Coronavirus in India:
A Public Health Disaster in the Making?

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Introduction

Due to the inability to roll out large-scale testing for Covid-19, no clear picture exists regarding the full scale and extent of the pandemic. Despite various lockdown strategies around the world, at the time of writing, the virus has killed more than 137,000 across the globe with 2,064,668 positive cases reported worldwide[1]. Emerging in December last year in the city of Wuhan, China, the World Health Organization (WHO), officially declared Covid-19 as a pandemic on March 11th.

The pandemic represents a litmus test for existing leaderships, particularly with regards to their ability to successfully deploy the needed resources to combat the virus and meet post-pandemic societal needs. India, under Prime Minister Narendra Modi, has been subject to the same scrutiny as other leaders around the world.

With the coronavirus outbreak unfolding in one of the most populous countries in the world, the swift lockdown imposed by Indian authorities on March 24th left thousands of rural workers--unemployed and homeless-- on foot escaping big cities back to their rural homes and villages seeking refuge and shelter. In a country where health infrastructure is already of grave concern, given existing socio-economic divisions, living conditions and disparities that impede the practice of ef-fective social distancing, the situation is more troubling. In that regard, while India faces the alarming prospects of mass starvation (Purohit, 2020), another sociological consequence of the Covid-19 pandemic that is beginning to emerge is the rise of Islamophobic discourse in society. Some have blamed the Islamic missionary organisation, the Tableeghi Jamaat, for the spread of the virus.

The main aim of this discussion paper is to highlight the impact of the coronavirus pandemic in India. The first section of the paper will provide an overview of the coronavirus crisis in India, and how the lack of testing facilities imposes a larger risk in densely populated poor areas of the country. Besides these factors, other sociological implications will be put forth by discussing the outcomes of the lockdown on rural workers in cities and the emerging conspiracy theories against the Muslims, leading to greater communal divide.

 The final section of the paper puts forth some suggestions argued by scientific experts, shedding light on what can be done and how health logistics can be improved in India. It will also highlight the recurrent patterns of Indian policymaking, arguing that the Covid-19 response is of similar ill-planned nature as many of the policies implemented by the governing BJP in recent past.[2] The outcomes of these decisions dent the already fragmented sociological structures in society.

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[1] For more https://coronavirus.jhu.edu/map.html
[2] This includes the revoking of Article 370 for the state of Jammu and Kashmir, demonetization and the passing the Citizenship Amendment Act in particular.

Issues with testing and contact tracing

India's first Covid-19 case was reported in Kerala back in February. From mid-March onwards, South Asia witnessed an increase in the number of cases and fatalities related to the Covid-19 pandemic. Unlike China, South Korea, the United States and many other European countries, the number of official cases in India remained low in comparison. According to the most up-to-date situation report by the WHO, India had 3374 cases as of April 5th. To curb the outbreak in a country of 1.3 billion people, the leadership in India imposed a 21-day nationwide lockdown on March 24th.

Furthermore, when the virus first emerged, India was crippled with protests against the Citizenship Amendment Act. The latter is a new anti-Muslim law passed by the ruling Bharatiya Janta Party (BJP)—A Hindu xenophobic party--which excludes providing Indian citizenship to the Muslim immigrant minorities from the neighbouring countries.[3] In that light, it is stated that as the virus was creeping in the society from late January onwards, the time needed to prepare effective measures and policy for the incoming pandemic was gone (Krishnan, 2020).

Lack of healthcare equipment such as ventilators, personal protective equipment's (PPE) for those in need, and the hospitals' inadequate capacities to deal with millions of patients are some of the clear challenges. Mass testing is also another hurdle that the country faces. According to journalist Vidya Krishnan, India also has a limitation in measuring the real numbers relative to its population size (Kirshnan, 2020). According to the latest data, India conducted a total of 69,245 tests by April 3rd[4].

Nevertheless, Shahid Jameel, a renowned Indian virologist, states that the limitation of testing in India is not just a question of availability of testing-kits. The state's capability in terms of conducting tests and providing the needed lab infrastructure are key factors for the success of this endeavour. Jameel points out the bureaucracies that are involved in the state-level to pass the certification of certain labs in the process, which impedes effective response to a complex health emergency like the Covid-19 pandemic (Jameel, 2020).

