THE AUTHORITARIAN TREATMENT OF COVID-19: THE CASE OF TAJIKISTAN

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Rieux rose. He suddenly appeared very tired.

‘You’re right, Rambert, quite right, and for nothing in the world would I try to dissuade you from what you’re going to do; it seems to me absolutely right and proper. However, there’s one thing I must tell you: there’s no question of heroism in all this. It’s a matter of common decency. That’s an idea which makes some people smile, but the only means of fighting a plague is – common decency.’

Albert Camus, The Plague, page 149

Choice between ‘political measures’ and recognition of COVID-19

Tajikistan’s authoritarianism imposes upon its citizens a false vision of safety and divinity, whereby people may believe that they are under the celestial protection of the government. Ideally, inhabitants of such a country might feel as though they are the happiest nation in the world, regardless of whatever political, social, and economic deprivation they may experience.
Their leaders claim they fulfil their sacred mission of protecting them from plagues, including COVID-19. Closed authoritarian states in Central Asia, including Turkmenistan and Tajikistan, have sought to endure such a vision by exerting a great deal of effort to conceal cases of COVID-19, while their three neighbours have “swiftly moved to close borders and enforce lockdowns, curfews, and impose quarantines” (Putz 2020).

In March 2020, when many nations in Central Asia and around the world undertook restrictive measures, including quarantine recommendations to slow the spread of COVID-19, Tajik authorities publicly celebrated Nawruz, i.e. the first day of the Tajik New Year in the Sughd Province. They gathered crowds, in defiance of appeals and recommendations to abstain from public gatherings from international organisations, including the World Health Organization (WHO). Instead, the state celebrated Nawruz in the Central Stadium of Khujand city to show the superior power of Emomali Rahmon, the country’s supreme leader, vis-à-vis the plague. While he and the Governor of the Sughd Province maintained a physical distance from one another on an isolated tribune (picture below), the stadium was full of visitors from different regions of Tajikistan, where pupils, students, and artists engaged in theatrical and musical performances.

Prior to April 30 2020, Tajikistan did not officially recognise or register any cases of COVID-19. As a physician confirmed, “[w]e were forced to keep silent before a number of political measures had been enacted”. Besides the Nawruz celebration, another political measure, which took place on April 17, was the appointment of Rustami Emomali, the son of Emomali Rahmon, as the Chairman of the National Assembly (upper chamber) of the Parliament of Tajikistan. Appointing his son was regarded as solidifying Tajikistan’s dynastic rule. The Constitution of Tajikistan states that should the President suffer from health complications or be unable to continue with his political duties, the Chairman of the National Assembly will act as a replacement. Cynical behaviour from the ruling elites has thus far demonstrated that despite a plague and the ensuing chaos, the state can enact political policies they find advantageous.

Since Tajikistan has acknowledged COVID-19 cases in the country, one anonymous physician was told by security services to not spread information about the disease prior to the state enacting “a number of political measures”. Some witnesses informed by healthcare workers working in hospitals with COVID-19 patients, stated that they were not allowed to wear protective clothing in order to hide news about the disease from patients. Before April 30, furthermore, those who spread news or rumours about increasing cases in Tajikistan were slandered in the media as “enemies” and “traitors”. Recommendations to curb the disease, including the importance of
quarantine, were hidden from victims and infected patients. This was a means of staving off damaging perspectives about the nation’s leader and his handling of the pandemic.

**COVID-19 as a secret**

Before any “important political measures” were enacted, Tajik authorities reacted to the situation with aloofness and demanded that the media impose a positive perception for the nation to consume, and one where the pandemic had not reached Tajikistan. They stubbornly denied any coronavirus cases, despite “deepening concerns that the public [was] being deprived of clear and impartial information on a [potentially catastrophic] health crisis” (Eurasianet 2020). The Ministry of Health and Social Protection of the Republic of Tajikistan (hereafter, Ministry of Health) repeatedly asserted that there were no cases of COVID-19 in Tajikistan, pointing to 4,100 negative tests (Putz 2020).

