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Image Management over COVID-19 Management

Samrat Choudhury

Abstract: *Till March 13th 2020, India's government was assuring citizens that the coronavirus disease was not a health emergency. Preparations soon proved inadequate. Bigotry, superstition, and poor governance worsened an increasingly bad situation in which government efforts to suppress unfavorable news censored information that would have been useful in containing the disease. A lockdown imposed without warning crashed the economy and caused immense suffering to millions. Poor internal migrant workers were worst affected. Many died trying to walk home hundreds of miles away in the punishing heat of India's summer. The lockdown was lifted with the COVID-19 curve heading sharply upward.*

India's first case of the new novel coronavirus was reported from the southern state of Kerala on January 30, 2020. The news was announced by the Indian government's Press Information Bureau in a release that contained three brief sentences of Indian bureaucratese: "One positive case of Novel Coronavirus patient, of a student studying in Wuhan University, has been reported in Kerala", it said. "The patient has tested positive for Novel Coronavirus and is in isolation in the hospital. The patient is stable and is being closely monitored." The news did not cause any great excitement or alarm; the country was then in the throes of the biggest protests it had seen since the early 1990s, over a contentious new modification to the country's citizenship laws by the ruling Hindu nationalist government that promised Indian citizenship on relatively easier terms to Hindu, Buddhist, Sikh, Jain, Parsi, and Christian immigrants from Afghanistan, Pakistan and Bangladesh. On January 30, news headlines were dominated by images of a young Hindu fundamentalist armed with a handgun opening fire on unarmed, mostly Muslim, students protesting against the Citizenship Amendment Act in Delhi's Jamia Milia Islamia university, while a long line of policemen in uniform stood behind him, looking on. The single case of the invisible COVID-19, then still restricted mainly to China, was far away in the public imagination.

It was probably distant and remote even in the political leadership's imagination.

On January 31, a day after the first case was reported, the country's Directorate General of Foreign Trade passed an order banning the export of masks and PPEs. On February 8, the ban was lifted. The original notification was "amended to the extent that items such as surgical masks/disposable masks and all gloves except NBR gloves are allowed freely for export,'' said the DGFT in its new order. Newspapers reported that the decision was taken to help China combat the coronavirus. Since India and China do not enjoy the most fraternal of relations, the overturning of the DGFT decision was decidedly odd.

On February 10, the news agency Press Trust of India reported from Beijing that "India has cleared some consignments of medical gear placed by China to combat the deadly coronavirus after setting aside export bans on all kinds of personal protection equipment, Indian Ambassador to China Vikram Misri said

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here Monday. The decision came a day after Prime Minister Narendra Modi wrote a letter to President Xi Jinping offering solidarity and assistance to deal with the coronavirus outbreak in China that has claimed over 900 lives" (PTI, 2020).

The export of millions of pieces of PPEs and masks from India worth vast sums of money resumed, and continued apace. Meanwhile the country and its media remained preoccupied with the bitter and vicious battle centred on the citizenship law, the no less controversial National Register of Citizens, and a lockdown in Kashmir where, following abrogation of the special law governing the place and an internal redrawing of maps, the entire political class including former Chief Ministers and Union Ministers had been placed under house arrest. Only the planned visit to India by US President Donald Trump, his first to the country after winning the presidential elections, created a flutter even amidst the raging countrywide protests. Mr Trump, who visited on February 24, told a campaign rally in Colorado three days before his arrival that he had heard there were going to be between six and ten million people lining the streets to greet him on his way to his joint public rally with Prime Minister Modi in a cricket stadium in Ahmedabad in Modi's home state of Gujarat. Since Ahmedabad has a population of around 7 million, this expectation was difficult to meet, but the Modi government put in an effort to drum up the numbers and put on a big show, for which eventually more than 100,000 people were brought in. By then, COVID-19 cases had already been reported from 28 countries apart from China.

