

**The limits of the  
“Singapore Model”  
in COVID-19 response:  
Why authoritarian  
governmentality is  
not the solution**

**Mohan J. Dutta, Director,**

**Center for Culture-centered  
Approach to Research and  
Evaluation (CARE)**



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**Center for Culture-Centered Approach to Research and Evaluation (CARE)  
School of Communication, Journalism and Marketing  
BSC 1.06 Level 1, Business Studies Central  
Massey University Manawatu campus  
Private Bag 11 222  
Palmerston North, New Zealand  
Tel: +64-06-951-9282; ext=86282**

W [massey.ac.nz/care](http://massey.ac.nz/care)  
Mohan J. Dutta, Director, CARE [m.j.dutta@massey.ac.nz](mailto:m.j.dutta@massey.ac.nz)

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## **ABOUT CARE**

The Center for Culture-centered Approach to Research and Evaluation (CARE) at Massey University, Aotearoa New Zealand, is a global hub for communication research that uses participatory and culture-centered methodologies to develop community-driven communication solutions to health and wellbeing. Through experiments in methods of radical democracy anchored in community ownership and community voice, the Center collaborates with communities, community organizers, community researchers, advocates, and activists to imagine and develop sustainable practices for prevention, health care organizing, food and agriculture, worker organizing, migrant and refugee rights, indigenous rights, rights of the poor, and economic transformation.

Mohan J. Dutta is the Director of CARE and author of books such as *Neoliberal Health Organizing*, *Communicating Health*, and *Voices of Resistance*.

## The limits of the “Singapore Model” in COVID-19 response: Why authoritarian governmentality is not the solution

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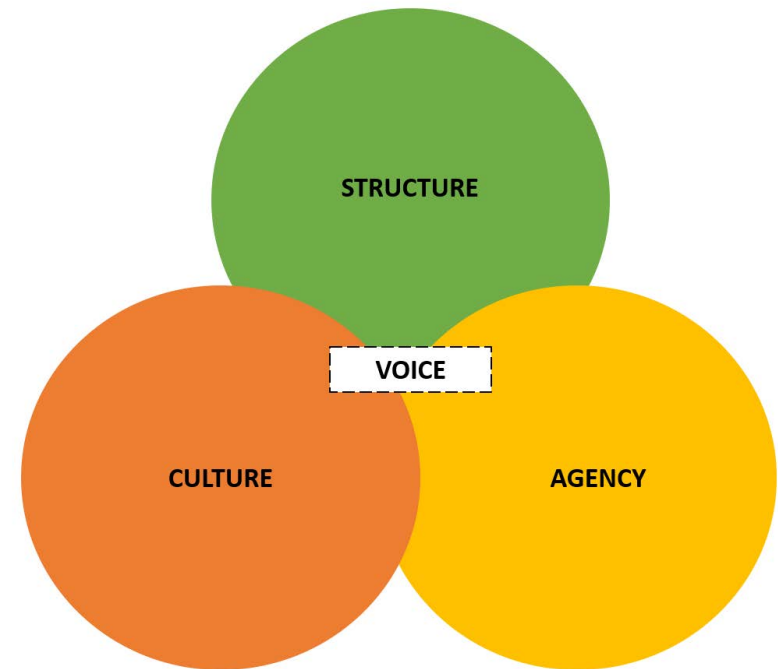
A wide range of models have been proposed as frameworks for responding to Covid-19. These models highlight the significance of health communication in preventing the spread of COVID19 as well as in effectively responding to it. The positioning of specific models as solutions to COVID-19 is tied to the creation of actual strategies of response globally.

One such model that has been rapidly disseminated in policy discourse and circulated in articulations of COVID response is the “Singapore Model.” Drawing on the key tenets of the CCA, this paper will examine the premise of the “Singapore Model” as a framework for global health.

The white paper draws on the key tenets of the CCA to examine Singapore’s pandemic response. The CCA foregrounds the interplays of culture, structure, and agency in the constructions of health meanings and the development of health solutions (see Figure 1).

Structure refers to the political economy of organizing resources in society. Culture reflects the community norms, community-based meanings, and community values guiding relational negotiations of health and wellbeing. Agency reflects the relational and collective capacities of communities to develop solutions.

Diagram 1: Culture-centered approach to voice (Dutta,2008)



The political economy of Singapore, a neoliberal authoritarian state that sustains itself by offering an uber-business-friendly gateway to Asia for global capital through techniques of surveillance and control, thrives on the continual branding and circulation of the "Singapore Model."

The mantra of governance for nation states across the globe is "follow what Singapore does."