Ironically, the authorities could also convince Galina Parfiliyeva, the country’s representative at the WHO, to repeatedly and insistently confirm the country’s lies about the virus’s presence to the global community. At the end of April on the eve of the visit of a special commission from the WHO Headquarters in Geneva to Tajikistan and Turkmenistan, Parfiliyeva hastily revised her position that she had meant there were no official cases of COVID-19. While repeatedly refusing to talk with Tajik journalists, on April 22 she gave an interview with the Russian newspaper Kommersant. This time around, she said that “to categorically state that there are no cases [of COVID-19] in the country is not possible” (Eurasianet 2020).

The Tajik authorities treated any information flow about the situation in hospitals and quarantine zones as state security. An activist, who after her return from abroad was sent to a quarantine zone in the Varzob district, wrote about the situation on her Facebook account daily. She noted that a young man had approached and warned her that she should not write about sensitive issues pertaining to the virus on her social media. She further stated that during February 1 until April 30 authorities released 8,438 out of 10,937 quarantined persons without testing them for COVID-19. Additionally, a young scholar was admitted to the hospital after having been stabbed six times and thrown from the second floor of a quarantine zone in the Varzob district. After his recovery, he immediately denied any claims that he had committed suicide, a claim that the authorities had pushed, and promised to tell the public the truth after his recovery. Despite this, however, he has remained silent.

The security officers regularly visited hospitals and further intimidated and forced health workers to keep silent. For any piece of leaked information, authorities punished vulnerable health workers. Reports from healthcare facilities, however, stated that healthcare workers were most vulnerable to the virus. Different sources in social media informed that more than 70 physicians and medical workers had died due to having contracted the disease from their patients. Despite many wanting to resign, authorities forced them to work without the appropriate protective clothing, further threatening workers with prosecution (ACCA 2020). A physician asserted that they were not allowed to dress in protective clothing so as to disguise the seriousness of the situation.

On May 7, after a week of officially registering COVID-19 cases, several Tajik physicians anonymously confirmed that they fought the disease on the eve of Nawruz, despite authorities
pressuring them to keep silent. The physicians sent a computer tomography of patient lungs to their colleagues, including to pulmonologists in Tajikistan and Russia, all of whom confirmed the virus. Later, the physicians asserted that hospital managers also knew of infected cases but forced them not to spread information to the public before appropriate political measures could take place. Physicians who treated COVID-19 patients supported one another through messenger services, where they shared information about symptoms and methods of treatment. Both patients and physicians were infected with the coronavirus, despite the disease continuing to be labelled as pneumonia or an acute respiratory viral infection. One of the physicians, without revealing their identity, disclosed that an increasing number of cases were present in his hospital, whereby over 200 patients had been infected, 17 of whom had died before April 30. New patients were sent to the hospital in the Hisar district, while hospitals in Dushanbe were overwhelmed with patients. In Khujand, three hospitals had admitted coronavirus patients exclusively and had been overcrowded. Other hospitals had also taken in infected patients and had dedicated special sections to patients (ACCA 2020).

To conceal the disease from the public, authorities did not organise quarantine zones in hospitals. Therefore, health workers were forced to leave hospitals after their shifts had been over. Often they rented temporary apartments to be away from family members and thus to avoid any possible spread of the disease. Some physicians in Dushanbe and Khujand confirmed that they had rented apartments. Health workers further admitted that they had to save antiseptics given their scarcity. One physician revealed that in her hospital in Khujand, 12 health workers had only four items of protective clothing, which they had personally purchased. They further had only one PPE (personal proactive equipment) which could be worn by a duty physician who was obliged to visit emergency areas in the hospital. As one physician anonymously confessed:

I have reusable protective clothing but it is air proof, glasses which [the colleagues and I] bought in a sports store [and included] swimming glasses which easily [make one] sweat. Masks with a respirator are gifts [given that] they are reusable. I clean and disinfect them. We get gloves and antiseptics in the hospital. I have bought diapers in case if we have to work 12 hours or more without a break, but so far I [have] not worn it.

