

Viral Intersections: COVID Life, Risks and Responsibility in India

India experienced its first COVID-19 case in late January, but it was two months later that the central government announced a nationwide lockdown to contain the virus. The action has no doubt slowed the spread of the coronavirus, but at tremendous human cost. This article steps back from the rapidly evolving situation to consider the several intersecting tracks on which the coronavirus has traveled in India. It discusses viral economics, representations, and politics; finding glimmers of hope in the foregrounding of public institutions and civil society amidst overall mismanagement and growing tendencies towards authoritarianism.

Rohit Negi (Ambedkar University Delhi)



An empty road in Vadodara during the nationwide lockdown.
Source: Vijay Barot, under CC 4.0

Tracking the Virus

India experienced its first case of COVID-19 at the end of January, amongst a group of students who returned to the state of Kerala from Wuhan. Despite this early warning, from all accounts, the country's public health machinery did not take the issue particularly seriously: air travel continued as before, with the exception of cursory temperature screening at airports for travelers from China and, later, Italy and South Korea, as cases grew in those countries. This situation prevailed until mid-March when stricter restrictions were put in place, and a week later, all incoming flights were halted. Observers have argued that February was a critical month for India—having reported its first COVID-19 case, it was the window of opportunity to screen and test incoming passengers, create robust tracking and containment protocols, and to put in place medical infrastructures for any future outbreak.

However, very little of this actually took place. Instead, US President Trump was welcomed in India with fanfare, including at a public event in Ahmedabad with over 100,000 people in attendance, followed by

widespread riots in Delhi allegedly instigated by the ruling Bharatiya Janata Party (BJP). In other words, it was business as usual. Then, on 22 March, with about 600 positive cases reported around the country, but with fears of a looming disaster, a three-week lockdown of the country was announced by the Prime Minister at a notice of merely four hours. Not knowing what to expect, people immediately rushed to stock up on essentials. Slowly, news percolated that food and medicine stores would remain open, but that markets, malls, most offices, and public transportation—buses, trains, and flights—would halt completely.

Nearly two months later, as of 20 May, India is in the midst of lockdown 4.0 even as it stares at over 100,000 official COVID-19 cases. Without a doubt, the numbers would have been far higher without the lockdown. However, contrary to other countries' experience of reduction in numbers within two weeks of strict restrictions, in India they continue to rise unabated. In large part, it is due to the relatively low testing rates, not knowing they are infected with COVID-19 people continue spreading it around, and also to the highly-dense urban living environments, where quarantining at home is an impossibility for many. The government continues to deny community transmission, even though, for example, up to a fifth of migrants returning home to the state of Bihar (more below) from cities like Delhi and Mumbai who were tested have been found COVID-19 positive. In this situation, it is unclear as to what a peak in cases may look like in India, or when it would be reached. There are several moving parts to the COVID-19 story in India, and so, by the time this article is published, things may have significantly shifted. Therefore, the emphasis here is on certain underlying, structural issues which have emerged in the wake of the coronavirus, but which may leave a lasting legacy on the country.

In his provocative response to the immediate aftermath of Hurricane Katrina, geographer Neil Smith insisted that ‘there’s no such thing as a natural disaster’ (Smith 2006). Smith’s intervention was directed at that point of view which considered events with natural triggers as inevitable and shared across social and economic divides. He argued that the causes of, vulnerability to, and preparedness for such events are deeply social and political processes, which, depending on context, may enhance or lessen disaster impacts. Thinking with COVID-19, we must attend not only to the social, spatial, and economic disparities which mediate health impacts, but also to the subtle shifts in statecraft that may shape polity for years to come. In what follows, this essay focuses on livelihoods and poverty, on the public discourse around the outbreak, and on questions of responsibility. It argues that the way things have unfolded in India is not an inevitable result of an imported disease—as is often projected—but that there are a series of intentional actions and unintended consequences that intersect to produce tremendous suffering, uncertainties, and social mistrust at a time when logical and cohesive actions are most needed.

