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Essay

A Pandemic as a Political Reality Check



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A view of the deserted Rajpath, New Delhi, on April 9, 2020, the 16th day of the lockdown.

Photo: Shiv Kumar Pushpakar

The COVID-19 pandemic has brought governments and their policies under scrutiny. In India, daily official bulletins talk about the numbers of persons infected, cured, or dead. Official statements through the media provide governments' views on how the pandemic is being managed. Public reactions, for their part, are a mixture of expectations and anxieties, uncertainties and hope.

As India braces itself for a second and consecutive lockdown, [G. Vijay](#), Assistant Professor, School of Economics, University of Hyderabad, and [Ajay Gudavarthy](#), Associate Professor, Jawaharlal Nehru University, push the narrative beyond transient issues and raise fundamental questions which are important for the

political architecture that should emerge during and after the world sees the back of this latest pandemic. Central to their argument is the need for a much-required redefinition of the relationship between the state and the individual on economic, political, and social fronts and the need to put an end to political rhetoric that fans individual aggrandisements and collective majoritarian nationalisms.

An unnerving COVID-19 pandemic has been responsible for the rapid loss of human lives, the magnitude of which is incomparable with any other disease related-mortality in contemporary memory. The source and causes for the origin of the SARS-CoV-2 virus remains to be established. The questions raised related to its origin include, could it be part of long cycles of such pandemics witnessed earlier such as the 14th century Bubonic Plague, the 18th century influenza, or is it linked to the short-run mutations of the recently identified SARS, MERS? Does this virus have links to the anthropogenic abuse of nature in the name of development, and like Climate Change – is linked to relatively contemporary profit motive driven activities? Such questions will be addressed in the near future by a variety of scientists and other analysts.

Related Resource: [Coronavirus Disease 2019 \(COVID-19\): Press Releases by the Government of India \[HTML and PDF\]](#).
[Source: Press Information Bureau, Government of India.](#)

While the pandemic wreaks havoc in the normal life of ordinary people, it has not limited itself to morbidity and mortality but has caused intense debates extending to ethical, social, cultural, political, and economic realms. While the mortality numbers pour out and as this data is made more palpable for public consumption with the help of curves of 'new cases', 'recoveries', 'deaths' and so on, the effects of this virus shocked social analysts who have been unsettled from the received and accepted knowledge of 'vulnerability' which anticipates – on the basis of previous empirical evidence – that the victims of any major shock linked to nature have most likely been those at the bottom of the socio-economic hierarchy. Quite contrary to such received and accepted knowledge, higher fatalities from COVID-19 have been predominantly of men from several

developed nations in Europe, the U.S., the U.K, and so on. There are, of course, variations in the risk groups when one takes stock of things at global level as against the local level.

Against this backdrop, is it possible that for the first time pertinent questions – which were never asked following the morbidity and mortality linked to the

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poor and marginalised sections belonging to the developing or poor economies – could be asked now? Could these deaths have been averted if only the collective political leadership were not the

egoistic, self-aggrandising, products of a post-truth condition, who are more concerned about their image management or managing political narratives for a dominant position rather than crisis management? A condition which is itself rooted, in turn, in yet another realm posed with questions: could these deaths have been averted had India's political design encouraged cooperation and trust in the society rather than promote an ideology of cut-throat rivalry and predatory relations? Could these deaths have been averted if only neo-liberalism had not over stepped the confines of private commodities, and accepted market failure in the realm of public healthcare and the provisioning of such other public goods instead of commercialising them? Could more lives have been saved if only neo-liberalism had not propagated a view that governments are only about inefficiency and poor quality, and emphasis was laid on the obligation of the government and rights of citizens towards understanding right to health as part of right to life, instead of debunking rights in the name of outcomes and performance?

