

Union strategies of public sector nurses in Sri Lanka: Issues of revitalisation

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ABSTRACT

The discussions around union revitalisation are central to union strategies resisting neo-liberal market reforms. In Sri Lanka, these reforms have been implemented since 1977, with main political parties controlling and domesticating dominant union strategies. Amidst the general paralysis of most unions, the main public sector nurses' union has expanded its membership, but not without contradictions. By approaching unions from a social movement perspective, the aim of this paper is to explain the possibilities of revitalising union strategies as civil society actors. As an emerging union revitalisation perspective, social movement unionism suggests the potential for unions to move beyond its workplace organisation towards becoming a movement. This paper highlights how issues of ethnicity and gender are significant for such a strategic orientation, particularly in the post-colonial Sri Lankan context.

Introduction

The strategies of the main nurses' union in Sri Lanka, the Public Services United Nurses Union (PSUNU), illustrate a form of independent unionism. This paper takes a closer look at the PSUNU's independent unionism focusing on its internal relations. By describing elements of union organisation, mainly leadership and alliances, the aim is to explain PSUNU's capacity to deepen its independent unionism towards a movement. While independent unionism is central to becoming a movement, this paper argues that an analysis of ethnicity and gender are also important for fostering a social movement union strategy, particularly in a post-colonial Asian context.

The paper is divided into four main sections. The first describes the conceptual framework to analyse union responses to neo-liberal globalisation. The second provides a brief background into Sri Lankan unions, the public health service and nursing care. The third explains the emergence of the PSUNU and its strategic orientation. Finally, the paper looks at the PSUNU's capacity to develop a social movement unionism strategy.

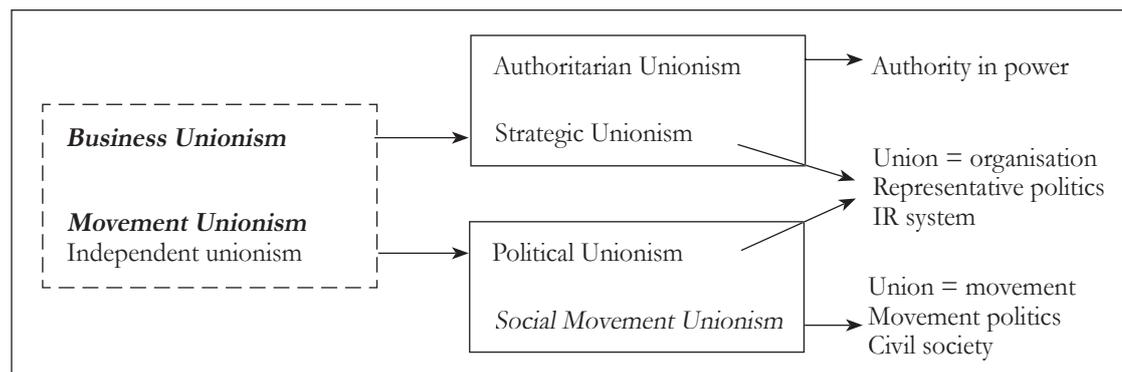
Union strategies

In terms of union responses to neo-liberal globalisation, business unionism and movement unionism have emerged as dominant strategies (figure. 1). Within these responses, independent unionism concerns movement unionism where political party-union relationship is significant for distinguishing political unionism from social movement unionism (Lambert, 2002:186).

Within the business unionism strategy, strategic unionism or 'best practice' unionism, suggests union co-operation with management for promoting the "efficiency of enterprises" (Lambert, 2002). In the Australian context, the adoption of strategic unionism has failed to adequately resist the promotion of individual contracts (labour market deregulation) and privatisation (Lambert, 2002). The authoritarian version of business unionism include state subordinated unions such as those in Indonesia and China, where unions are controlled by the authority in power (Lambert, 2002). Particularly in the Asian context of authoritarian state regimes, union subordination to the state (China and Indonesia), political parties (South Asia) and companies (Philippines) constrain their capacity for collective action as civil society actors. Not surprisingly, independent unionism threatens the authoritarian regimes, grounded in maintaining a low cost, productive and disciplined labour force as the basis for promoting "international competitiveness".