Copy its authoritarian technocratic mode of state management, and you will effectively discipline your population, generate growth, support capital flow, and effectively address emergent crises. This mode of authoritarian administrative crisis management forms the backbone of the Singapore model, seductive to the transnational capitalist class for its ability to produce a disciplined ready-made workforce for global capital, and sold as the recipe for tackling global challenges.

Technocratic authoritarianism safeguards the free market, managing the challenges brought about by the unfettered allegiance to the neoliberal ideology, from climate change to growing inequality.

COVID-19, a crisis, is a test case for the Singapore model of crisis management, to be extrapolated to controlling other forms of crisis. Singapore profits from its positioning as a model for the global

knowledge economy, creating new business opportunities that attract both transnational capital and nation states seeking to attract transnational capital. Singapore's techniques of authoritarian management, packaged as administrative-policy pedagogy, are sold through its knowledge hubs to the global administrative-managerial teams that come to Singapore to be trained into these techniques of neoliberal authoritarian management.

### Singapore Model and COVID19

It is no surprise then that the Singapore model of handling COVID-19 is projected as a model for pandemic response. The World Health Organization (WHO) Director General, Dr. Tedros Adhanom, tweeted a list of countries as models for pandemic response, mentioning the Singapore example three times in his twitter thread and citing the speech of the Prime Minister of Singapore, Mr. Lee Hsien Loong.

A Times story titled "What We Can Learn From Singapore, Taiwan and Hong Kong About Handling Coronavirus" touts the Singapore model as an exemplar in pandemic response. Similarly, an article published in The Weekend Australian, titled "Singapore early intervention offers a blueprint for success against coronavirus" details Singapore's strategy of "flattening the curve."

The seduction of the "Singapore model" carefully erases, backgrounds, downplays, and makes desirable Singapore's techniques of authoritarian management. All these techniques work together to prop up and naturalize authoritarian crisis management as a necessary response.

For instance, the Times article clubs Singapore alongside Taiwan and Hong Kong, with the eye-grabbing image of the Singapore rain vortex on the top of the story.

Quoting a Harvard study, the article notes:

*"In order to uncover COVID-19 infections that may have otherwise evaded detection, Singapore's health authorities decided early on to test all influenza-like and pneumonia cases. They have also spared no pains in hunting down every possible contact of those infected. The process, which operates 24/7, starts with patient interviews, and has also involved police, flight manifests and a locally developed a test for antibodies, which linger even after an infection clears."*

Note in the narrative of "hunting down" of the contacts the role of the police, efficiently equipped with techniques of surveillance and control. The capacity of the police to hunt down contacts draws directly from the surveillance and control functions of the police in

servicing one-party political hegemony.

The article highlights the strategy of placing front-page advertisements on national media, backgrounding the state-controlled nature of the media.

Singapore's authoritarianism then gets an indirect reference:

*"But Singapore's response may not be directly translatable elsewhere. Since independence in 1965, it has been ruled by a single party that maintains tight control and is rarely subject to public criticism. Amid the coronavirus outbreak, quarantine and isolation protocols are strictly enforced. A permanent resident who breached quarantine rules lost his status, while a couple was charged in court with providing false information about their travel history."*

The references to the strict enforcement of the quarantine and isolation protocols turns them into desirable techniques of infection management, underplaying the overarching apparatus of authoritarian control within which the Infectious Disease Act is located. The article then goes on to quote Jeremy Lim, co-director of the Leadership Institute for Global Health Transformation at the National University of Singapore, "It's a mix of carrots and sticks that have so far helped us...The U.S...should learn from Singapore's response and then

*adapt what is useful.*” The *“mix of carrots and sticks”* mentioned by Lim is the mantra of Singapore’s authoritarian management, deployed toward controlling a wide array of threats, from activists, to dissenting academics, to social media posts, to the corona virus. The seduction of the *“Singapore model”* is kept intact, inviting policy makers to consider what aspects of the authoritarian techniques of governance would work in their own contexts and adapt them accordingly.

Now the carrots mentioned in the article, such as offering S\$100 per day to self-employed people or preventing employers from detracting quarantine days from staffers’ annual leave, are worth noting. The positioning of some form of income assurance from the state as carrots both depicts the absence of labour rights as well as the scope of authoritarian power held by the state, where the technocratic state holds the decision-making power. The article does not mention anything about the support available to the working poor and the precarious classes in the context of the quarantine.