Perhaps more lives could have been saved if only the current growth-centric neo-liberalism had a people-centric focus instead and did not discourage public investments into social policy priorities in the name of fiscal discipline. In course of this obsessive pursuit of growth did the neo-liberal development model segregate a large section of the informal, insecure working class of circular migrants, whose day-to-day lived life experience normalised un-

civility in their living and working space? Although this working class has been suffering verbal, physical and sexual abuse, social stigma, and is often cheated by employers, yet, they have been orphaned by the rule of law and have had no access to regulatory institutions. These urban informal workers are distress migrants drawn out of a crisis-ridden rural economy in search of survival opportunities. This working class has been rendered for decades unassimilated and unanchored into the urban economy. Such an uprooted working class in the urban economy has been used to achieve cost cutting by employers in an effort to grapple with the market risks posed by business cycles. Did a working class, used for absorbing risk by capital, come to become the single largest potential super spreader of risk of the pandemic? And rather than look at these underlying issues in a comprehensive manner, the effort of the government has been to manage the optics with restrictions on media coverage of the crisis this section is passing through.

Privatising healthcare, socialising risk

"According to the *National Health Profile 2018*, the data for 2015 shows that the average public expenditure on health among lower middle income countries was 2.5 per cent of GDP, while in India it was 1 per cent" **(Indranil Mukhopadhyay and Dipa Sinha, 2019; p.156).**

This has not just been the case with the Union government but has been a problem embedded in the development model itself and, therefore, includes State governments. The large number of deaths of infants in hospitals for lack of requisite infrastructure or expertise was as true with Uttar Pradesh under BJP's Yogi Adityanath as was in the case of Rajasthan under Congress's Ashok Gehlot. It is therefore important to note that

"Enhanced public spending, as recommended in various policy documents including the High Level Expert Group (HLEG) report, plan documents,

and the latest National Health Policy 2017, requires a coordinated effort from both Centre and the states, particularly in areas of primary care and preventive health services. Under current regime, marred by cutbacks in spending on health, such possibilities hardly exist" (**ibid; p.166**).

While a scheme like Pradhan Mantri Jan Arogya Yojana (PM-JAY) has been implemented by the current government, insurance based schemes have often squeezed funds allocated for health towards a limited secondary and tertiary health care services to benefit private insurance companies at the cost of neglecting a large requirement of primary and secondary health care needs (**ibid.**).

This lopsided insurance-based healthcare model, which came into vogue over a recent period of time in some States, has caused a systematic neglect of the public health sector. It has left particularly the primary and secondary rural healthcare systems that cater to the needs of millions of poor without basic infrastructure (N. Purendra Prasad and P. Raghavendra, 2012; G. Vijay, 2013). The National Democratic Alliance (NDA) government has failed to correct this problem, rather the PM-JAY accentuates it. Added to this, the situation has been complicated by the entry of money spinning private medical colleges, which have fundamentally altered the very character of healthcare with private corporate hospitals being run like any other business, where balance sheets supersede concerns around healthcare outcomes. This shift has depleted trust in the medical fraternity along with ethics in medical practice.

A majority of the corporate hospitals, and their revenue-target based medical practices, have done the great disservice of reducing doctors to commission agents, taking away the reverence and adulation that the profession enjoyed at one point in time as saviours of life. Consequently, a situation developed wherein even honest and service-minded doctors, have come to feel discouraged to even attend to their government primary or secondary healthcare jobs, fearing verbal and physical abuse by patients for failing to provide minimum healthcare services due to infrastructure crunch in a

context of trust deficit. It is this sad state of affairs – caused by a combination of scarcity of basic infrastructure (which includes scarcity of even disposable syringes), lack of adequate capacity and scarcity of manpower (because of a lack of recruitment and a large number of unfilled vacant posts of doctors in government hospitals also by State governments) – due to which India is not in a position to carry out systematic and strategic tests and quarantine. It is the inability on these two fronts – performing systematic tests and implementing strategic quarantine – that has reduced the lockdown to a period of anxious uncertainty. The uncertainty about the effectiveness of lockdown in bringing down the prevalence of the disease is clearly also linked to the failure of the government (and citizens) to enforce (and follow) physical distancing during the lockdown. It is also important to recognise that the Prime Minister has announced that the lockdown would continue until May 3 with these issues remaining largely unaddressed.