After the country’s official recognition of the disease, citizens continued helping health workers with money, food, and protective clothing and equipment (Tursunzoda 2020). Prior to the official registration of COVID-19 in Tajikistan, some civil rights activists supported health workers with food and protective clothing. Zebuniso Solieva organised one of most successful civic actions in the Khujand city, whereby measures to keep patients and health care workers anonymous would keep authorities from identifying and harming supporters and those involved with the virus. Her initiative collected support from people and distributed it to healthcare workers without revealing their names. Healthcare workers could ask for help with the right to remain anonymous (Bobokhodzhiyev 2020).

“Preventive measures”

The official media tends to interpret anti-COVID-19 measures, including the quarantine of the infected and related people, abstinence from religious mortuary rituals and strict sanitary rules, as “prophylaxis” and “preventive measures”. The state news agency Khovar, for example, relayed
resolutions and activities of the Republican Headquarters for the Prophylaxis of COVID-19 at the Government of Tajikistan to “prevent contagious diseases” and to “complicated economic and social situation in the world and [the] enforcement of food security and consumption market of the country”. It has excluded COVID-19 while updating the list of diseases in Tajikistan and covering news and apocalyptic reports about COVID-19 around the world. The title of the Republican Headquarters also aimed to conceal the real situation in the country by suggesting that it does not fight COVID-19 but rather takes preventive and precautionary measures.

Preventative measures, which the official mass media reported, includes the isolation of infected people in hospitals and their relatives and neighbours at home. At the outset, the hospitals did not give the corpses of deceased people to their families for proper religious funerals but instead wrapped bodies in fabric immersed in chlorine liquid and covered in cellophane. Those who were responsible for burying corpses wore protective clothes (Putz 2020). Only outspoken protests from relatives forced authorities to bring dead bodies to mortuary rituals without allowing relatives to get closer and touch their loved ones.

Authorities and related reporters in mass and social media claimed that a village in northern Tajikistan was mandated to “self-quarantine” after a man had died from “pneumonia” with his family members hospitalised in Khujand city. On April 25, the Republican Headquarters ordered the Ministry of Education to close down kindergartens and schools in Dushanbe for two weeks. The press-secretary of the Ministry of Health informed the public that they would not need to quarantine per se, but rather take “a temporary break […] to prevent any infectious disease” and “to protect the public health and security of the population, especially children and adolescents”. Additionally, the Headquarters temporarily suspended public events, including meetings, celebrations, sport activities, cinema, and theatrical scenes, and at the same time denied the presence of COVID-19.

Before the official registration date, the Ministry of Health related all death cases to pneumonia, respiratory diseases, heart diseases, tuberculosis, renal failure, and even car accidents. In response to the letter of 18 civic activists and civil society organisations, the Ministry of Health replied that during the first quarter of 2020, there had been 5023 cases of pneumonia, and only 169 cases less than the same period of last year. According to the Ministry, as of April 27, there were 319 people under quarantine in the Dushanbe Medical Centre No 1. The independent media, however, revealed that half of them were healthcare workers. On April 22 and April 23, the Ministry of Health reported to the media that 7 people had died from “pneumonia”, though later on the second day it pressured certain media outlets to “correct” their reports and state that COVID-19 was the real reason of death. Accordingly, 4 people died on April 22, not from “pneumonia”, but rather from “car accidents”. On April 23, moreover, no deaths were cited. Many sources still referred to earlier reports and additionally stated that on April 24 two more people, a physician and a state employee, had died from pneumonia. Frequent denial from the Ministry and the Headquarters became increasingly absurd and no longer convincing especially after a bizarre explanation of the death of a nurse from “tuberculosis”. Many people could not believe explanations provided by the media and the Ministry, with pressure from the public to have healthcare workers go through a medical examination every six months, especially to screen for contagious diseases (Rafieva 2020).

