to serve them and boarding houses evicting them (Civil Society 1; Trade Union 1). In one case, a bus carrying apparel workers was even stoned by the public (Chaturanga, 2021).

Second, this public blaming justified the inhumane way apparel workers were treated once they were infected or identified as close contacts. The manner in which the authorities handled the outbreak among workers was in clear violation of basic COVID-19 regulations at the time, yet it was shaped by a public narrative about young women spreading the virus through morally ambivalent practices. One union informant stated:

Apparel workers were given a step-motherly treatment (Trade Union 1, May 2021).

At the heart of this treatment lay a heavily militarised and politicised COVID-19 response, in which workers were rounded up like criminals, with intimidation and force (IndustriAll, 2020; Ruwanpura and Sarvananthan, 2021). Deeply disturbing stories surfaced of arbitrary arrests and detentions of workers by the military, and of degrading and even cruel treatment in quarantine centres (Civil Society 1 and 2; Trade Union 1 and 2). As workers reported to a national media outlet:

We were given seconds to get our things together and get into the bus. We were barely able to pack one change of clothes. We didn't even have time to pack a comb! The military told us not to try and run away, that the entire place was surrounded. They treated us like prisoners. Like we had committed a *jathika aparadayak* [national atrocity] (de Silva, 2020).

When it came to isolating close contacts of infected workers, the lack of clear information, unsafe transportation to quarantine and treatment centres, unsanitary facilities and the absence of PCR tests were rampant (de Silva, 2020). As unions and CSOs informed us, apparel workers were taken to separate makeshift isolation centres, different from the established and well-run government quarantine centres available to the general public (Trade Union 1 and 2; Civil Society 1 and 2). This was corroborated by media reports of workers not being told where they were being taken and being isolated without any means of communication with relatives or friends (de Silva, 2020;

IndustriAll, 2020). One of our respondents who was infected with the virus described how her most basic rights as a woman were violated at the treatment centre:

They had a special ward dedicated to COVID-19 patients and had nine sections with twenty-four patients in each section. They were all garment workers. In the section I was admitted to, I was the only woman. All the other twenty-three were men. I was very uncomfortable. No doctor or nurse came to see me. If I had a problem, I had to call the doctor sitting on the other side of the wall using a telephone provided (Worker 2, May 2021).

Not only were few quarantine facilities made available to infected workers, but they were also denied PCR tests until very late in the outbreak. In contrast, our participants pointed to the class-based differences in the pandemic response, in which apparel managers were provided PCR tests early and given hotel quarantine facilities paid for by the factories (Worker 2; Civil Society 1 and 2).

Third, the blame and related inhumane treatment not only confirmed the collective body of apparel workers as a “disposable body” (Karim, 2014), but they turned the migrant apparel workers into second-class citizens. Or, as one CSO informant put it, migrant workers effectively became “stateless” in the pandemic response (Civil Society 1). This was primarily because, while left stranded in the K-EPZ, migrant workers were also deprived of government support, which further added to their precarity (Civil Society 1 and 2; Trade Union 4; Focus Groups 1 and 2). Government care packages and other benefits given by the state to recovering COVID-19 patients were denied to migrant workers (Civil Society 1 and 2; Trade Union 1; see also Dammalage, 2021; Gunawardana and de Silva, 2021). Moreover, migrant workers were denied the government grant of LKR5 000, handed out twice to all low-income families in recognition of the hardships faced by citizens during multiple lockdowns (Focus Groups 1 and 2; Civil Society 1 and 3; Trade Union 1 and 3; Dammalage, 2021). The Katunayake local government office excluded migrants on the basis that they did not belong to the Katunayake local government division. Our informants openly lamented these forms of exclusion and non-recognition by the state. Workers said:

Grama Sewaka [local government agent] said they are not responsible for us (Worker 13, March 2022).

They treat us as if we are not citizens (Worker 22, March 2022).

This was because we are from outside (Worker 19, March 2022).

This was especially hard for migrant informal workers, who had lost their jobs and spent as long as six months without an income (Workers 14, 15, 16 and 17). To survive during the pandemic and through job losses, many migrant workers had to buy food on credit, sell their assets including gold jewellery, and turn to microfinance loans at high daily interest rates (Focus Groups 1 and 2). However, this exclusion of migrant workers from basic state support went largely unnoticed. While CSOs raised this as an ongoing issue from the start of the pandemic, by May 2021 migrant workers’ exclusion from state benefits and compensation packages still remained unresolved, effectively turning them into second-class citizens in their own country, deprived from some of the most basic rights.