An article in The Weekend Australian, quotes Wang Linfa, an Australian virologist with the National University of Singapore, *“In Singapore, police can track the mobile phone GPS of all people who came into close contact with a positive case. If you have a really bad*

*outbreak in one cluster they can tell if someone was there for 30 seconds or 30 minutes.”* The ability of the police to track mobile phone GPS form a critical component of the surveillance infrastructure of the authoritarian state. Note here the seduction that *“Singapore’s one-party political system also allows it to impose measures that might not be possible in other countries.”*

Paradoxically, the Singapore response is marketed in this global narrative as transparent, obfuscating the tremendous power held by the state in gathering and controlling information, without accountability to the public. The definition of transparency here refers to one-way efficient communication by the state of cases, infections, and state responses. This is the form of controlled transparency that enables the ruling People’s Action Party (PAP) to retain its hegemonic control. Consider in this backdrop that rampant techniques of state disciplining targeting Singaporean activists that seek greater transparency from the state.

In the midst of the COVID-19 outbreak and state response, the boundaries report for the upcoming elections in Singapore was announced. Key elements of the electoral process, including when elections will be held and when they will be announced, the electoral boundaries etc. are controlled by the Elections Department, established as part of the executive

branch under the Prime Minister of Singapore. Several opposition parties have criticized the timing of the release of the report, suggesting that the release of the report is a sign for imminent elections. In the second COVID-19 related public address, the Prime Minister directly referred to the WHO praise secured by the state.

Announcing the elections now, it might be argued, would be a strategy for the PAP to secure its legitimacy, parading its efficient and effective response to COVID-19 as an electoral armour. This strategy of securing legitimacy, it may be argued, is particularly critical at a time when the ruling PAP is transitioning into its next generation leadership (The party had announced in 2018 this leadership transition process).

Now there are several key elements in the Singapore response to COVID that are similar to the Taiwan, Hong Kong, and South Korean responses, and to the response of the state of Kerala in South India, that are worth commending. One of these elements is an early response approach that acted quickly in response to the virus. Yet another element is the rapid availability of free testing. Travel restrictions were quickly imposed by both Singapore and Taiwan. These are universally-based strategies grounded in a strong public health infrastructure.

Health, however, cannot be separated

from democratic rights of participation, freedom to express voice, and the right to communicate the fundamental right to health and wellbeing. Health is deeply intertwined with communicative equality and justice. While short-term pandemic response strategies that focus on disease containment might indeed render authoritarian techno-management strategies seductive, the health of humanity and ecosystems are ultimately embedded within the capacities of people and communities to participate and be heard.

### Asian Democracies

There is nothing un-Asian about democracy. Singapore has operated by selling the false dichotomy of the West and East, propping up its authoritarian model of governance as a form of Asian exceptionalism, somehow reflecting Asian values. Yet, we witness ample examples of democracies across Asia. We see substantive Asian examples of effective COVID-19 response from Taiwan to Kerala, operating within democratic frameworks, thriving within pluralist models. We do not have to give up our democratic commitments to effectively manage a pandemic. Singapore, in this sense, has much to learn from democratic models elsewhere across Asia embedded in Asian values, in how

the democratic spirit can be sustained while effectively addressing crises.

Singapore often uses its contextual difference, packaged into the "*Asian values*" umbrella, to legitimize its techniques of surveillance and state control. The corollary of this logic is that the techniques of surveillance and risk management developed within the authoritarian context of Singapore do not really travel to the pluralist contexts of democracies elsewhere. By this logic, what is invented and implemented in Singapore should stay in Singapore.

### **Democracy and global health**

At a time when authoritarianism is on the rise across the globe, we must not take-for-granted the value of democracy to human health and wellbeing.

Without democracy, health and wellbeing are threatened on the long term. Let us not forget that neoliberal governmentality thrives on crisis, leveraging a crisis to legitimize the most grotesque of state responses serving the interests of the capitalist class in the global free market. Techniques of surveillance and control legitimized in the face of a crisis, supported uncritically, are likely to be legitimized into everyday forms of governance, extended to managing other forms of what gets termed as a crisis by the state. For instance, the same techniques of surveillance and police geomapping

might be legitimized as appropriate and necessary instruments for controlling protest and dissent, constructed as risk to neoliberal governance (some recent examples of this include the narrative strategy pursued by the Singapore state in supporting the cancellation of a course on dissent at the Yale-NUS college, and in the projection of Hong Kong protests as risks to be managed).

What we uncritically jump onto holding up now in response to the COVID-19 pandemic, giving up our fundamental expectations of freedom, is likely to form the infrastructure of greater authoritarian governmentality.

In developing pandemic responses to global health, we must look for examples that are anchored in the fundamental principles of universal health, human rights, and most importantly, democratic participation.

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