The lack of systematic testing and strategic quarantine has reduced the lockdown to a period of anxious uncertainty.

The state of poor data on morbidity in India (Amit S. Ray (et.al), 2019; pp.72-73) could well indicate that one needs to be sceptical about the data doing the rounds on the extent of prevalence of COVID-19. In the immediate context, while it is extremely important to have an assessment of the economic costs, more than estimating if the lockdown has caused a loss or a decline of 4 per cent or 15 per cent or 33 per cent of India's GDP (R. Ganapathi, 2020; T. Jayaraman and Tejal Kanitkar, 2020) – as important as they are – greater justice would be done to future generations by asking the question: who is responsible for this massive cost and how could a relapse be prevented in the event of similar challenges in future?

The shocking images of the exodus of perhaps lakhs of migrants hastening in panic to their places of origin speak volumes about the underlying political economy of misery upon which the now shrinking GDP was accumulated. It is quite unbelievable that a government, which dedicates a lot of time in building dossiers and utilising fabricated stories about activists to incarcerate them,

has had no intelligence about the potential migrant crisis a lockdown could create. This shows either misplaced priorities and ignorance or insensitivity of the governance regime.

Several nations have announced packages to grapple with the fallout of the pandemic. For instance, Canada had announced The Canadian Emergency Response Benefit, which provided Canadian \$2,000 a month for four months for workers who lost their incomes because of COVID-19. This package included both contract as well as the regular employed. The package included those that were victims of the disease or were care providers for the patients or had to stay at home to care for children; India had no such mechanism in anticipation of the shock (Jean Dreze, 2020). Several nations had announced such emergency funds to cope with the restrictions placed to prevent the spread of the disease that accounted for anywhere between 5 per cent to 15 per cent of their GDP; the package announced later on by the Finance Minister of India was one of the lowest at a paltry 1 per cent of the GDP. This included the measures to provide emergency healthcare facilities. It is not known if the magnitude of the crisis is being underestimated. The only solace the nation could give itself, perhaps given the preoccupation of the current regime to effectively circulate narratives for popular consumption, would be that it spent a greater share of its GDP to tackle COVID-19 than Pakistan!

Labour and distress migration

Prior to the announcement of the 21-day lockdown on the night of March 24 – barring a Ministry of Labour advisory (having no legal enforceability) to employers not to cut wages or retrench workers – there was no comprehensive social protection package for the millions of workers (estimated to be anywhere between 25 million to 50 million) so as to equip them to absorb the shock of the lockdown. A mere advisory to employers, without addressing rental costs, food security and other basic needs reduced the lockdown to an advisory and millions violated it.



Migrant labourers seen walking with their belongings at the National Highway 9 near the Akshardham Temple during the lockdown in New Delhi on March 30, 2020. Photo: R.V. Moorthy

There are innumerable research papers on the conditions of informal workers and how in several instances, labour might not be paid their wages even after

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_____ having rendered work, if at all government were eager to know about these conditions (Karin Kapadia (et.al), 1999; Jan Breman, 2008; G. Vijay, 2015). And with reference to such labour markets, here was a government, brandishing a paper advisory expecting such employers to pay for a time when work was not done. This government has quite clearly erred in not thinking through the impending migrant crisis early enough. When the migrant crisis became open, the government had to appear before the Supreme Court. And instead of allaying fears by promising effective protections for workers, the government sought strictures against media reporting independently on the COVID-19 crisis.

When Professor Amartya Sen was very young and thought of India as a great democracy and never anticipated that the Constitutional institutions could implode, he wrote his much-appreciated paper, *Food and Freedom*. It is very pertinent in this context to revisit this analysis also because comparison of

India was made with China in terms of being able to reduce mortality on account of the then catastrophe of famine – China in the current context until recently the epicentre of the COVID-19 pandemic. In this analysis, Sen offers an important argument on one hand comparing the pre-independence to the post-independence India and states:

"The situation is now altogether different given the nature of politics in India. No government at the Center – or at the [S]tate level – can get away without extreme political damage if it fails to take early action against famines. The presence of active opposition parties and a relatively free news distribution system provide the political triggering mechanism that the Famine Codes in their original form lacked" (**Amartya Sen,1987; p.13**).

