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INDIA'S STARVATION MEASURES

INDIA IS CURRENTLY in the early stages of a three-week lockdown imposed by the Modi government to control the COVID-19 pandemic. National and state borders have been sealed and swathes of the economy shut down.¹ Workers have been laid off and day labourers have lost their incomes. Sanitation workers and other key employees are struggling to get to work without public transport. Those in the informal sector have been particularly hard hit. Migrant workers are desperately trying to return to their villages, in some cases walking hundreds of miles along now empty highways, carrying their children in their arms. Students, too, are trying to get home as their colleges and universities have shut. Those who succeed may be carrying the virus into areas of rural India it has not so far reached. But for many the distances are just too great and they are stuck without an income, facing hunger in the cities that will no longer support them. The NGO sector is trying to step in, and some local-government agencies are supplying food and shelter. But the risk of overcrowding and the spread of disease imperils such interventions.

Meanwhile, a combination of disrupted supply chains and panic buying has led to empty shelves in shops. Food prices have risen and some commodities are unavailable. It did not take long for stories of lockdown-related violence to emerge: social media—and increasingly, the mainstream media too—is awash with evidence of the police assaulting people for supposed infractions: shoppers trying to buy essential goods, delivery staff, journalists, doctors and transport workers. A young man in Kolkata who had gone out to buy milk died after being beaten up by the police. The Chief Minister of Telengana, a Modi ally, has threatened

that people breaking the curfew will be shot on sight. The widespread confusion about what is permitted makes a fertile breeding ground for vigilantism. It has also given the police new opportunities for extortion, with vegetable sellers being forced to pay bribes in order to ply their trade, even though they are exempt from the restrictions. A potato seller in Patna who refused to pay up was shot in the leg by the police. Less visible are the effects of the restrictions on victims of domestic violence. The homeless are desperately vulnerable.

The lockdown was the Modi government's panicked response in late March to the realisation that the COVID-19 epidemic was spiralling out of control. Although the number of confirmed infections was still below a thousand, government advisers must have warned of a looming public-health disaster, with overwhelmed hospitals and people dying untreated. Modi and his Number Two, Amit Shah, must have realised that all the media manipulation in the world would not be able to neutralize those scenes. Motivated, presumably, by Modi's need to be seen to be taking control of a deteriorating situation, the lockdown was announced without any details of what exactly was forbidden, or what measures the state would take to mitigate its disastrous impact on large sections of the population. With his penchant for spectacle, and aversion to press conferences, Modi made the lockdown announcement in a televised address. Panic buying ensued immediately, with the kind of crowding in shops that horrifies public-health experts. Circulars with more detail were put out some hours later, but these reached only a fraction of Modi's TV audience and did little to lessen the widespread anxiety and confusion. It took another two days before the government announced a relief package of 1.7 trillion rupees, some \$23 billion—a positive step, but the details show derisively small handouts to people who have lost their incomes. Economists have noted that some of the money was already included in the budget and has simply been repackaged.

The lockdown has transferred the burden of the coronavirus pandemic almost entirely onto the shoulders of the poor and marginalised. It is clear from the videoclips on social media of ordinary people expressing their anger and helplessness that most see the lockdown as a calamity far greater than COVID-19 itself. This may be partly because the full force of the epidemic has yet to arrive, while state mitigation of the lockdown's effects has been pathetically inadequate. But their arguments cannot be

¹ N. R. Musahar is writing under a pseudonym.

so easily dismissed. India's young population and the heavily age-biased nature of this disease means that the fatality rates of the coronavirus could be somewhat lower than in the West, especially amongst poorer communities with generally lower life-expectancy. Put brutally, workers may starve to save the primarily middle-class elderly from dying. And for anyone who doubts that the possibility of starvation is real, it's worth noting that the Chief Minister of Kerala, widely praised for his response to the pandemic, felt the need to explicitly reassure people that he would not allow anyone in the state to starve to death as a consequence of the lockdown.

