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## Review

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## Review

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KASIM ALI TIRMIZEY

## ANTI-COLONIAL READINGS OF PANDEMICS IN PUNJAB

### Abstract

*At least 12 million people died due to the 1918 influenza (flu) in British India, whereas global death rates were at 40 million according to one conservative estimate. Similarly, India accounted for 95% of deaths due to the third plague pandemic from the late nineteenth to early twentieth century. This calls for an inquiry into the disproportionate character of these pandemics. This article builds upon an anti-colonial reading of pandemics developed by the Ghadar Party and Dadabhai Naoroji. Their fleeting comments are employed in order to historicize how the uneven mortality of the third plague pandemic and the 1918 influenza (flu) was constituted through the history of colonial-capitalism in the region.*

**Keywords:** Punjab; colonialism, pandemics, influenza (flu), plague, Ghadar Party, Dadabhai Naoroji; food

“We charge that, under British rule, deeds of violence, deaths from plague, venereal disease, sickness and misery have increased.” That was the seventh of twelve resolutions from the National Convention of the Friends of Freedom for India (FFI) at Hotel McAlpin in New York City on December 5<sup>th</sup>, 1920. The meeting was two years after the city had witnessed 30,000 deaths due to the influenza (flu) pandemic, that similarly affected British India with at least 12 million deaths. The Friends of Freedom for India was an organization with anti-colonial internationalist politics that campaigned for the independence of India in the United States. Delegates and speakers at the December event included those based in the United States involved in mobilizing for Indian independence like Ghadar Party co-founder Taraknath Das, FFI President Robert Morss Lovett, and those working for the national liberation of Ireland and Egypt, labour and socialist organizations in the city, and Pan-Africanist W.E.B. DuBois. The concrete connections between the United States and India were unpacked in the meeting, for example in how the US was an active agent of the British Empire through the deportation of Indian anti-colonial militants (Hindustan Gadar Party 1921a).

The denouncement linking pandemics with colonialism was not a new one, but such links were made in the writing of Dadabhai Naoroji from at least 1897 and in

publications of the Ghadar Party in the 1910s. Indeed, the connections made between pandemics and colonialism in their texts are under-theorized. Yet, as I argue in this article, their fleeting statements provide guidelines for developing an anti-colonial reading of the pandemics they experienced. Namely, they suggest that pandemics were not merely biological events, but were entangled with social, political, biophysical, and global relations. For instance, the imperialist organization of food production and consumption were tightly woven with how colonized bodies interacted with the transmission of the plague from rats to humans. In reality, these were moments that unveiled how colonialism and imperialism were incapable to sustain life.

Such articulations are similarly found as graffiti in public spaces across the world today as we live through another pandemic: “Corona is the virus. Capitalism is the pandemic”. In thinking about the present, the critiques made by Naoroji and the Ghadar Party provide anti-colonial reflections for framing how people live through the SARS-CoV-2 coronavirus pandemic.

This article begins by revisiting the 1918 influenza (flu) as experienced in Punjab, British India, and framed by the colonial administration. The second half of this paper explores how anti-colonial figures like Naoroji and movements like the Ghadar Party understood the plague that ravaged India from 1896 into the 1930s, and how that framework helps unravel an anti-colonial reading of the 1918 influenza (flu). The concluding section provides preliminary notes for reflecting on the present moment in terms of the connections between pandemics, food, imperialism, and resistance.

## Punjab, 1918

October to December of 1918 was a terribly lethal period in Punjab, British India, with about one million people dead. That represented 5 per cent of the population. One of the few testimonies that we have that describe those months is by W.H.C. Forster, who was a British medical officer working in the colonial administration. Forster was the Sanitary Commissioner of Punjab, which oversaw the protection of public health in the province. Forster described those days in apocalyptic terms:

*The hospitals were choked so that it was impossible to remove the dead quickly enough to make room for the dying; the streets and lanes of the cities were littered with dead and dying people; the postal and telegraph services were completely disorganised; the train service continued, but at all the principal stations dead and dying people were being removed from the trains; the burning ghats and burial grounds were literally swamped with corpses, whilst an even greater number awaited removal; the depleted medical service, itself sorely stricken by the epidemic, was incapable of dealing with, more than a minute fraction of the sickness requiring attention; nearly every household was lamenting a death, and everywhere terror and confusion reigned (Forster 1919, p. xi).*

The immediate cause of the massive amounts of death and the chaos that came with it was an influenza virus. This was a novel strain of an influenza A virus of the subtype

H1N1 that had in a matter of months killed at least fifty million people across the globe, including in Kentucky, Montreal, Auckland, Accra, Durban, Quito, and Lahore. Global deaths are estimated to be at least 40 million. With 680,000 in the US, 2.3 million in Europe, and 26 to 36 million in Asia, and between 12 to 18 million in India. Indeed, there is something quite disproportionate about these numbers.

While we can discuss the pandemic as a global phenomenon, it was always experienced locally. The site of origin of the 1918 influenza (flu) pandemic is still being debated, but an army base in Kansas is considered as a possible site of origin. In the Winter and Spring of 1918, there were high counts of influenza (flu) among troops fighting in Europe and the Middle East.