Movement unionism and independent unionism highlights the limits of business and political unionism which narrow unions to workplace organisation, and to the state industrial relations system. The state integration, mainly promoted through political unionism, is instrumental in limiting unions to representative (parliamentary) politics while restricting and de-legitimising their movement (or extra-parliamentary) politics. In contrast, independent unionism has the potential to develop a social movement unionism strategy, where unions extend beyond the workplace through “long term alliances with other civil society movements and a collective action orientation” (Lambert, 2002:197). By forging alliances beyond the workplace, with a wide spectrum of civil society actors, social movement unionism is aimed at mobilising workers and in the process, reframing issues of citizenship (Webster, 1988; Waterman, 1993; Moody, 1997; Seidman, 1994; Lambert, 2002).

FIGURE 1
Union responses



Unions in Sri Lanka

Political unionism strategies dominate the labour movement in Sri Lanka, as in most South Asian countries. Nevertheless, unions have maintained varying degrees of independent unionism, predominantly among skilled, professional workers (Fernando, 1988). The PSUNU has emerged as a key union among the independent unions. With a membership of around 14,449 nurses in 2000, the union represented nearly 95% of all public sector nurses (MOH, 1998). While this suggests a union of considerable strength, from a social movement unionism perspective, it is inadequate for mobilising workers.

The level of unionisation in Sri Lanka in 2000 was around 18% of the employed labour force, or nearly one million workers, of the 5.6 million total employed labour force (Labour Department, 2001). Between 1977 and 2000, the numbers of unionised workers have fluctuated between 1.4 to 1 million workers. In 2000, there were 1636 unions encompassing around 1.4 million members, (Labour Department, 2001). In 1999, the combined public sector unions in banking, electric utilities, telecommunication, health and education, accounted for nearly 23% of total (public and private sector) union membership. Within the public sector health services, the number of nurses (including public health nurses) has increased from 6,336 in 1980 to 14,804 in 1998 (MOH, 1998). The nurses accounted for nearly 50% of the workforce in the public sector health service. While women workers in the workforce and in trade unions have increased, there are no gender-disaggregated data on Labour Department's union statistics. Nevertheless, according to the PSUNU, women constitute nearly 95% of all public sector nurses.

Public health service and the nurses

The nurses' struggles within the public health service are shaped by both the labour movement as well as the women's movement (Uragoda, 1987; DeSilva, 1970; Jayawardena, 1993; Brohier, 1994). The history of nursing in Sri Lanka emerged with British colonialism, and this legacy still endures with regard to issues of knowledge and language of health care (Attanayake, 1997). Following de-colonisation in 1948, the main reforms in nursing came under the closed-economy period (the import substitution regime) of 1956-77. The new government in power, supported by the labour movement launched a Sinhala-Buddhist ethno-nationalist project, which initiated reforms in the English dominated public sector. This ethno-nationalist assertion is a key feature of post-colonial dynamics of class and ethnicity (Sivanandan, 1984; Tambiah, 1992). Prior to

1956, nursing was the realm of middle-class English educated women, who viewed nursing as a 'calling' (DeSilva, 1970). This 'Nightingale' ideology of nursing soon changed with more working-class and rural women entering the workforce.

The closed-economy initiated a welfare state, which promoted Sinhala, the majority ethnic community's language, as the official language in 1956. While the language policy absorbed workers from rural, Sinhala-Buddhist backgrounds, it also aggravated ethnic tensions, particularly among the marginalised Tamil ethnic group (Bastian, 1984; Seneviratne, 1999). These changes in the public sector also transformed nursing and power relations within hospitals. The closed-economy welfare state model which lasted until 1977, strengthened the 'professional' public service ethic associated with nursing. However, with the open-economy and the deregulation of the health sector since 1977, attitudes towards nursing have been shifting from a 'public service' towards a 'job' (PSUNU, 1999).