Despite having officially recognized COVID-19, authorities have continued to conceal the real situation. The relevant measures have been crafted in order to impress and convince the public
that the ruling elites control the situation. The official sources from the Ministry of Health has repeatedly claimed that COVID-19 patients have been treated free of charge. At the same time, it has concealed alternative information from healthcare workers, patients, the relatives of patients, journalists, and civil activists. Measures to conceal the virus have been done to minimize the virus’s severity.

Prior to officially recognizing COVID-19’s impact on public health, the Ministry of Health threatened medical workers, journalists, reporters, bloggers, and civil activists with criminal prosecution if they were to spread officially unconfirmed information about the disease. The Head Physician of the Central Hospital of the Sughd Province was dismissed from his position because he refused the order of authorities to send COVID-19 patients to their homes before the visit of the WHO representatives to Tajikistan. In the evening of May 11, two unknown men attacked and bit Abdulloh Ghurbati near his home. Ghurbati reported the situation on streets, in markets and other public places of Dushanbe and collected views from citizens. Authorities blocked a public website which had collected and disseminated data related to COVID-19 (Nadirov 2020). In contrast to the 66 confirmed cases from authorities, until July 22 the website registered 446 death cases with names, personal details, and with sources of information.

The authoritarian response to institutional failure

The government of Tajikistan has demonstrated its extensive weakness in fighting COVID-19 which has also been another reason for its concealment. It has only supplied basic medicaments for curing COVID-19 and patients are required to purchase additional and auxiliary medicaments for their own safety and health. Some patients also explained that they were not fully covered by the treatment they received from the healthcare’s system. A patient was not admitted to a hospital because physicians diagnosed him with a sore throat. This patient had later tested positive for COVID-19 and was prescribed medication (Nodirov 2020). Another patient wrote on social media that the reanimation centre of the Dushanbe Medical Centre No 1 accepted COVID-19 patients daily, with several patients having died from a lack of oxygen. The Ministry of Health eventually admitted that the government would not able to supply protective equipment and clothing without humanitarian aid from foreign countries and international organisations (Bobokhodzhiev 2020).

When coronavirus was in full swing, foreign countries and international organisations provided financial, technical, and material aid. The official media of Tajikistan interpreted the aid as not for fighting COVID-19 but rather for undertaking preventive measures and mitigating the consequences of the pandemic to Tajikistan’s economy. Independent media, however, wrote about the request of Tajik authorities, including the President himself, to foreign countries and international organisations for financial and technical support.

Foreign countries and international organisations sent financial and technical aid to not only help the country provide its citizens with preventive measures, but also to tackle the virus. Such countries and institutions who aided Tajikistan include the European Union, the United States of America, Germany, Uzbekistan, China, the Asian Development Bank, the Swiss Office for Development and Cooperation, and UNICEF. The aid included sanitary and medical equipment, protective clothing and disinfection materials for hospitals, educational institutions, and border guards. Uzbekistan, for example, sent 144 mobile medical containers for the deployment of field
hospital in Dushanbe to treat COVID-19 patients (Yuldashev 2020), while the IMF’s disbursement of 189.5 million USD on May 6 was aimed to cover Tajikistan’s budgetary shortage (IMF 2020). The World Bank assigned its grants for “funding the emergency response programs for coronavirus infections”. This was particularly the case when purchasing 100 new intensive beds for reanimation departments and intensive treatment, equipment for testing infected people, and protective equipment for healthcare and medical laboratory workers.

The public has accused the president of concealing the disease and failing to take the appropriate measures in a timely manner. To shift responsibility from him to others, the president dismissed the Minister of Health and Social Protection of Population, Nasim Olimzoda, from his position. Such an action did not save his reputation, nor did it contribute to a narrative of benevolence and generosity. These narratives and practices have only served to compensate for the president’s failure to shape institutional responses to the plague. Instead of taking responsibility for the country’s failure to react to the virus, authoritarian justice is built on the individual benevolence of the elites. There is no shared value of public wealth while the state position is regarded as a divine privilege of accumulating private benefit. The elites are not obliged to distribute their private wealth but by doing so, they have the opportunity to demonstrate to the public how benevolent and generous they are. Hence, the narrative of benevolence and generosity should ideally help curate a narrative of the leader as saving his country from COVID-19.