As these accounts indicate, the multiple problems faced by apparel workers during the pandemic and the alarming rate of infections that threatened their health were grossly neglected in the pandemic response of the government, manufacturers and lead firms alike (see also Dammalage, 2021; Hewamanne, 2021; Ruwanpura and Women’s Center, 2021; Hewamanne and

Yadav, 2022). If anything, the pandemic intensified the stigma that already devalued the collective body of apparel workers, and the response mobilised this stigma to justify inhumane treatment. The pandemic response affected apparel workers as a collective body, rendering them ever more precarious, while the differential treatment and exclusion of the migrants among them turned the latter into second-class citizens, unable to claim even basic citizenship rights. As Dammalage (2021) notes, treating migrant apparel workers as outsiders to a significant extent sanctioned the violation of their fundamental rights. The collective body of apparel workers became the casualty not just of the pandemic but also of the “business as usual” approach of the global apparel industry, which remained focused on a speedy recovery and the resilience of the industry (Hewamanne, 2021). While workers were collectively blamed for infections, based on a long history of stigmatisation (Lynch, 2007; Hewamanne, 2008, 2020), the industry, with the silent backing of the state, ensured that its own gruelling labour regime remained invisible, despite this being the very cause of factory-based transmissions.

Conclusion

Workers’ well-being in the global apparel industry has long been affected by a range of health concerns caused by long working hours, high work intensity, physically draining labour conditions and poor remuneration (Prentice and De Neve, 2017). Many health impacts are not just technical or practical shortcomings of the organisation of work, but the systemic outcome of how garment outsourcing and production regimes operate across the globe (Bair, Anner and Blasi, 2017). This article has explored how the health and well-being of Sri Lankan apparel workers were affected during the COVID-19 pandemic, and how they were treated once infected or identified as a close contact. Precarious bodies, Prentice and Trueba (2018: 53) remind us, are working bodies “positioned in situations of exploitation and risk”. Never was this more true than during the pandemic when the collective body of Sri Lanka’s apparel workers became systemically exposed to COVID-19, with very few ways for individual workers to protect themselves against the virus or to access treatment once infected. A focus on the dynamics of exposure, Sargent (2022: 91) aptly argues, reflects the complex politics of how working bodies are treated as individually expendable even as they are collectively essential to global production.

This article contributes to an understanding of exposure during the pandemic by reconceptualising the working body as a collective body. Rather than seeing the working body as a bounded, individual entity, the pandemic brought to light how apparel workers constitute a collective body, in which the health of one person is closely connected to that of others around them. It was the collective body of apparel workers that became exposed to the pressures of an exploitative labour regime and the demeaning stigmas of gender, class and morality. We first demonstrated how a workplace labour regime shaped by global production pressures and backed up by national development policies led to pressures on workers to stay on the shop floor in the midst of a health crisis, thereby accelerating a surge in COVID-19 infections across factories. The rapid spread of infections under such conditions revealed how working bodies are intimately connected into a collective body. Second, we showed how decades of class- and gender-based stigma of apparel workers and a longstanding devaluation of apparel work itself paved the way for the inferior treatment of workers during the pandemic response, leaving individual workers unable to protect their own health and safety. A collectively stigmatised body of apparel workers was put at risk during the pandemic, with particularly adverse repercussions for the migrants among them.

Indeed, as Sargent (2022: 100) points out, “the violence of COVID-19 is not evenly

distributed but rather routed along familiar lines of inequality shaped around class, gender, and race”. Be they construction labourers, waste collectors or apparel workers, certain bodies are routinely brought into contact with harmful materials, exposed to occupational hazards and subjected to health risks in the course of their employment. And while certain bodies gain access to care and treatment, others remain excluded from the economy of care. In Sri Lanka, women apparel workers constituted one such social group whose class, gender and, for some, migratory status turned them simultaneously into an essential *and* collectively devalued and exposed working body. While other citizens gained access to quarantine facilities and PCR tests, apparel workers were collectively prevented from leaving the shop floor, blamed for spreading the virus and inhumanely treated in the pandemic response, ultimately rendering the migrants among them into second-class citizens. Paying attention to the politics of exposure reveals how an already precarious collective body of workers came to be hit by the pandemic and treated in its wake (Sargent, 2022: 91). In many ways, this points to the “un-exceptionality” of the COVID-19 health crisis: when placed against the routine forms of violence inflicted on the collective body of workers by exploitative global production regimes and a pervasive social stigma, the pandemic merely intensified the precariousness of working lives by exposing them to new health risks (Prentice and Trueba, 2018). Oppressive factory regimes and destructive public stigma are therefore directly accountable for “manufacturing COVID-19” in Sri Lanka and for shaping the pandemic’s impact on the collective body of its workforce.

Policy responses would do well to look beyond corporate regimes of governance that focus on voluntary codes of conduct, and instead recognise how apparel workers are affected as a collective body rather than as individual labourers (Ruwanpura, 2022). Recasting the precarious working body as a collective body can be a starting point towards acknowledging the systemic nature of health crises as well as the collective experiences of ill health, currently ignored by neo-liberal governance regimes that individualise responsibility and devolve risks to workers (Mezzadri, 2017). It can also highlight the need for a policy response that recognises the collective nature of the labour regimes, exposures and risks that produce systemic ill health and precarious working bodies.

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