Under the post-1977 'liberalisation' policies promoted by the World Bank and the IMF, the key changes in the health sector included: private practice for public sector doctors, deregulation of drug imports, and the introduction of health insurance and medical benefit schemes (Lakshman, 1997; Attanayake, 1997; PTF, 1997; Fernando, 1993a). These market oriented reforms prioritised curative over preventive health care. This has essentially dismantled an effective grass-roots network of health care services, established during the 1956-76 closed-economy period (Fernando, 1993). While health expenditure as a percentage of total government spending has increased from 3.2% in 1978 to 4.1 % in 1996, the overall health status and health service provision remain inadequate (Jayasekera, 2000; Attanayeka, 1997; PTF, 1997). Moreover, the partial decentralisation of state health services, introduced in 1987-89, retained the authority of the central state while shifting responsibilities and costs to provincial governments (Attanayeka, 1997). These changes in public health service have amplified the difficulties faced by the nurses.

The doctors are at the centre of the hospital regimes, which are coordinated by highly developed and complex administrative structures (Freidson, 1970:xvii). With doctors also acting as hospital managers, nurses are in a position of subordination, having to 'follow doctor's orders' (Kenway and Watkins, 1994). The nurses play a pivotal role in the health care delivery system, as the largest group of health care professionals, providing round-the-clock direct patient care. However, it is the doctors who often gain recognition as the 'guardians' of public health care. In effect, the nurses are in the margins of decision-making processes within the state bureaucracy – the Ministry of Health. In 1996, out of around 50 directors within the Ministry of Health, only three were key nursing administrators (or Nursing Directors) (MOH, 1998).

Nursing care, work and wages

As a skilled occupational category with 'professional' status, nursing care is standardised, regulated, and updated by the state. Although the 'professional' status allows a certain degree of control and autonomy in their work, it is also shaped by concrete working conditions. In effect, their daily tasks include activities within and outside their training (Friedson, 1970; Kenway and Watkins, 1994). While a few nurses work in well-lit, comfortable health-care facilities, most are working in poorly maintained, over-crowded hospitals (PTF, 1997; MOH, 1998). Many government hospitals lack beds, facilities for visitors, toilet facilities and basic amenities (PTF, 1997, Attanayake, 1997).

Nurses are now doing more work and longer shifts, at a faster pace (PTF, 1997). Even the opportunity to refuse overtime work is limited. Hospital nurses are often engaged in a range of non-nursing tasks such as conducting linen and drug inventories, clerical work, reception, and serving meals. Despite official safety guidelines, the nurses face added risks due to basic shortages of soap, masks and gloves and bathing facilities in most government hospitals (PTF, 1997).

Nurses in the public sector are workers within the core of the labour market. They can negotiate their wages, and there is stability of employment and mobility. Public sector wages also include built-in increments, promotions, allowances and other bonuses. In the Public sector, the newly trained nurses start at an annual salary of around Rs. 47,600 (A\$ 1,012) in 1999. The base salary of around Rs. 4,000 per month is considerably less than a starting salary for a junior male manager which is around Rs. 7,000 (BOI, 2000).

PSUNU: Emergence

The PSUNU was formed in November 1969, with the initiative of a male nurse and a Buddhist monk, venerable Muruththettuwa Ananda. The monk has remained the leader over the last 30 years, and is the chief prelate (monk) of the *Abhayarama* temple in Narahenpita, a suburb of Colombo. At present, the main union office is at the temple premises, although there is a newly built office complex within two kilometres from the temple.

The PSUNU came about when the United National Party (UNP) was mobilising against the opposition, the Sri Lanka Freedom Party (SLFP), which was supported by the labour movement. The UNP mostly represented the interests of the international (comprador) capitalist classes, while the Sri Lanka Freedom Party (SLFP) represented the interests of nationalist capitalist classes (Sivanandan, 1984). The labour movement, led by the Communist Party (CP) and the *Lanka Sama Samaja Party* (LSSP), has generally supported the SLFP. In effect, the PSUNU was formed despite the influence of working class parties over the labour movement.