Sen then proceeds to compare India with China on the other hand wherein he argues that

"The famine in China raged on for three years, and it is now estimated that the additional mortality because of famine amounted to about 29.5 million. It is quite remarkable that a famine of this magnitude could continue unrecorded without bringing about a major policy shift, and this failure is certainly one connected closely with the absence of a relatively free press and the absence of opposition parties free to criticize and chastise the government in power. It may, thus be argued that the massive deaths connected with starvation and famine during 1958-61 relate closely to the issue of freedom of information and criticism" (**ibid. p.15**).

Almost a decade back Professor Sen visited the School of Economics in University of Hyderabad. In an interactive session with faculty members, one of the co-authors posed the following question: 'In your work you talk about addressing social problems through public action. This includes either the democratic state providing entitlements on its own or in response to public mobilisations. However, if state institutions were captured and the state does not respond to popular mobilisations, what is the solution?' Sen responded by saying 'young man you sound very cynical'. Given the subsequent drastic

turn in India's political lineup, it might seem that Professor Sen was excessively optimistic.

Tablighi Jamaat: negligence not a conspiracy

Clearly, the government was more interested in image management than crisis management and even more interestingly, this effort by the government to control the media coincided with the April Fool's day. Much before the day, while the migrants exodus was already becoming the single biggest failure of the government with several migrants walking hundreds of miles to reach homes, the government organised itself to dissolve the migrant crisis into the narrative about the Tablighi Jamaat's international congregation at the Markaz Mosque in Nizamuddin. And soon enough, the extended state took over the reins of the narrative in the social media. The painful and pathetic images of lakhs of migrant workers struggling to reach homes walking hundreds of miles, which included pregnant women, women with infants and children and some men who walked ended up losing lives on account of the excessively strenuous tread, were replaced by alternative imageries. The alternative mouth-watering imageries, for supporters of majoritarian nationalism, were those of Muslim youth licking spoons, licking fruits, spitting into packaged food, spitting on bystanders, and so on. The narrative based on fake claims around the videos, coinciding with the Tablighi Jamaat's crisis, was to suggest that the congregation had conspired to spread the virus in India.

What remains insidiously intriguing is first, why was permission given to this congregation, a congregation for which earlier Maharashtra government had statedly denied permission?

Secondly, having issued the visas, how could the Union government claim that it was unaware of the fact that so many foreigners had come into the

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country for participating in the congregation and were staying right under its nose? Finally, when the foreigners were entering, whatever had happened to the screening protocols to identify the infected people? And while the

unregistered migrant workers also remained unregistered and anonymous potential carriers of the novel virus, the government was up to its not so novel ploy of churning out statistics which were meant to suggest that the disease was effectively brought under control until the 'anarchic chronically law-violating' Muslims created a fiasco in Nizamuddin! While there is no doubt that the Tablighi participants might have been in breach of certain laws, these seem to be independent of violation of the lockdown rules, unlike the case with the migrant exodus.

The statistic about the spread of SARS-CoV-2 began by showing that the Nizamuddin incident was responsible for half the total number of COVID-19 cases and soon enough it became one-third and got dissolved into the increasing numbers along with the migrants and their facts and stories about their plight – certainly a mission accomplished. It is, therefore, that although all the Tablighi attendees were identified, and went through the quarantine period, the number of cases and deaths continue to rise in several places throughout the country and the lockdown has been further extended. Just as the development policy is unwilling to reflect on the disaster neo-liberal model has produced, the Hindutva mindset is unwilling to reflect on the validity, significance and propriety of the Tablighi narrative, constructed in the social media.