Emomali Rahmon adapted a public initiative titled ‘Fund for Fighting Coronavirus’ as a pillar of his authoritarian rule. He took over the public initiative by allocating one month’s worth of his presidential salary to the Fund. His son, family members, as well as other elite families, followed his lead by allocating one month or even one year’s worth of their salaries. Families and individuals who have donated part of their salary attempt to demonstrate to their own citizens, foreign countries and international organizations that they have contributed to the fight against the virus. They have allocated 9 million TJ Somoni and US$35,247 to the Fund. This strategy also stresses sacred hierarchical division between the Leader of Nation and his dynasty, their direct clients, and the public. The ministers and governors who transferred some of their salaries, along with entrepreneurs who allocated large amounts of money to the Fund, were introduced as ‘the followers of the Leader of Nation and his son’.

The media, which includes television broadcasters, print and electronic outlets, along with independent news sources, and Asia-Plus and Avesta News Agency, propagated such narratives of benevolence from the president and his family. Besides his monthly salary, the Leader of Nation distributed aid in his name to hospitals, schools, and families across the country. Ozoda Rahmon, the president’s daughter, sent aid to the Danghara district. Shamsullo Sohibov, the son-in-law of the president, distributed 25 cars with 200,000 items of protective clothing, masks, and medicaments to hospitals across the Khatlon Province. The media reported that the Avesta-Group—70 percent of whose stocks belongs to Rustami Emomali, the son of the President—distributed medical and protective equipment and gear to hospitals in Dushanbe, amounting to 2.5 million Somoni. Earlier, the company Oriyonfarm, which belongs to Avesta-Group Holding, brought medicaments from India and distributed them to pharmacies for sale. A source did not exclude that medicaments were given to Tajikistan as a gesture of humanitarian aid from India.
The media, however, attempted to highlight the company as charitable, stating that such a charity was in pursuit of humanistic initiatives of the Leader of Nation and the Mayor of Dushanbe. Some witnesses asserted that after exhibiting aids in the front of a hospital they have been taken back to the tracks. China provided medical equipment and protective gear to Tajikistan, while holding trucks transported items to hospitals. According to the Avesta News Agency, in early May, humanitarian aid offered by China, which included protective clothing, medical masks, gloves and glasses, was delivered to the Qulma-Qarosu border crossing corridor in the Badakhshan Province and given to the Tajik side. Not all items were distributed to hospitals, however. An expert claimed that authorities had sold remaining aid through chief physicians (managers) of hospitals.

Where other parts of humanitarian aid disappear, nobody knows but there were reports and photographs in media as well as in the Tajik segment of the Internet which showed that aid was sold in pharmacies, hospitals, and markets. Widespread rumours and evidence allowed ruling elites to dismiss the powerful governor of Kulob city not only in response to his misappropriation of the aid but to his rivalry with the Minister for Communication, the member of Rahmon’s extended family. At the same time, healthcare workers and COVID-19 patients still experienced an acute lack of protective means and medicaments. Although Tajikistan received more than one million units of protective clothing, masks, protective glasses, and medicaments, the central hospital of the Sughd Province in Khujand was still dependent on support from local residents.

**Final remarks**

Already in May, official media reported that Tajik authorities won the fight against COVID-19. They claimed that thanks to the president’s heroic role, the disease had only caused a small number of deaths and insignificant economic damage. Such statements were meant to be fodder for the country’s presidential election in fall 2020. On August 8, the National Assembly of Tajikistan decided to shift the day of the election to one month earlier, i.e. to October 11. The deputies pointed to the possible outbreak of the second wave of COVID-19 in later autumn. According to unofficial sources, the second wave of the disease has already been in motion since early August. Authorities, however, continue to fail in recognizing all COVID-19 cases, so as to not curtail future political measures.