Established towards the late 1930s, the LSSP and the CP unions were instrumental in organising and mobilising the working classes (Jayawardena, 1985; Sivanandan, 1984). Both parties have maintained a strong parliamentary presence since 1948. Following the 1970 elections, which brought the SLFP into power, the CP and LSSP leaders were given key posts within the new cabinet. However, at the 1977 elections both parties were unable to elect a single candidate, which illustrated the disintegration of the LSSP and the CP.

Among the nurses, the LSSP and the CP only had limited influence. The main nurses' union in the late 1960s was an SLFP allied union. Although the social democratic and working class parties (SLFP, LSSP and CP) extended the welfare state from 1970-76, it was also a period of economic crisis and social unrest. Social protest was highlighted by the Peoples Liberation Front or the *Janatha Vimukthi Peramuna* (JVP) youth insurrection in 1971, and an incipient Tamil youth insurrection beginning in the mid-1970s (Jayawardena, 1985).

In implementing neo-liberal policies for 17 years (1977-1994), the UNP was instrumental in dismantling the labour movement led by the CP and the LSSP (Fernando, 1983, 1988; Sivanandan, 1984). While the SLFP-led Peoples' Alliance (PA) (1994-2001) government reasserted certain democratic freedoms for the trade unions, the promotion of export oriented industrialisation, soon curtailed this. The PA was supported by the CP and the LSSP along with other smaller working class parties. The UNP returned to power from 2001-2004, but with less capacity to contain union militancy. More recently, the PA came to power in April 2004, as the United People's Freedom Alliance, which included the Marxist JVP.

Since the introduction of the Executive Presidential system under the 1978 constitution, the state has been increasingly centralised (Fernando, 1983; Sivanandan, 1984). Along with the Prevention of Terrorism Act introduced in 1982, the new system has been active in constraining civil society and repressing unions that engaged in movement politics. The ability of the PSUNU to manoeuvre and grow under an increasingly centralised state reveals a form of independent unionism that has kept its movement tendencies in check.

Strategy: Independent unionism

The PSUNU's articulation of worker interests primarily focuses on the workplace with collective bargaining as the unitary goal (PSUNU, 1999). The key issues include: wages, allowances, accommodations, appointments, transfers and worker education. In emphasising nurses as a specific occupational group with particular interests, this independent unionism is based on separating the nurses' union from other health sector workers.

The PSUNU's independent unionism is distinct from political unionism strategies of working-class parties (CP, LSSP, NSSP, and JVP). Political unionism generally tries to incorporate nurses' interests with other health sector workers, within a broader class strategy for social reform. In contrast, the PSUNU's strategy situates 'class' as a 'popular' ('public interest') struggle against an elitist state, and displaces the class identities of public sector workers. The PSUNU's acknowledgement of a 'class struggle' itself is primarily aimed at deflecting influences of militant unionist and working-class parties within the labour movement.

The union's independent unionism embodies a top-down state-centred populism, in which civil society is made invisible. Although the union engaged in a major protest action in 1985, its strategic orientation is primarily within the state industrial relations system (CRM, 1986). In effect, the growth of the union was supported by the state under the subsequent UNP government (1988-1994). The same government granted the union with land for a new union building and integrated the union within the state. For example, the union was increasingly consulted on issues of promotions and transfers.

The PSUNU's articulation of worker interests, emphasising its instrumental (servicing) role, directly complements authoritarian state tendencies. In distinguishing itself from political unionism, the union dismisses party alliances, while situating itself within a vague "public interest" discourse. 'Our union is no arm of any party. Our primary alliances are with the people and not political parties.' (PSUNU, 1999). This populist orientation hides the class alliances the nurses have with other health sector workers, as well as the labour movement in general.

Alliances

The PSUNU's main union alliances include a broader network of similarly 'independent' public sector unions. Most of these unions consist of professional, skilled workers. In the health sector, the PSUNU and the doctors' union (GMOA) are the two prominent unions. The Sri Lanka Nurses Association (SLNA), while distinct from the PSUNU, is an important actor lobbying for the nurses. Among the nurses, there are two recently formed more militant unions: the Government Nursing Officers Association (GNOA) and the United Health Workers Union (UHWU)).