The following day, Trump and Modi were in Delhi for a scheduled summit meeting when communal riots erupted in the city where sporadic violence had begun earlier over the protests against the Citizenship Amendment Act. Hindu and Muslim mobs clashed with Delhi Police, who report to Modi's closest aide, Home Minister Amit Shah, allegedly providing cover and support to the Hindu rioters in several places. The rioting claimed 53 lives.

It was therefore only after Trump's departure and the end of the rioting that the focus began to shift towards the coronavirus response. On March 13, senior officials of the Health, Home, and Civil Aviation ministries held a press conference in Delhi to say that COVID-19 was "not a health emergency" (Srinivasan 2020). PPE exports were finally banned again on March 19. By then, the disease had spread to 160 countries, with 191,127 cases, according to World Health Organisation data.

"While other countries took measures to not only ban export of PPE products but also raw materials, it did not occur to India to do that till 19 March," Sanjiv Kumar, the chairman of the Preventive Wear Manufacturers Association of India, told *The Caravan* magazine. "In the meantime, Indian companies continued catering to foreign governments, which were stockpiling. We also repeatedly raised the need for creating stockpiles of protective gear which were ignored… We are now facing a crisis which is of our own making" (Krishnan 2020).

In many places, doctors and nurses in hospitals were forced to improvise PPEs. Photos and reports began coming in from around the country of frontline medical workers in hospitals dealing with novel coronavirus cases having nothing better than raincoats and motorcycle helmets as protection. On April 6, the Resident Doctors' Association of the All India Institute of Medical Sciences, the country's premier public sector hospital, wrote an open letter to Prime Minister Modi to say, "Our frontline healthcare workers - doctors, nurses, and other supportive staff - have come forward with their problems and issues related to the availability of PPE, COVID-19 testing equipment, and quarantine facilities on social media. The officials should view these inputs constructively. Instead of appreciating their

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efforts towards the welfare of their peers and patients, they have received a harsh backlash" (The Wire 2020). The letter also called for "all punishments to be withdrawn". Medical staff who had publicly complained of the lack of PPEs had evidently been dealt with sternly. Dr Srinivas Rajkumar, the RDA's general secretary, told India Today TV the association received complaints every day about medical staff being harassed by the management of their respective hospitals for raising legitimate concerns (Pandey 2020).

After previously exporting PPEs to China, India had already switched to importing PPEs from there by this time. On April 5, a consignment of 170,000 PPE kits arrived from China. However, around 50,000 of these kits failed quality tests. Yet, the exporters and importers, who are often the same people, managed some good business both ways.

The bad news surrounding PPEs was eventually washed away by a sudden flood of good news in early May: "From zero, India now produces around 2 lakh PPE kits per day," news agency Asia News International reported on May 5. This statement was repeated by Modi himself in an address to the nation a week later. "When the crisis began, not a single PPE was being manufactured in India. N-95 masks were being manufactured in negligible quantity. Today, the situation is such that India is manufacturing 2 lakh PPE kits and N95 masks each per day. We are able to do so because India has turned a crisis into an opportunity. India's vision to convert this crisis into an opportunity is going to prove influential as we become more self-reliant," the PM said (Verma 2020).

Such dreams of national glory would not help people like Heera Lal, senior sanitation supervisor of AIIMS, who died on May 25. "It's not the virus that we are worried about. It's the apathy of the government and the AIIMS administration that worries us. If this continues, we will be short of healthcare workers to treat patients. Since March we have been writing and fighting for the safety of hostel premises, poor sanitation, lack of proper quarantine protocol and need for adequate testing," Dr Rajkumar, the AIIMS Resident Doctors Association General Secretary, told News18 after Lal's death. The report mentioned that the number of healthcare workers at the institute who had been infected by then was around 195 (News18.com 2020). A day after the article was published, the RDA issued a notice expelling Dr Rajkumar from the body. The article was subsequently modified to deny that healthcare staff were being infected at work, and its headline changed to reflect the official version that all was well.

By June, India was facing a shortage of healthcare workers to treat patients, as Dr. Rajkumar had predicted.