Another side of the low testing rate is the fact that people must pay to be tested. Since India continues to have a significant proportion of its population living in poverty, mass testing remains a hurdle. According to World Bank data, 20 per cent of Indians live below the poverty line (World Bank, 2016). Even though in the current crisis the government has promised to provide income support, a large disparity exists if one compares to what is being provided and the cost of the available test itself: $7 provided with the cost of the test being $60 (Krishnan, 2020).

In a place where testing becomes a mere luxury instead of a necessity during a pandemic, re-calculation of priorities in the health sector and wider measures become necessary to be put in place by the government. These measures must adhere to providing equal opportunity to healthcare, coupled with a more streamlined process to grant certification for the needed lab infrastructures.

In line with testing, contact tracing of individuals infected with the virus and so-called super-spreaders in a densely populated country poses its risks and problems. Along with an inability to conduct enough contact tracing, the dense population size also poses a challenge for the state in providing effective quarantine and social distancing measures. There have been cases where individuals suspected of having Covid-19 have been asked to quarantine and remain self-isolated, but then subsequently escaped the quarantine facilities (Phalnikar, 2020). One of the main reasons for this is the societal stigma that is being associated with the disease. Low levels of awareness in many developing countries across the world make Covid-19 a source of potential societal humiliation(Sharma, 2020). As the toll of the outbreak started to increase in India, Narendra Modi finally addressed the nation on March 19th to participate in the 'Janata Curfew' (People's curfew) on March 22nd. Ironically, this turned out to be a 30-minute pot-banging spectacle and a rally packed by thousands of Modi supporters that ignored social-distancing requirements.

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[3] This includes Bangladesh, Afghanistan and Pakistan. For more: https://www.bbc.com/news/world-asia-india-50670393
[4] For more on data: https://ourworldindata.org/covid-testing

Migrant workers wearing masks are seen as they wait to go their native villages during nationwide lockdown as a precaution against coronavirus (COVID-19) pandemic, in New Delhi, India on March 28, 2020. (Amarjeet Kumar Singh - Anadolu Agency)

Lockdown and the plight of labourers

As India went on lockdown, bustling metropolises such as the financial capital Mumbai and the capital city Delhi went silent. In response to efforts to contain the virus, experts have argued that any failure to put timely preventive measures to control its spread in India will lead to a worse situation than either Italy, the US, or China. Similarly, what is even more drastic in India's case is the predicted economic impact the lockdown will have (Singh, et al., 2020). According to Bloomberg (2020), various economists foresee that the already anaemic Indian economy will face an existential crisis due to the on-going Coronavirus pandemic.

India has a large number of informal workers, mostly coming from rural areas that make up a significant portion of its labour force. According to Santosh Mehrotra, in a report written for the International Labour Organization, ILO, there is a persisting pattern of employment that can be observed in the informal sector among the Indian labour force, which accounts for almost 85% of the total population (Mehrotra, 2019). From street vendors, construction, public transportation drivers, and home-based workers, the lockdown will impact these people the most and drastically increase unemployment (Singh, et al., 2020).

In a similar vein, a major consequence of the decision to impose a lockdown has been the massive urban-to-rural movement of informal workers. The resulting shutdown left much of the rural workforce in big cities unemployed. And thousands of these workers have been trudging miles between states and cities on foot due to lack of transportation availability, in hopes of going back to their homes to stave off the tragedy of having no income and food. Unfortunately, some of them also died on their way due to exhaustion and lack of food and water (Datta, 2020).

Even though in some states such as Bihar, Uttar Pradesh and Haryana buses were arranged in following days as the workers started moving due to limited transportation services available, thousands of these people flocked to the bus stations. They waited in queues in overcrowded conditions to board the buses (CNN, 2020). Instead of enforcing social distancing, the lockdown was counterproductive for these informal workers.