As for international alliances, they are marginal to PSUNU's strategic orientation. The PSUNU infrequently participates in programs sponsored by the Friedrich Ebert Stiftung (FES) and the American Centre for International Labour Solidarity (ACILS). These interactions are primarily focused on institutional and industrial relations issues, which often avoid movement and civil society questions.

With its focus on a narrow, separate, occupational identity, the PSUNU has minimum interaction with most health sector unions. This was illustrated by its agitation against supplementary workers, or 'attendants', on the issue of uniforms. This agitation highlights the contradictions of its 'populist' positioning. The uniform was a long-standing demand among the supplementary staff. Protesting against the Health Minister's decision, the PSUNU argued that the nurses' uniform is symbolic of a specific professional status and qualification, similar to the police. But PSUNU's critics, including the Joint Council of Professions Supplementary to Medicine (JCPAM), pointed out that even a police uniform is demarcated by badges. They argue that the sarong and sari which attendants have historically worn is simply not practical and a burden at work. According to the critics, the nurses felt that it was 'beneath their dignity' to wear a similar uniform to their 'attendants' (Gunarathne and Gunadasa, 1999). The PSUNU's limited alliance with other health sector unions as well as the labour movement is reproduced in terms of women workers' interests and the women's movement.

Women's movement

In terms of addressing women's issues, the PSUNU is embedded in the male-biased structures of the state, workplace, as well as the labour movement. The union's formal (constitutional) leadership position, the general secretary post, is allocated to a female nurse and a majority of the executive committee are women (PSUNU union records). However, the two key positions, the leadership and administrative secretary posts, are held by men. Both men, the leader (monk) and the administrative secretary, who pioneered the union, are influential in shaping union strategies.

The PSUNU leadership has often invoked Buddha as the originator of women's liberation and draws on heroine characters of Buddhist mythic-history, such as Patachara (union newspapers). However, it is a conservative interpretation that has been historically linked with Sinhala-Buddhist ethno-nationalist projects (Jayawardena, 1985). It also hides a range of women's perspectives that have extended (and revalorised) the Buddhist doctrine (Omvedt, 2000; Chakravarty, 1981).

The PSUNU celebrates the International Nurse's Day with the state patronage and great fanfare, while down-playing the International Women's Day. The PSUNU's marginalisation of the International Women's Day also reflects its approach to the women's movement. The International Women's Day is celebrated by the women's movement, with a range of rallies, meetings and workshops. In addressing women's issues on this day, the union newspaper once briefly mentioned that 'capitalist society has made women into a play toy'. But the intended aim is to dismiss the women's movement, by claiming that these organisations are ineffective and activated only on this day (*Hedamina*, 2000: March). The PSUNU also illustrates a dominant tendency within the labour movement, not only in Sri Lanka, but across South Asia, which continues to dismiss the women's movement, and feminist politics, as a corruption of 'Western' values (Jayawardena, 1988). This view on the women's movement demands a closer look at leadership and organisational democracy issues.

Leadership and organisational democracy

A key feature of PSUNU's organisational democracy is the autonomy of the monk's leadership from the members. This partly relates to the monk's cultural status, as a symbol of Buddhist religion, and Sinhala ethnicity. Buddhist monks have often engaged as civil society actors (Thambiah, 1992; Seneviratne, 1999). This monk's civil society activism is unambiguously separated from his role as a union leader. The monk has participated in a range of protests, which include anti-World Bank campaigns, and protests initiated by students and farmers. Quite unintentionally, this activism has reinforced his role as an effective union leader. In May 2000, the monk launched a teachers' union (the Education Professionals Union), which attracted a membership of around 25,000, within a few months.

The PSUNU narrows organisational democracy to formal democratic procedures, which give weight to organisational 'efficiency' over 'democracy'. As a result, dissent and internal debates are viewed with suspicion (PSUNU, 1999). This defensive approach to worker solidarity unfortunately undermines membership initiatives for organisational innovation and elaboration.