While governments elsewhere in the world were focused on gaining control over the curves pertaining to the disease, with the aim to see the curves

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flatten and dip, here was a government which was trying to find a politically beneficial explanation for the curves left to fatalism as social distancing was openly being flouted. Despite the heinously divisive role that breaking of trust and cooperation among social groups could play at a juncture when the entire nation had to act with unison and solidarity in the fight against SARS-CoV-2 (for the significant role of trust in Indian economy see, Prasanta Ray and Rukmini Sen, 2019), that fake videos flaring up communal tensions were being circulated manifests a form of practice of

communal hatred, indicating the level of ideological indoctrination by Hindutva groups. As a consequence, India finds itself in a situation where while the 21-day lockdown comes to an end and another starts, there seems to be no respite from the exponential curves pertaining to the disease holding their heads up vertically, although this government does not seem show any inclination to look inward and accept responsibility. The only hope and saving grace for controlling the curves seem to be in demography: that India has a large young population and its workers have survived such miserable lives in such unhygienic environments that the immunity they gained from such lives must come as their saviour! If these fail, the magnitude of the tragedy could be unimaginable.

Neoliberal Hindutva

The combination of ideologies of neo-liberalism and Hindutva has mutated to articulate themselves in unbelievable forms of social conduct. While the healthcare givers including the doctors who are described as the frontline warriors and the Prime Minister gave a call to clap, honk, bang plates with spoons and ring bells etc., to acknowledge their contribution, several complaints by healthcare givers of lack of basic protections have been met with punishments. Added to this misery at the workplace was the anxiety of care givers about infecting their own families because of which they were either not returning to their homes or living away from homes, their woes did not quite end there.

Ludwig von Mises and Friedrich von Hayek maintained that 'egoism as the basic law of society' and free markets alone can lead to 'spontaneous order' of society (Kean Birch and Vlad Mykhnenko, 2010; p.3). Both these principles underlie the praxis of neo-liberal ideology and development policy. This self-centric 'welfarism' ideology of neo-liberalism, together with a combination of a spectrum of predatory conducts incarnated into vigilante attacks on healthcare givers (perhaps an extension of the lynching mob culture practiced earlier on those cleaning carcasses of dead animals) accusing them of being potential spreaders of the virus and asking them to vacate the residences in their neighbourhood.

Added to this is the mutated cynical ideological combination practiced open discrimination between the treatment of international immigrants and the internal migrants. International immigrants were being asked to practice self-quarantine and there was a massive discrepancy in records of the number of immigrants and the number of quarantined, suggesting a casual approach. In several instances international immigrants who were actually infected and who were treated not as patients but as privileged celebrities were found attending gala parties and social functions risking the lives of many. Domestic migrants, on the other hand, who risked their own lives to reach homes were stopped at the borders of their home states and were sprayed with disinfectants meant for spraying on vehicles or were quarantined in make shift tents even without being infected. That the high value globetrotting elites were being rewarded through patronage of neo-liberal efficiency and low-valued internal migrants were being reminded on the borders of the hinterlands of their polluted castes, was more than evident. The virus on the other hand did not quite show signs of indoctrination in either of these ideologies. One is educated into this mutated ideological pandemic's new definition of nationalism in this discrepancy and discrimination together with succumbing to the threats of, a great friend of the Prime Minister, Donald Trump, into exporting drugs which could reduce the mortality rates without insisting on the rhetorical 'India first' policy by the Hindutva-wielding '*rastravadi*' BJP government.

Finally, if the current regime ignores the requirements of the healthcare givers who form the core supply side of the requisite services and neglects the teaming millions of the informal working poor who might constitute the major chunk of the demand side, and engage in their usual antics of image, optics, narratives and perception management, India could end up in an upward spiral of the deadly curves. One hopes that despite the obsessive-compulsive ideology which seeks to communalise a public health disaster, some reason will

One hopes that despite the obsessive-compulsive ideology which seeks to communalise a public health disaster, some reason will ultimately prevail.

ultimately prevail and the government will get its policy and praxis right this time to avert fatalities.

One also hopes that a rethinking on the neo-liberal ideology that debunks the very idea of collective and recognises individual as the only reality – which ought to have been shunned post-2008 global economic crisis itself – will find adequate epistemological challenge, compelling a shift in development policy towards a people-centric shared and collective global progress to avert such disasters in future.

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