On one hand, professional health experts and the elite laud the lockdown order (Roy, 2020). However, for a typical rural informal worker from a low socio-economic background, the sudden unemployment and lack of housing and food means that their major concern is to fight starvation, rather than fighting the virus. This is the contradiction facing society during the lockdown. Reports published by news outlets have indeed suggested that the main fear among these masses is not to be infected by the virus, but rather destitution (Surr & Westcott, 2020).

Another reality for these rural workers and those from low-income backgrounds are informal settlements and squalid living conditions in slums and other poor areas across big cities. Rana Ayyub (2020), in an article for the Foreign Policy, classifies social distancing as 'mere privilege'. She opines that the upper-middle class and the elite can stock up on food and practice distancing measure, while the needy in the society are left abandoned on streets. The cramped living conditions in these areas do not facilitate social distancing. Any outbreak in these spaces would take a disastrous toll on the most vulnerable in society.

Another wave of police brutality

To ensure that citizenry abide by the protocols of social distancing, Indian police, on certain occasions, have resorted to using violence. The actions of the Indian police are the result of invoking Section 144 of the Indian Criminal Procedure Code (CrPC), which forbids an assembly of more than four people in public. The main reasons for utilising this code is related to urgent situations that impose danger and threat in society and breaching the law is considered to be a punishable offence.

Even in this situation, migrants were the main targets of police brutality (Ayyub, 2020). Already, the Indian police were known to use violence against its population regarding the recent Citizenship Amendment Act and the wave of student protests which took the nation by storm earlier this year (Ibid.). However, news reports and visuals online (Reuters, 2020), demonstrate that the police have been using physically harsh measures such as beating with bamboo sticks and slapping in order to enforce the lockdown (Al Jazeera, 2020).

'Corona Jihad' and Islamophobia

Recently various states across India have traced more than 300 positive Covid-19 cases to a Muslim missionary movement called Tableeghi Jamaat (BBC, 2020). Tableeghi Jamat is considered to be a global movement with pockets of influence in 150 countries around the world (Mayaram, 2020). Founded and centred in India since 1927 by Muhammad Ilyas Kandhalawai, it is an extension of the Deobandi school and is an advocate of the position that da'wa is the duty of every Muslim.

Recently, the annual meeting, also known as the *ijtima*, was held on February 24th near Delhi's Sadar Bazar. Reports are stating that another meeting was also held sometime between March 13th and March 15th. What is crucial here is how abruptly events unfolded. When Narendra Modi announced the Janata curfew for March 22nd, the on-going programme in the Markaz was discontinued immediately (Marayam, 2020). However, due to the sudden cancellation of rail services across the country on March 21st, a large group of visitors got stuck in the Markaz premises. Before the Janata curfew could be lifted, the Chief Minister of Delhi, Arvind Kejriwal, announced a lockdown of Delhi, beginning at 6 a.m. on March 23rd. Due to the discontinuation of transport services, it is claimed by the Jamaat officials that some Tableeghi visitors got stuck in the premises (Salam, 2020). Nevertheless, many Muslims and Tableeghi officials do agree that holding an event in the outbreak of the virus was irresponsible (Ayyub, 2020).

On March 30th, ever since the death of six Tableeghi attendees, Islamophobic content targeting the Jamaat have been on the rise in social media platforms such as Facebook and WhatsApp. In that regard, the content purports that Muslims are actively working to spread the virus (Sebastian, 2020). Besides social media, several Indian news outlets and journalists as well have started targeting the Jamaat attendees as so-called super-spreaders of the coronavirus in India. In a country already split along a Hindu-Muslim divide and rising anti-Muslim sentiments, these developments pose a greater challenge for Indian society in the days to come.

Predictably, the communal card is being used to instigate hate and spread misinformation regarding Muslims. Even though Indian history is deeply rooted in this divide, the ruling of the BJP government under Modi has punctuated these sentiments since coming to power in 2014.

Correspondingly, what is evolving now is the merging of Islamophobia with the Coronavirus pandemic. As the #CoronaJihad hashtag flooded social media outlets, top BJP officials are officially vilifying the gathering and stating that the Jamaat attendees ignored the seriousness regarding Covid-19 outbreak. Mukhtar Abbas Naqvi, the Union Minority Affairs Minister in Modi's cabinet, has labelled the gathering by the Tablighi Jamaat a "Talibani Crime" (Ayyub, 2020).