COVID-19 as Risk Multiplier

It is obvious that COVID-19 is a health concern, but it is also a multiplier of other latent risks. As will be discussed below, by undermining precarious livelihoods, it led to the mass exodus of workers, resulting in widespread injury and suffering. But COVID-19 has also multiplied several environmental risks across the country in unpredictable ways. With manufacturing and other units either shut or operating with minimal staff, industrial safety has been placed at risk. On the morning of 7 May, a gas leak in the coastal city of Vizag affected over 1000 people, of whom 13 died due to exposure to the hazardous vapours of styrene as the plant was being reopened after lockdown restrictions were lifted that morning. Incidentally, the company at the center of the storm was South Korean LG Chem, and it has since become known that it had operated without the mandated environmental clearance from the central government. They could do so because enforcement is the responsibility of the state government department, from which they received periodic licenses to operate. On the very same day, an explosion injured at least eight workers of a thermal power plant in Tamil Nadu. Long-term laxity in regulations, poor governance, lockdown-infused disruptions in operations, and having to operate with minimal workforce given social distancing norms have magnified the

risks of industrial disasters in the time of COVID-19.

Looking through the prism of the economy, the novel coronavirus could not have hit India at a worse time. The Indian economy had been declining ever since 2017: the GDP dropped from a growth rate of 8.1% in the final quarter of 2017 to 4.5% by late 2019 (Scroll, in 2019). It should also be added that these figures are based on a revised methodology for calculation of national income which is supposedly fairly liberal with the numbers. According to an independent research group, the unemployment rate had risen from 5% to about 9% in the same period.¹ It is in this context of ongoing recession that the COVID-19 lockdown brought the country’s economy to a near-complete standstill. Two months later, the unemployment rate in urban India is close to an alarming 25%. According to a recent survey, about 90% of workers in Delhi’s industrial areas had not worked at all since the lockdown, and 60% had not received their March wages (Afridi, Dhillon, and Roy 2020). Many more who subsist as part of the vast informal sector—outside the officially mandated security nets—have been left in the lurch following the closure of business activity and disruptions in supply chains. As mentioned above, announcing the lockdown on 22 March, Prime Minister Narendra Modi gave a notice of merely four hours. The logic behind this short notice seems to be that the government did not want a large scale movement of people within the country, and was confident that most workers would manage to provide for themselves while the various state governments put emergency support systems in place.

This notion of people’s autonomous ability to tide over did not take very long to collapse. In the last six weeks, if there is one iconic image that represents the Indian COVID-19 story, it has to be of working-class people—mostly men, but also women and children—walking hundreds, and sometimes a couple thousand, kilometers from urban regions like Delhi, Mumbai, Bengaluru, Hyderabad, and Ahmedabad to their provincial homes in Central and East India. According to available data, there are over 300 million internal migrants in India (UNESCO 2013). Their movement largely follows the uneven geography of Indian development: relatively poor states like Uttar Pradesh, Bihar, Jharkhand, and Madhya Pradesh are reserves of labor for the industrial and service growth poles of the country such as those noted above. Even though many of these migrants are engaged in precarious work for low wages,

they live in extreme penury in the city—often sharing accommodation in cramped rooms to share rent—to save and send money home to their families. Soon after the lockdown, industry and business owners began to lay-off workers en masse. While state governments were scrambling to feed those in need, having quickly run out of savings, and with little prospect of things returning to ‘normal,’ workers packed their bags and began their great trek home on the near-empty highways. They chose walking for days on end in the heat with little to eat over aimlessly waiting in the city while depending on state largesse and queuing up for hours for basic rations.



Migrant workers queue up for rations in Delhi.
Source: Goutam1962, under CC 4.0

It is an essentially human desire to be close to family and loved ones in tough times, and the lockdown has been very tough. As some restrictions on vehicular movement were loosened over time, some entrepreneurial individuals began to offer workers paid transport to distant homes on overcrowded trucks and repurposed goods’ vehicles. But since each state decides its own regulations related to personal or vehicular travel, crossing state borders or even walking along the highways is anything but straightforward. Many tried to evade the state’s gaze by walking along rivers and railway tracks. On 8 May, 16 workers were crushed by a freight train in the middle of the night in Maharashtra, when they fell asleep while taking a break from walking. A week later, 24 workers died, and around 40 were injured when two trucks ferrying them collided in Uttar Pradesh. By 18 May, over 130 migrants had died on their way home. It should be noted here in passing that on 31 March, the Indian government reported to the

Supreme Court that there was ‘no migrant on the road.’ Given the scale of this internal movement of people, it would have been more prudent for the government to allow public transportation with health screening in place, but that would have required it to eschew its preferred denial of reality.