Table 1

Date	Cases	Deaths
Feb 1	1	0
March 1	3	0
April 1	1,636	38
May 1	35,043	1,147
June 1	190,535	5,394

Source: World Health Organisation; figures are cumulative totals

The PPE story contains in microcosm the principal elements that have characterised India's COVID-19 response. Apart from mismanagement, an important element of the response has been suppression of news unfavourable to or critical of the government, and attempts at fixing the blame on Muslims,

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owing to the detection of a cluster of COVID-19 cases among those who attended a gathering of the Tablighi Jamaat in Delhi in the days immediately preceding the lockdown. This was supplemented by a public relations pitch whose thrust from the start was to try and turn the country's COVID-19 response into some sort of public event involving the whole country. This PR pitch was led by Modi himself, through a series of televised addresses to the nation.

The first of these addresses was on March 19. In that address, Mr. Modi called upon the people of India to observe a daylong "public curfew" on March 22, advising social distancing and staying home, and requesting everyone to go to their balconies, doors, or windows at 5 PM to clap, beat plates, and ring bells as a mark of gratitude to those hospital and airline staff who were working in the midst of the pandemic. At 5, around the country, enthusiastic Modi supporters emerged out of their homes clapping and clanging pots and pans. In several cities, there were also processions of hundreds riding motorcycles or simply walking and dancing through the streets. Photos and videos showed that processions in at least two places in India's most populous state, Uttar Pradesh, were led by the local district magistrate and senior police officials.

Scientism

Many people banging pots and pans had been convinced by a viral WhatsApp post that the sound would produce vibrations that kill the coronavirus. The notion was evidently shared by prominent persons, including the actor Amitabh Bachchan, who tweeted on March 22 to his 40.5 million followers that clapping and "*shankh* vibrations", meaning the vibrations produced by blowing conch shells, "reduce/destroy virus potency." Mr Bachchan's approach to driving away the virus was actually more sophisticated than that of his fellow Mumbai resident, India's Minister of State for Social Justice and Empowerment, Ramdas Athawale, who earlier in the month had led a rally at the Gateway of India where, in the company of China's Consul General in Mumbai Tang Guocai, he raised slogans of "Corona Go, Go Corona."

Indians also tried other innovative methods to drive away the virus. A group called the Akhil Bharat Hindu Mahasabha, led by a man named Swami Chakrapani, organised a cow urine party in Delhi where true believers were given small earthen cups of cow urine to drink. The cow urine therapy was not restricted to a lunatic fringe. Similar events were organised at various places around the country by members of the ruling BJP. In Kolkata, which is ruled by an opposition party, a BJP party worker, Narayan Chatterjee, was arrested after a man who consumed the cow urine fell ill. The party's local leaders including its West Bengal unit president, Dilip Ghosh, made statements against the arrest and attested to the miraculous properties of cow urine, which is held to be holy by orthodox Hindus. The belief is backed by Ayurveda, an ancient Hindu system of medicine, in which cow urine and dung are two among five constituents of a tonic called Panchgavya – cow milk, butter, and ghee or clarified butter are the other three – which has also been touted as a cure for the coronavirus. Dr. Vallabh Kathiria, Chairman of Rashtriya Kamdhenu Aayog, a government organisation launched by the Modi government in 2019, told the *Ahmedabad Mirror* that clinical trials of the wonder drug would be conducted in 10 hospitals in India, starting with the government-run Civil Hospital in Rajkot in Gujarat, the constituency of the state's chief minister (Sanghavi 2020). Other ayurvedic cures for coronavirus, promoted by Patanjali, a company founded by a yoga guru turned industrialist with close ties to the ruling party, Baba Ramdev, were also allowed clinical trials in Jaipur and Indore, although the permission in Indore was later withdrawn following

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protests. The trials in Jaipur met with miraculous success, according to Patanjali, and 100 percent of patients barring those on life support were completely cured within seven days of treatment with their herbal medicines, which they offered for sale as part of a "divya corona kit", meaning "divine corona kit", of three medicines for an affordable Rs 545 ($7.20) (Kumar 2020).