In today's age, the spread of misinformation, fake news, hoaxes have altered the social landscape in Indian society (Sinha, et al., 2020). A research conducted by the London School of Economics and Political Science investigated the relationship between the spread of misinformation by WhatsApp and the increase in public

lynching in India, while at the same time looking at the increase in mob violence. One of the key findings of the research is that cases of violence seem to target specific groups[5]. There is a deep reservoir of distrust, hatred, contempt and suspicion against "*Pakistanis, Muslims, Dalits and critical or dissenting citizens amongst a section of rural and urban upper and middle caste Hindu men and women*" (Banaji, et al., 2019).

Accordingly, what has been observed by fact-checking website *Factly* since March 30th is an increase in fake content[6] on social media targeting the Muslim community, with the spread of such content related to Covid-19 tainted with a religious tone (Sebastian, 2020). Some videos related to the misinformation campaign, which went viral, consist of videos depicting hate speech against Muslims. For instance, in one of the videos, a man was wearing a skull cap was seen spitting with the accompanying message: "*Muslims are spitting in food which we give the order to purchase to eat. Please avoid purchasing food from Muslim shops*". In reality, the person was blowing into a plastic bag before carrying food[7] (Sebastian, 2020).

Post-independence India is marked with a history of communal riots and Hindu-Muslim violence. Incidents are reflecting the communal divide that is stitched in the sociological and political memory of the country (Brass, 2003). One known event is the demolition of the Babri Masjid in Ayodhya in 1992 to build a Temple (spearheaded by Hindu hardliners and BJP's president Lal Krishna Advani) on-site, later erupting in Hindu-Muslim riots killing 2000 people. Such an example that has stained India's post-partition period becomes worthy of investigation to understand the presence of violence fixated on religious lines and how communal divide has been widened in the presence of the Hindu far-right BJP[8]. Recently, disturbing images of Hindu mobs mobilising in Muslim areas in the northeast of Delhi such as Chandh Bagh and Bhagirathi Vihar marked global headlines as an outcome of the on-going CAA protests. As the protests bursts into what might be described as anti-Muslim pogrom during US President Trump's visit gives one an indication of the magnitude of the situation related to the on-going communal divide. For that reason, it is worth asking whether the targeting of Tableeghi Jamaat is a conduit to increase feelings of hatred against India's 200 million Muslims. Such a smear campaign has the potential to widen the divide in an already polarised country and increasing the risks of communal riots taking place in the future against the Muslim community in general.

Caught between the economy, communal divides and fighting Covid-19

The question that the whole world is asking is what can be done to cope with the unprecedented spread of Covid-19? Even though the challenge is global, and the hardest-hit countries so far have mostly been from amongst the wealthiest, India should be considered on a different scale. Its sociological and political makeup and the fact that that the post-pandemic scenario streamlines other societal circumstances discussed above must be taken into consideration.

Firstly, is the issue of rural workers facing unemployment, leading to further class divisions in an already stratified society. The country will need a well-planned policy implementation. This could be practised by executing effective policy measures more at the state level than the national level[9]. For poorer states in the country (such as the state of Uttarakhand) more support can be provided by the central government—where it should give money and needed resources to the state in question.

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[5] of Muslims, Christians, Dalits, Adivasis, etc.

[6] Before March 30th, misinformation regarding Covid-19 usually consisted of false cures or expert advice on how to avoid the pandemic. For more: https://caravanmagazine.in/media/after-covid-19-outbreak-at-tablighi-jamaat-conference-fake-news-targetting-muslims-abounds

[7] These videos were found by #CHECKIT, a WhatsApp group started by an organisation called the Confederation of Voluntary Associations, which works towards maintaining communal harmony in south Asia. #CHECKIT have been attempting to spot fake news on the platform.

[8] The Bombay riots between December 1992 and January 1993; the 2002 pogrom in Gujarat and the recent riots against the CAA during Trump's visits are some examples.