Who’s Responsible?

India’s federal system is a calibration between powers and responsibilities granted to the central government and the various provincial—or state—governments across the country. There are separate lists of matters under central command and those with the states, and there is a third category of areas that are in the so-called concurrent list, where both levels of the state have a direct role. As for health care, while it is in the state list and respective provincial governments operate the medical infrastructure in their particular states, the centre too has a Ministry of Health and Family Welfare (MoHFW), which coordinates federal actions. The Ministry funds the Indian Council of Medical Research (ICMR), which has been responsible for framing the central response to COVID-19, including supervision of testing protocols and laboratories. Given the balance of power, very often, political alignments play a major role in this process: states that are governed by the ruling party in the centre are likely to receive greater share of resources than those ruled by opposition parties. In some cases, friction between parties translates into ongoing contestations between entire state governments and the centre. Such has been the case, among others, with respect to the states of West Bengal, Kerala, and Delhi, which are ruled by the Trinamul Congress Party, an alliance of various Left parties, and by the Aam Aadmi Party respectively; all three are locked into varying degrees of tussle with the BJP. Consequently, these states have repeatedly alleged maltreatment by the central government, including in the allocation of resources for their respective COVID-19 response.

Indeed, there seemed to be clear evidence of centralization in COVID-19 response in the first few weeks. The central government used the provisions of the Disaster Management Act (2005) and the Epidemic Disease Act (1897) to assume greater control over public health than usual, given the division of power mentioned above. It could, therefore, take unilateral decisions to shut down all productive activities and impose a veritable curfew over the entire country. However, as coronavirus continues to spread, states and local governments

have become more prominent. In lockdown 4.0, announced on 17 May, state governments have been given the responsibility to make decisions related to opening up of businesses, industries, and public transportation, depending on the distribution of cases in their respective territories. One concern here is the highly uneven medical infrastructures across states; few like Kerala are better prepared and have therefore successfully contained COVID-19, while less well-prepared states are on the precipice of a major outbreak. Another issue is that the bulk of the responsibility for healthcare and food supplies has fallen on to the shoulders of local administrations, which are chronically underfunded and understaffed around the country. For several decades, urban local bodies—such as municipalities—have not received adequate investments to handle the sudden burden of COVID-19 response.

While a decentralized response had been a longstanding demand of the states, the belated decision towards it seems to have also been driven by the centre's desire to share the blame for the rising discontent. Shifting the emphasis yet again, in his address to the nation of 12 May, PM Modi talked about the importance of the individual citizen's role in the post-COVID-19 project, outlining the need for them to become, like the nation-state, 'self-sufficient.' This clever passing of responsibility to the citizen was immediately beamed across to the country by the news media: one anchor, for instance, talked at length about how people should stop demanding doles from the government; rather, they needed to do their best to tide over the crisis. 'No more short-cuts and cutting corners, she argued, we must do our absolute best for the country.' As things get dire, the state seems to be preparing the citizens to not only shoulder responsibility, but also be prepared to take the blame.

A tool in the individual's role in the COVID-19 story is a government-conceived technological artifact: the Aarogya Setu app. App users self-assess their health, and through location tracking, the app is able to alert users to any contact they might have made with a COVID-19 positive person, asking them to self-quarantine while sending the alert to the government. The government views Aarogya Setu as a key intervention in the long run; making it compulsory to access trains, metro systems, and flights when they eventually resume. The precondition to the system's effectiveness is that a large proportion of the population downloads and uses it—already, it is claimed that the

app is installed in over 100 million systems. However, two issues with the app have been highlighted by observers: first, several clauses in its terms allow the state to keep data and potentially use it for other ends, thus raising concerns over data privacy and digital surveillance of citizen (Deb 2020); and second, since a large proportion of India's population does not have access to smartphones, would they be altogether barred from public services? The app, though, is only one aspect of the question of responsibility during COVID-19, where credit and blame seem to continually move between the centre, states, municipalities, and the citizen.