However, the cheapest and most freely available of all the unorthodox cures, the water of the river Ganga, which is also held to be holy by orthodox Hindus, failed to progress to the clinical trials stage after the Indian Council of Medical Research turned down proposals forwarded by the National Mission for Clean Ganga – a Union government body whose job it is to clean up the highly-polluted river – to treat COVID-19 patients with Ganga water.

One controversial cure that did win the ICMR's full backing was hydroxychloroquine (HCQ), an anti-malaria medication that ICMR recommended on March 22 as prophylaxis for asymptomatic healthcare workers treating confirmed and suspected COVID-19 patients and family members of such patients. The use of the drug was subsequently expanded on May 22 to include frontline workers such as the police (Saikia 2020). After President Trump touted it as potentially "one of the biggest game-changers in the history of medicine" in a tweet on March 21 – a day before ICMR recommended its prophylactic use in India – demand for the drug skyrocketed. India is the world's main producer of HCQ, and accounts for 70 percent of global production of the drug. Exports were banned by the Directorate General of Foreign Trade on April 4. The ban was lifted on April 7 following a call from President Trump to Prime Minister Modi. India went on to export HCQ to 97 countries over the next month.

The country's well-developed pharmaceutical industry might have been expected to profit from this situation, but even companies manufacturing HCQ struggled to keep their production lines going at normal capacity. The sector as a whole saw an overall slump in production and sales. "Sales have dropped to half. At present, we have reached just 60 per cent of the routine sales for May target," Rajiv Singhal, secretary general of All India Organisation of Chemists and Druggists (AIOCD), a body representing 8.5 lakh chemists across India, told *The Print* (Chandna 2020). New product launches fell from 349 in April 2019 to 4 in April 2020. Domestic pharmaceutical companies were barely able to maintain the flow of their regular products and were operating at 40 to 50 percent of their total capacity. The main reasons cited by manufacturers for this slump were a severe shortage of workers, and a disruption of supply chains.

Lockdown

On March 24, two days after the daylong "public curfew" that had concluded in cacophonous festivities and processions, Prime Minister Modi addressed the nation once again in a televised address. Speaking at 8 PM, he announced that the whole country of 1.3 billion people would go into a complete lockdown for 21 days starting at midnight. People were left with four hours in which to prepare for the lockdown as best as they could. Movement of trucks soon ground to a halt. Separating the ones carrying essential goods from those carrying other items was a mammoth task. Moreover, there was no clarity at ground level on what exactly was considered essential, or what was to be done about empty trucks. With the cheap highway restaurants known in India as 'dhabas' being shut down, there was no place for truckers to eat. Many didn't even have water to drink. "Drivers have started abandoning trucks and hiking back home even if these places are 200-300 km from where they

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are," Bal Malkit Singh, chairman of the All India Motor Transport Congress told *The Times of India* two days later (TNN 2020). By April 7, transportation of goods in India had almost ground to a halt. The daily movement of trucks had by then fallen to less than 10 percent of normal levels, according to the All India Motor Transport Congress, the umbrella body of goods vehicle operators in the country (Sundria 2020).

The human cost of the lockdown revealed itself before the economic cost. It was visible in the lines of migrant workers trekking home over hundreds of kilometres. More than 90 percent of India's workforce is in the unorganised sector. There are an estimated 100 million internal migrant workers who constitute the backbone of the labour force in numerous sectors. When the sudden lockdown kicked in, millions of daily wagers all over the country, especially in its metropolises, were immediately left without a source of income. "Where will we get some food?" Bhole Kumar, a mason at a construction site who earned Rs 500 ($6.55) a day, asked *The Wire*. "Hunger will kill us before the coronavirus" (Agarwal 2020). He was one of a group of five men walking 170 km from their workplace in Noida near Delhi to Najibabad in Uttar Pradesh.