From one point of view, the lockdown has already been a success. A characteristic of the Modi government, shared by other far-right regimes, is a tendency to see every event in terms of its propaganda impact. The BJP derives its legitimacy from the vocal or tacit support of a large section of the upper-caste Hindu middle classes, and it is to this audience that Modi primarily addresses himself. With each of his pronouncements, armies of BJP activists build consensus around the new policies within this class, flooding social-media feeds with 'national-interest' memes and attacks on critical voices. Now, however, something was amiss. By mid-March there was considerable middle-class restlessness about the response to COVID-19 and some, including apologists for the BJP's Hindu-nationalist project, had been calling for 'decisive' action for a while. Many of the loudest voices showed little understanding of epidemiology or pandemics, and in a sense the calls were a cry of helplessness in the face of an incomprehensible impending menace. Something needed to be done to address this discontent. A nuanced, wide-ranging set of measures to slow the disease, protect the most vulnerable, shore up India's fragile health infrastructure and mitigate the economic effects would have been more effective. But a single dramatic announcement had far greater propaganda value. The lockdown may be causing working-class people untold misery, but the middle classes, including many liberal and left-leaning commentators, have largely been supportive. Aided by a pliant media, Modi and Shah have been busily constructing a narrative of 'timely' action—shored up, ironically, by downplaying the pandemic itself.

How did we get here? Although the first case of novel coronavirus infection was reported in India on 30 January 2020, the disease did not spread rapidly. Indeed, only three cases were reported by the end of February, all three being students who had returned to Kerala from Wuhan and

subsequently recovered. The Kerala government appears to have been successful in containing this initial mini-outbreak through quarantining, contact tracing, monitoring and other measures. Remarkably, given what was happening in neighbouring China, coronavirus was almost entirely out of the national news during February, when headlines were dominated by the widespread protests against Modi's anti-Muslim Citizenship (Amendment) Act and by the Delhi state-assembly elections, which the BJP resoundingly lost—followed by a large-scale pogrom targeting Muslims in the city juxtaposed, surreally, with the fanfare of Trump's visit. During all of this, only a few prescient voices could be heard arguing that we needed to take the coronavirus threat seriously.²

By early March there were new imported cases and some local transmission, leading to an increase in numbers. It was no longer true that all cases could be traced back to travellers from countries like China, Italy and Iran, where coronavirus was already widespread. Since then there have been multiple further re-introductions of the virus, leading to local outbreaks in different parts of the country. Although some of these may have been successfully contained, it is now clear that several were not, and many are out of control. Every day, new cases are being reported in states and localities previously free of the virus, while certain areas—overwhelmingly urban, so far—are developing into hotspots.

Even as the epidemic gathered pace in March, the government remained largely focussed on other issues: building temples, silencing protest around the CAA and related discriminatory citizenship measures and appointing loyal friends to positions of power, including a heavily compromised former Chief Justice of the Supreme Court, Ranjan Gogoi, to the Rajya Sabha, India's upper house. Perhaps Modi's biggest 'success' in this period was toppling the opposition-led government in Madhya Pradesh by organizing the high-profile defection of Congress's Jyotiraditya Scindia in mid-March and allegedly bribing 22 of its legislators to resign with him. One thing is certain: the political agenda was still not oriented towards the rapidly growing COVID-19 threat. At the same time, prominent voices in the BJP and associated Hindu right-wing organizations were busily circulating nonsense about how yoga, cow urine, dung, sitting in the sunshine and various herbal remedies could be used to fight the virus, adding to a general atmosphere of complacency.

² For example, Priyanka Pulla, 'Why India Should Worry About the New Coronavirus', *The Wire*, 30 January 2020.