'Corona Jihad': Media and Majoritarianism

One of the social truism about India is that because of its democratic institutions and a free press; postcolonial India has prevented large scale starvation despite many spells of drought. The point is that the press and local political structures act as early warning signals and push the state to act in time. The same may be extended to infectious disease outbreaks, which require similar signals and unhindered feedback loops. However, over the last few years, a relatively free and critical media, which was instrumental in undermining the authority of the previous regime before 2014, has been sculpted to toe the line of the ruling party, in many instances resembling in-house propaganda mouthpieces than independent outlets. With few notable exceptions, this fusing of the media and party is not only deeply problematic in general, but also potentially life-threatening, for it allows COVID-19-like diseases to fester and spread under the radar on the one hand, and makes the government lethargic, since it is comfortable in the knowledge that the public can always be distracted by a pliable media.

The ruling BJP has made a career out of majoritarian consolidation at the cost of the Muslim minority population of India. The party's core base is composed of those Hindus who harbor a deep-seated hatred of Islam and Muslims. BJP has grown rapidly since the late 1980s to cement its place as the largest party in the parliament with the deepest coffers since it has managed to corner a vastly disproportionate amount of electoral funds. And it makes use of not only the party funds, but also selectively of the government's publicity budget to shape public discourse through the media. Multiple television channels across the country spend hours on end pumping majoritarian indignation and fueling communal enmity each day to the point that one critical

television journalist has recently called for complete public boycott of television news.

This political context is important to understand the glee with which parts of the Indian media received the news of the first large outbreak of COVID-19 in India. Not unlike other countries, including South Korea, where too a religious congregation was an early venue of disease diffusion, here it was an event organized in Delhi by the Tablighi Jamaat, a global Islamic organisation. Foreign participants brought the virus to the Jamaat meeting, and the nature of the gathering was such that it spread fast. Technically, the organizers were in the clear, since the event took place at least a week before the national lockdown. Not that it mattered to the media, which went to town painting the entire Muslim population of India as potential disease carriers at best, and engaged in something a news channel termed ‘Corona Jihad’ or the purposeful spread of disease towards a religious war against Hindus, at worst.² In post-SARS epidemiology, the idea of ‘super-spreader’ has come to describe individuals “more infective than other people, who spread pathogens to an extraordinary percentage of their direct or indirect contacts” (Lynteris 2016, 43). In a uniquely Indian twist, with the efforts of the media, this technical concept has been fully communalized and racialized.³ Tragically, such frenzy has real-world consequences beyond the studio. There have been multiple documented cases of residents in Hindu-majority neighborhoods across the country banning Muslim vegetable sellers and service providers, and hospitals refusing entry to Muslim patients. More generally, the issue with the stigmatization of COVID-19 patients is that it causes people to hide symptoms and disincentivizes them seeking medical care, thereby causing further spread of infection across communities.

The media’s capitulation and deployment towards the majoritarian cause must be considered part of the larger attempts by the BJP to establish ideological hegemony through propaganda. In this, the party is supported by a highly active army of social media warriors, overseen by the BJP’s IT Cell. There is little information in the public domain about the operations of this unit, but from all accounts, it employs thousands of individuals whose job is to create memes, amplify news—and often, generate fake news altogether—to push the majoritarian agenda and add fire to anti-minority sentiments (Mirchandani 2018). The ecosystem which connects the party, the IT cell, and the news

media has been used in the recent past to create a cult around PM Narendra Modi. Modi in turn is extremely guarded about his carefully-cultivated image and has famously not held a single press conference during his entire six-year term as the Prime Minister. Like before, his COVID-19 communication consists of reading from a prepared script, making grand statements about the state’s response with few details. With time, as public misery has grown, Modi’s appearances have become rarer. He emerges every so often more as a motivational speaker than the head of government. On the face of it, his popularity seems to have only grown during the crisis, but then again, it is the cultivated media that is the source of this assertion. In sum, COVID-19 as a matter of public discourse in India has to be seen alongside the broader consolidation of a majoritarian mediascape, which undermines its critical role to force state transparency and efficacy.

Reviving ‘the Public’

Alongside the intersecting concerns highlighted in this article, the criticality of public institutions and social solidarities in facing catastrophes has emerged powerfully. Since the neoliberal era—roughly dating back to the early 1990s—India has witnessed the ascendancy of the private sector, both materially and discursively. While these changes produced economic growth that pulled millions out of poverty, they have also led to sharply increasing levels of inequality and economic exploitation. As part of the structural reforms, alongside most productive economic activities, previously state-provisioned services like basic services and healthcare were opened to the private sector. Medical care in India today comprises of parallel public and private systems: the former is free of cost but overcrowded and in general poorly staffed and provisioned, while the private sector is uneven, composed of international standard operations alongside shoddy ones, but where quality treatment comes at a high price. In the last decade, the public sector has been neglected even more, and the present government’s flagship health initiative hinges on extending insurance to the poor to access private facilities, rather than investing in public infrastructure.