Internal migrant workers leaving Mumbai on foot. This particular group was photographed in Dombivili on the outskirts of the city, on their way to Solapur 400 km away. Source: Debasish Dey

Over the next two months, similar reports and pictures poured in from everywhere. At first it was only men, but by and by entire families, with women and babies, and scant belongings, began the long march home to their villages in the punishing heat of the Indian summer in scenes reminiscent of Partition. They did not all make it. On May 17, *The Hindu* ran a report titled "U.P. migrant walking home dies of 'hunger'", with the word 'hunger' in single quotations, as though it were somehow an impossibility whose reality could not be admitted. Two days later, the Press Trust of India reported a different case, this time from Maharashtra in the country's west, of a labourer whose partially decomposed body had been found in a remote village. He had been on his way home on foot from Pune. Officials cited starvation as the likely cause of death. From Andhra Pradesh in the country's south, there was a report published in *The New Indian Express* on May 22, of a worker from West Bengal who had died of sunstroke trying to walk home from Chennai in the punishing heat of the Indian summer. The distance from Chennai to Kolkata is 1,670 km (Express News Service 2020).

The total number of migrant workers who died trying to walk home during the lockdown is difficult to gauge, as reporting from the country's interiors is patchy even at the best of times. An NGO called SaveLIFE (Dutta 2020) compiled a report according to which 198 migrant workers died in road accidents between March 25 and May 31. An additional sixteen migrant workers died when they were run over by a goods train in Maharashtra on May 8. They had been walking along the tracks,

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possibly to avoid detection by the police – who in most places were beating up, arresting, detaining or otherwise harassing those trying to walk home for violating the lockdown – and had gone to sleep, exhausted, on the wooden sleepers of the tracks secure in the belief that trains were not running.

On April 14, Modi announced extension of the lockdown until May 3. "If we look at corona-related figures in the world's big, powerful countries, India today is in a very well-managed position", he said. "It is clearly evident from the experience of the past few days, that we have chosen the correct path." The number of cases in India then was approaching 11,000, still far below the numbers in countries such as Italy, Spain, and USA.

By this time, distress had turned into desperation for many. A crowd of thousands gathered at Bandra station in Mumbai demanding trains be run so they could get home. They were dispersed by police who beat them with sticks. In Surat in Gujarat, migrant workers blocked roads and staged a protest. A group of around 150 migrant workers in Hyderabad that set off on foot on hearing of the lockdown extension was stopped by police. However, the lines of those walking home did not stop.

Their suffering was only the tip of an iceberg of woes. The Center for Monitoring the Indian Economy, a private think-tank, estimated that 122 million people, from informal as well as formal sectors, were rendered jobless in April on account of the stringent lockdown. The jobless rate for the week ending March 3 stood at 27.1 percent. "A massive 91 million lost their livelihood in just about a month. This is not just a mind-boggling number. It is a human tragedy because these are, perhaps, the most vulnerable parts of society," CMIE chief executive Mahesh Vyas wrote (Vyas 2020).

The lockdown sent the Indian economy into a tailspin. Global research firm Fitch Ratings, in an update to its Global Economic Outlook on May 26, forecast a 5 percent decline in the country's Gross Domestic Product for the current financial year. The same day, the Indian analytical firm CRISIL released a report titled "Minus five," making a similar prediction, stating that "India's fourth recession since Independence, first since liberalisation, and perhaps the worst to date is here" (CRISIL 2020). Two days later, global ratings firm Standard & Poor's, of which CRISIL is a subsidiary, also forecast a 5 percent contraction of the Indian economy for the financial year.

With the economy crumbling, Modi appeared once again on TV on May 12. This time he announced an economic relief and stimulus package of Rs 20 lakh crores, amounting to almost 10 percent of India's GDP. He also made the remarks, mentioned previously, on India having turned crisis into opportunity through the manufacture of PPEs and masks, issuing a call for 'Atmanirbhar Bharat' or 'Self-Reliant India,' and asking people to be "vocal for local." On closer examination of the details which were announced by the Finance Minister, economists found the relief package was actually closer to 2 percent of GDP since much of the rest consisted of a repackaging of old schemes to boost the headline figure. However, Modi did announce that day that people would have to learn to live with the virus. An easing of the lockdown began just when the coronavirus curve had begun rising sharply.