[9] Considering that state-level policies even in curbing down the impact of Covid-19 have been more effective. For more: https://www.livemint.com/news/india/delhi-cm-arvind-kejriwal-s-5-t-plan-to-fight-coronavirus-crisis-11586250706928.html

Secondly, there are risks associated with the rising communal divide becoming more pronounced across the country as a result of the on-going Covid-19 crisis. Even though the spread of misinformation targeting Muslims has been outlined above, it must be noted that there have been decisions backed by the government that have led this ideological framework to gain more momentum. For instance, the re-broadcasting of the late 1980s Hindu epic TV show titled *Ramayan* on the state broadcasting network Doordarshan is a case in point. The airing of the Hindu epic has indirectly contributed to the rise of Hindutva politics in the 1990s. It also set the tone for the demolition of the Babri Mosque in 1992 by far-right Hindu nationalist (Hindutva) supporters and the BJP. Broadcasting the TV epic in the current situation, therefore, feeds the far-right Hindu ideology among the masses, thus exacerbating the communal divide.

Furthermore, as mentioned, the large population size poses its risks and challenges. Renowned Epidemiologist Ramanan Laxminarayan opines that India is already witnessing a high rate of other fatal diseases. The latter, combined with high rates of smoking and poor air quality, will make it more challenging to deal with the coronavirus. He also stated that India might face 30-50 million severe cases of Covid-19, many of which will require hospitalisation. Additionally, there is generally poor health infrastructure, and lack of intensive-care unit beds[10] will cause a dilemma amongst health professionals when assigning needed resources to the sick. Shahid Jameel suggests that the creation of an affordable testing infrastructure will likely intensify efforts to trace and isolate affected individuals. Jameel also argues that the Indian state should refrain from geopolit-

ical rivalry with China and initiate science cooperation in studying and combatting Covid-19. This should be done while also ensuring that local innovation is being utilised at an effective scale (Jameel, 2020).

On the other hand, critics argue the there is an ineffective pattern in India's governance, and implementation of hasty key-policy measures has become the norm (Thakker, 2020). The lockdown was announced with only a four-hour notice. As a result, thousands of informal workers became suddenly redundant and stranded. Many of them who lost jobs ended up walking on foot, some dying on their way. And even if some were lucky enough to get transportation, the crammed environment while travelling poses greater risks of contracting the virus itself. An alternative scenario would have been a longer notice period, more organised scheduling in case the workers wish to go back to their homes, and perhaps also a setup where the government provides enough income support for the unemployed. But the usual rhythm of many policy decisions under BJP's tenure has been ineffective. One case is the impulsive implementation of demonetization in the past, highlighting the government's short-sightedness, which resulted in the poor segments of the society suffering the most.

The Covid-19 crisis represents a situation where planning and looking ahead is crucial. Sadanand Dhume, regarding Narendra Modi, states that the Covid-19 crisis is one of the biggest political challenges for the Indian Prime Minister. If he succeeds, he will be one of the most powerful standing politicians of all time. If not, then he will receive a political blow, as the country may find itself engulfed in unprecedented chaos (Dhume, 2020).

Conclusion

The Covid-19 crisis is certainly the greatest health emergency of today's globalised era. In India's case, the outcome is predicted to be far worse than other countries considering its population size and the disparity that exists in society. While the situation regarding the unprecedented movement of rural workers from big cities already reflects that a weak health infrastructure and insufficient contact tracing comes with a capacity to overwhelm the health system. Even in this case, the underprivileged of society will suffer the most.

Besides, divisions are not just a part of the abovementioned unequal socio-economic structures and disparities. A communal divide has been omnipresent

in India's case, and thousands have lost their lives to communal violence. In that regard, the way Coronavirus is now being used to spark anti-Muslim sentiments speaks volumes on how the situation is being used to promote and punctuate hate against certain minorities in the country. The government's bigoted approach has arguably derailed any potential effective response measures against the virus.

Reliance on science, rational policymaking, and timely implementation become necessary. The latter are basic approaches that the government can apply to respond to all crises, including epidemics, a furloughed labour force, and even the reduction of communal divisions.

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[10] India has 0.55 beds per 1000 people. Furthermore, private healthcare services are not accessible to the poor (Singh, et al., 2020).

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