The COVID-19 crisis has thrown these developments into sharp relief. With a few exceptions, private hospitals have refused to care for COVID-19 patients, citing safety issues. The ones that are treating COVID-19 charge highly exorbitant rates, even compared to their

regular charges. With increasing cases, these facilities are close to capacity, thus leaving even the better-off patients with little choice but to approach government facilities. It is hoped that this return of the elite to public institutions will lead to greater investments going forward. Moreover, as private enterprises have more or less abandoned workers, it is once again the public safety nets which assume criticality. In addition, the overwhelming need for essential supplies has led to a tremendous mobilization of the civil society across the country. Funded by independent citizens, these collectives have stepped into whatever extent they can, feeding and helping the poor travel home. Ironically, under the Modi regime, civil society has been looked at with suspicion, and thousands of Non-Governmental Organizations have been forced to shut shop by the state. COVID-19 has breathed life into them, and alongside the public sector, perhaps opened a window for progressive pushback against the hegemony of the private, and of the democratic against the authoritarian. Even as uncertainties with COVID-19 in India mount, this is one of very few glimmers of hope in an otherwise bleak story.

Author Introduction

Rohit Negi (rohit@aud.ac.in) is

an associate professor of urban studies at the School of Global Affairs, Ambedkar University Delhi. He has a PhD in Geography from the Ohio State University. His ongoing research is at the interface of urban and environmental change in the Delhi region. Rohit is the coeditor of *Space, Planning and Everyday Contestations in Delhi* (2016). Recent publications include articles in *Comparative Studies of South Asia, Africa and the Middle East*, and *Urbanisation*.

-
- 1 · These data can be accessed at <https://unemploymentinindia.cmie.com/>
 - 2 · In an ironic turn of fate, a number of employees of the very same channel that had publicized this theory were later infected by coronavirus.
 - 3 · In addition to targeting of Muslims, people belonging to India's Northeastern region have been subject to abuse and harassment, often singled out as carriers of the coronavirus on account of 'looking Chinese.'
-

References

- * Afridi, Farzana, Amrita Dhillon, and Sanchari Roy. 2020. "How has COVID-19 crisis affected urban poor? Findings from a phone survey- II." <https://www.ideasforindia.in/topics/poverty-inequality/how-has-covid-19-crisis-affected-urban-poor-findings-from-a-phone-survey-ii.html>. (Accessed: 9/May/2020).
- * Deb, Sidharth. 2020. "Public policy imperatives for contact tracing in India." Internet Freedom Foundation Working Paper 3. <https://drive.google.com/file/d/1UK5rElhcdP5T3Y-8fYP6cCgQKKpQBeOX/view>. (Accessed 18/May/2020).
- * Lynteris, Chrisos. 2016. "The epidemiologist as culture hero: Visualizing humanity in the age of 'the next pandemic'." *Visual Anthropology* 29 (1): 36-53.
- * Mirchandani, Maya. 2018. "Digital hatred, real violence: Majoritarian radicalisation and social media in India." Observer Research Foundation Occasional Paper 167. https://www.orfonline.org/wp-content/uploads/2018/08/ORF_OccasionalPaper_167_DigitalHatred.pdf. (Accessed 9/May/2020).
- * Scroll.in. 2019. "India's economic growth falls to 4.5% in July-September quarter- the slowest in over six years". <https://scroll.in/latest/945257/indias-economic-growth-falls-to-4-5-in-july-september-quarter-the-slowest-in-over-six-years>. (Accessed 8/May/2020).
- * Smith, Neil. 2006. "There's no such thing as a natural disaster." <http://blogs.ubc.ca/naturalhazards/files/2016/03/Smith-There%E2%80%99s-No-Such-Thing-as-a-Natural-Disaster.pdf>. (Accessed 9/May/2020).
- * UNESCO. 2013. *Social Inclusion of Internal Migrants in India*. <https://unesdoc.unesco.org/ark:/48223/pf0000223702>. (Accessed 18/May/2020.)

* 본 기고문은 전문가 개인의 의견으로 서울대아시아연구소의 의견과 다를수 있습니다