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A few special trains, named *Shramik* (meaning labourer) expresses had begun running earlier, on May 1, after the scale of the lockdown disaster became apparent. These increased in frequency. On May 31, V.K.Yadav, the Chairman of India's Railway Board, told news agency ANI in a televised interview that the railways had ferried more than 5.4 million workers to their home states on 4050 trains since the beginning of the month. From May 25, domestic flights resumed. Another 200 trains began to operate from June 1.

Notions of social distancing are fanciful in India. Millions of people, often forced into crowded spaces, poured out of the cities with the worst outbreaks of COVID-19, spreading the coronavirus into the far corners of the country. When the lockdown was initially imposed on March 24, COVID-19 cases were still being found only among those who had arrived from abroad. By June 1, when train services were restored, India had the seventh most COVID-19 cases in the world. It was reporting in excess of 190,000 cases then – and this number was almost certainly an underestimate (see Table 1).

Despite having stopped international flights since March 22, the country's authorities led by Health Minister Harsh Vardhan continued to insist, even in mid-June, that there was no community transmission. This made it very difficult for people to get tested, because according to the guidelines, only those with full-blown symptoms, plus a history of foreign travel and contact with a COVID-19 patient could be tested, if they had a doctor's prescription recommending one. The ostracism suffered by COVID-19 patients – even funerals were denied in at least three widely reported cases – coupled with price-gouging by private hospitals meant that there were serious disincentives to getting tested, and little chances of getting treated even if tests were positive. The Association of Healthcare Providers, a body representing private hospitals in India, suggested a minimum fee of Rs 15,000 per day for stay in general wards. The Central Government Health Scheme, an insurance for central government employees, has a ceiling of Rs 1000 a day for reimbursements on general ward stays. In many cases reported from across the country, patients staying in hospitals for treatment, of COVID-19 or other diseases, were additionally billed thousands of rupees for exorbitantly priced PPEs. In a country where the per capita monthly income was Rs 11,254 before the economy tanked, private hospitals were out of reach of the vast majority even after a couple of state governments belatedly imposed price caps.

As of mid-June 2020, the numbers are mounting rapidly despite relatively limited per capita testing. Reports from Delhi and Mumbai suggest a shortage of hospital beds. Patients are dying without treatment after being ferried from hospital to hospital and denied admission. The Chief Minister of Delhi, Arvind Kejriwal, has reacted to these reports by accusing hospital administrators of black-market dealings in hospital beds, and trying to reserve 10,000 hospital beds for residents of Delhi – a

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move shot down by the Lieutenant Governor. According to the Economic Survey of Delhi 2019-20, the national capital region has a total of 57,709 hospital beds. The state's population was 16.8 million in the 2011 census and is currently estimated at over 19 million (Planning Department, Government of NCT of Delhi 2020).

A shortage of doctors and nurses has also begun to bite. The country has long had well below WHO recommended numbers of doctors and nurses per thousand population. The level of training of those who work in the sector was also a matter of some concern. For instance, a WHO study on healthcare workers in India found that only 42.7 percent of allopathic doctors in India actually had a medical qualification (Anand and Fan, 2016). Some of the most highly trained of these healthcare workers are at AIIMS in Delhi. There, by June 4, more than 480 workers including 19 doctors and 38 nurses, apart from attendants, sanitation staff, lab technicians and security staff, had tested positive for the virus, and the nurses had begun to hold protest demonstrations (Shukla 2020). They were having difficulty working in airtight PPEs for six hour shifts without air conditioning in the heat of the Delhi summer, where maximum temperatures exceeded 47 degrees celsius. Mumbai's King Edward Memorial Hospital, a treatment facility for COVID-19 patients, also saw a brief strike by nurses protesting work conditions on June 1. In Hyderabad, around 300 doctors working at the Gandhi Hospital, the main COVID-19 treatment facility in the city, went on strike on June 10 after one of them was assaulted by relatives of a patient who died.