Public-health voices were by now arguing frantically that the COVID threat was real and that India's health service was nowhere near ready to cope with the challenge it posed—especially since a large chunk of the healthcare budget had been diverted from core activities and infrastructure building towards one of Modi's pet projects, the Ayushman Bharat health-insurance scheme, which mainly benefits private providers.³ As the infections rose, journalists and health experts began openly criticizing the low level of testing, which ran contrary to WHO's advice and risked masking the scale of the epidemic and hindering its containment. Despite considerable evidence to the contrary, the Indian Council of Medical Research maintained that there was no 'community spread' of the disease—that is, no cases whose origins could not be traced explicitly to prior known cases.⁴ Without community spread, they argued, it was unnecessary and wasteful to do broader testing. This is, of course, a Catch-22 argument, as community spread can only be identified via testing. Denial was accompanied by a narrative that this was a 'foreign' virus, playing to the prejudices of the BJP's core base.

Although the mainstream media in India is largely supine, a number of persistent journalists campaigned untiringly on the issue.⁵ By the fourth week of March, revelations of incompetence, cronyism and corruption in the processes of approving new test kits and providing protective equipment to healthcare workers were threatening to spiral into a national scandal. Several journalists expressed scepticism about government statements on the epidemic and complained of opacity from health officials regarding basic points of fact and government hostility during press conferences. They represented a growing cross-section of middle-class opinion and their criticisms may have forced the government's hand. After several states had independently introduced their own lockdowns, Modi made his announcement on 24 March. Expert at making political capital out of adverse situations, the fact that the government had underplayed the threat from the pandemic allowed it to present the lockdown as timely, rather than overcompensation for its

³ T. K. Rajalakshmi, 'Ayushman Bharat: Public funds for private benefit', *Frontline*, 8 November 2019.

⁴ 'ICMR changes strategy for coronavirus testing in India', *The Economic Times*, 21 March 2020.

⁵ As press restrictions increase, health reporters raising their voices include Vidya Krishnan in *The Caravan*, Arunabh Saikia for Scroll.in, and Anoo Bhuyan for IndiaSpend, who have exposed the socio-economic conflicts in medical provisioning, opacity around testing, and government stonewalling.

earlier failures to properly equip health staff, expand testing capabilities and develop infrastructure such as temporary hospitals to cope with the surge in cases likely to come.

With the virus spreading through urban slums and some rural areas, closure of state borders is now being rigidly enforced, bringing to a halt the flows of migrant workers, many of whom are being housed in makeshift camps in the cities. Reports of hunger and starvation have emerged from both cities and countryside. And the predictable minority-blaming is in full swing—after it emerged that several attendees at an Islamic gathering in Delhi in March contracted the infection, a new narrative blaming the pandemic on Muslims has become widespread. Testing, including some community testing, is now increasing, but a lot more is needed to get an accurate picture of the pandemic’s extent in India. Several epidemiologists have argued that the lockdown is unlikely to lead to full-scale suppression of the disease, and that more measured approaches to slowing the coronavirus are needed which can be sustained over a longer period.⁶ Because the purpose of the lockdown has not been made clear, it will be hard to evaluate whether it has been successful on the government’s own terms. Even if the goal is to suppress the disease, India would remain vulnerable to future outbreaks, and it would seem wise to shore up the health infrastructure in the time bought. Far greater economic intervention will be needed to avoid widespread hunger, though responsibility for this will largely be passed to state governments that are already struggling with limited budgets because of the economic slowdown. If infection rates are brought under control but the disease remains a threat, what then? An extension to the lockdown is possible, but the misery of being confined indoors is compounded in a country where a huge number of people live in very cramped spaces. At what point do its economic, psychological and social consequences reach untenable levels?

Mumbai, 27 March 2020

⁶ See: Manjunath Shankar and Anant Bhan, ‘Why Lockdown is Not an Absolute Panacea for Coronavirus Spread in India’, News18, 22 March 2020; Jayaprakash Muliylil interview, ‘Suppression won’t work in India. Slow down the coronavirus. This will be a long haul’, Scroll.in, 23 March 2020; and Bhramar Mukherjee interview, ‘Virus isn’t going to disappear after lockdown: Expert says long-term strategy needed’, The NEWS Minute, 27 March 2020.