Two dissenting groups within the PSUNU finally broke-off in 1996. Both of these unions are led by young male nurses who finished their training in the early 1990s, and belong to a generation that was politicised during the JVP insurrection (1987-90). They highlight the PSUNU's weaknesses, in terms of education and training, as well as the lack of engagement on contentious issues, such as privatisation, deregulation and outsourcing. The young UHWU leaders challenge the PSUNU's 'independent' status, highlighting its contradictions.

'... They evade the principal question: the privatisation of the health sector. They just want to win temporary gains. But recently, they haven't been able to even win their daily demands. As soon as the government makes promises, the agitation stops. So the union is under the government.' (Ajitha Gunarathne, United Health Workers Union)

The PSUNU's narrow internal democracy which limits internal debates reveals how independent unionism can also intertwine with ethno-centric nationalist projects. According to union officials, the Tamil nurses account for around 20% of PSUNU's membership. However, they are invisible in the union newspaper and in discussions.

The PSUNU's leader, as a politically active monk, is embedded in ethno-nationalist state strategies (Jayawardena, 1985; Seneviratne, 1999). The launch of neo-liberal strategies in 1977, was combined with Sinhala-Buddhist ethnocentric politics which framed nation building as a Sinhala-Buddhist 'righteous society' (Amunugama, 1991; Thambiah, 1992; Seneviratne, 1999). This strengthened segments of pro-market and conservative Buddhist monks, who promoted a centralised, unified state that advanced only a military solution to the ethnic war (Gunasinghe, 1996; Sivanandan, 1984). In 1998, commenting on a negotiated settlement, the monk asserts, 'I don't think that political proposals are going to solve this. ... The only thing I can see is that **you need terrorism to destroy terrorism**' (author's accents) (Jayasekera, 1998).

The PSUNU leader's Sinhala-Buddhist ethnocentric identity politics reflects authoritarian militarised tendencies within the state as well as civil society (Amunugama, 1991). While constraining democratic counter-movements within civil society, this ethnocentric identity politics reproduce enduring patriarchal structures. In effect, the PSUNU's capacity to develop into a movement is intricately linked with transforming its male-biased ethnocentric tendencies.

Limits of independent economic unionism

The PSUNU represents a specific version of independent unionism that limits movement politics. Nevertheless, PSUNU embodies the potential for developing a SMU orientation. According to Lambert (2002), there are two interconnected dimensions to develop a SMU orientation (Lambert, 2002:197). First, a workplace *organisation* must become a social *movement* through commitment to collective action. Second, this change is realised through forging *enduring and long term* alliances “beyond the workplace with other social movements in civil society” (Lambert, 2002:197).

Although the PSUNU is based on an *organisation* mode, the 1985 struggle illustrated its capacity for *movement* politics. Also the PSUNU alliance with an independent union network has the potential to develop into *enduring and long term relations*. However, these alliances also concern the PSUNU’s capacity to transform its gender politics which involves confronting ethnocentric (Sinhala Buddhist) identity politics. In effect, addressing issues of gender and ethnicity in mobilising workers can enhance the PSUNU’s capacities to build alliances with a range of civil society actors while reframing issues of citizenship.

Conclusion

As a public sector union, the PSUNU is a key party-independent union. Its independent unionism is based on narrowing unions to a workplace organisation which limits alliances with other unions and in turn, its capacity for becoming a movement.

One could ask the question, why should a nurses union with nearly 95% of all public sector nurses, and more than adequate financial resources develop a SMU orientation? First, the nurses workplace struggles for better wages, working conditions and dignity is influenced by issues of privatisation and deregulation. Second, the PSUNU’s capacity to maintain their gains is interdependent with the strength of the broader labour movement, in national, regional and global spaces.

The PSUNU has the potential to develop a SMU orientation by extending its strategies beyond the workplace to becoming a movement. This also entails building enduring and long-term alliances with other unions and civil society actors. Given that the PSUNU’s leadership is maintained by a male Buddhist monk, the fostering of a SMU orientation involves recognising the ethnic and gender dimensions of the union, and transforming these power relations to revitalise the union’s movement dimension.

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