Implications

As of June 11, 2020, India rose to number four in the global ranking of the pandemic outbreak, and the number of cases is still rising with a peak expected sometime in July or August. There are clear signs that India's overstretched healthcare facilities are beginning to collapse under the pressure. It is also evident that a lot of people are going to die in India before this is over. The case fatality ratio in India has been lower than the global average at 2.8 percent against 5.8 percent worldwide. The reasons for this low figure are unknown. Even if the figure is taken at face value, it implies that India is facing a considerable disaster. With containment measures having failed, and the economy in far too much trouble to allow a repeat of a full lockdown, the only way COVID-19 can be checked at present – no vaccine is in sight – is if the population approaches herd immunity. The minimum percentage of the population that would have to recover from the disease for this to happen is still not clear, but estimates range from 50-70%. (D'Souza and Dowdy 2020) Since India's population is 1.3 billion, that would mean 1.9 million deaths. It is evident from the current situation that many of the deaths will not be recorded as COVID-19 deaths because patients will simply not be tested or treated.

This grim situation will influence approaching elections in two large battlefield states, Bihar and West Bengal. The treatment endured by migrant workers from these states is already a political issue. The growing economic distress and burden of illness will also increasingly become electoral issues. The ruling BJP at the centre has tried, and will probably continue to try, to use all means at its disposal, including its indirect control of large sections of the Indian media, to shift the blame elsewhere. In the early days of the outbreak in India their efforts were aimed at blaming Muslims for the spread of the disease after the detection of the Tablighi Jamaat cluster of cases. BJP Chief Ministers of four states – Gujarat, Uttar Pradesh, Madhya Pradesh, and Uttarakhand – made public statements ascribing the rise of COVID-19 numbers in their states to the Tablighis. It is probable that social fault-lines in

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India between Hindus and Muslims will deepen further as a result of the politics of COVID-19 scapegoating.

The Hindu-Muslim fault-line is hardly the only one in India. There's also a very visible rich-poor divide. The poor blamed the coronavirus on the rich people traveling to and from foreign countries and spreading it at home. It has since caused untold miseries for the poor. This may fuel crime. Additionally, although leftist politics in India have been pushed to the electoral margins, they are not completely extinct, and have gained fresh respectability in some places during this crisis. Several state governments, with the encouragement of the centre, tried to dilute the country's labour laws regulating minimum wages and the length of the working day as a response to economic difficulties, drawing protests from trade unions and an expression of concern from the International Labour Organisation. There is one state that the Communist Party of India (Marxist) still rules. That state is Kerala, whose success in containing COVID-19 has been noted worldwide, but has earned no praise from Modi or his government. Political fault-lines have deepened between opposition-ruled state governments and the ruling BJP, not least because the states have been at the forefront of fighting the pandemic, while the centre has not allocated them tax revenues they are owed. Pre-existing adversarial relationships between several states and the centre have acquired a new edge.

Various kinds of politics – of religion, language, and class – are being exacerbated by the COVID-19 crisis. The clashes between these kinds of politics may sharpen as economic distress mounts and the bodies pile up. The ruling party has already shown its inclination towards democracy of the Russian variety.

They will no doubt be tempted to go further down that authoritarian path.

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Samrat Choudhury is a columnist and author. A former editor of newspapers in Delhi, Mumbai, and Bengaluru, he now lives in Kolkata where he writes a column for *Firstpost.com*. He is the co-founder *Partition Studies Quarterly*, an online journal that aims to document Partition effects in Northeast India, and Editor of *East Wind*, a magazine that focuses on Northeast India and its near-abroad. His first book, *The Urban Jungle*, was published by Penguin in 2011.

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