The first wave of infections in India are reported in June at the ports of Bombay (Mumbai) and Karachi after British India Army crew returned from fighting during World War I (Arnold 2019). Infected Indian soldiers deployed to Basra, Iraq, arrived in Punjab via the ports of Karachi and Bombay (Arnold 2019). Soldiers in the battlefields of Europe and the Middle East were key sites of transmission of influenza (flu) virus in general. Once the virus was in the port cities of Karachi and Bombay, postal office employees were important transmitters when they transported mail across the country via the rail network. In Punjab, the first wave of infections were in July of that year, with limited cases but at this point the flu strain didn't result in a high mortality rate. The second wave in August and September was similar in character in being mild and having a low mortality rate. There was a mild epidemic across the province and with cases identified in major cities of Punjab, like Lahore and Amritsar. By September, the zone of infection stretched across all corners of the province. The third wave was a different monster altogether. As an influenza virus moves from one human host to another, there is always the small probability of slight mutations in the virus' genetic makeup. As a virus gets transmitted more often, there is a greater likelihood that it will mutate to be more or less lethal. The virus in the third wave from October to December was highly contagious as its incubation period was short and it was highly mortal. Its effects were seen in city and country, from Multan in the south and Murree in the north, Campbellpur (or present day Attock) in the north-west, and Gurgaon in the south-east. The Sanitary Commission stated that in those three months, there were 962,937 deaths (Forster 1919). When the virus was in Punjab, general travel, trains, large gatherings such as at cinema halls and theatres, were cited as important sites and activities that contributed to its spread (Forster 1919).

Forster, the Sanitary Commissioner of Punjab, narrated one instance of how the arrival of an Indian soldier into one area quickly led to widespread infections in the region. An Indian soldier with influenza symptoms arrived at Narkanda, a town at 2708 meters in altitude in the Himalaya mountain range and near Shimla, the summer capital of British India. The soldier stayed with the *kbansamah* (cook) who worked at one of the hotels in Narkanda. After three days, the *kbansamah* and his family started showing symptoms of the influenza (flu). The blacksmith, who was friends with the hotel servant and lived next door, and his family began showing influenza (flu)

symptoms a few days later. The postal office workers had the custom of sitting down and talking with the Hotel *khansamah*. They too contracted the influenza (flu) and spread the disease far and wide. The influenza (flu) then arrived in the neighbouring town of Kotgarh, and from there it spread across the Hindustan-Tibet Road (Forster 1919).

Granted, epidemics were not new to the region. Just the year before, Punjab saw a surge of deaths due to the plague. And India had in the past decades faced bouts of cholera, smallpox, malaria, and tuberculosis. Indeed, these pathogens had a comparable scale of influence as the influenza (flu). For example, the bubonic plague had killed about 12.5 million people in India from 1896 to the late 1930s (Klein 1988). The 1918 influenza (flu) pandemic differed in its intensity as it killed an equivalent amount of people in a few months.

“Nearly every household was lamenting a death, and everywhere terror and confusion reigned”

One hundred and two years after the peak of the influenza (flu) pandemic, we are living through a similar moment through Covid-19. In these times, I often hear phrases commenting how the coronavirus affects everyone, like “the coronavirus is the great equalizer” and “we are all in the same boat”. The Sanitary Commissioner of Punjab, W.H.C. Forster, had similar words to say about the influenza (flu): “nearly every household was lamenting a death, and everywhere terror and confusion reigned” (Forster 1919, p. xi). These statements are definitely true, the influenza (flu) affected young and old, women and men, those in city and country, rich and poor. And, so far in this narrative, that is the story that I have been telling. That story is describing the impacts of the influenza (flu) as a universal experience. But, an important question to respond to is: Which groups of people were most affected by the influenza (flu)? And why?

Forster had one answer to those questions. He estimated that 50% of “poorer classes” who contracted the disease died, whereas the mortality rates for British in the area was less than 5%, and upper-class Indians with access to medical facilities at 6%. Rural areas were also more affected than urban areas. Forster explained these stark differences on differential access to quality medical attention and unhygienic conditions, especially in the countryside (Forster 1919, p. xvi):

*All classes and creeds are liable to suffer, but the mortality varies with classes. Europeans who live under almost ideal hygienic conditions suffer very slightly. Indians under good conditions of livelihood and assured of proper medical attendance, food, and clothing, escape comparatively lightly. The people who suffer most are the poor and the rural classes, whose housing conditions, medical attendance, food and clothing are in defect.*

*In the present epidemic the poor and the rural classes were adversely affected by the economic conditions resulting from the war and the failure of the monsoon.*

*Food prices were high, a sufficiency of blankets and warm clothing almost impossible to obtain, and milk was scarce owing to the fodder famine.*

This analysis makes it appear that the dramatic mortality rates in Punjab resulted simply from a confluence of contingencies. First, the lower level of rainfall expected from the summer monsoon reduced agricultural output and contributed to higher food prices. The ongoing world war was also said to have increased food prices. With food becoming more costly, the working class and poor peasants had a more difficult time taking care of their health, thus making them weaker in the face of the influenza (flu). Natural and historical events which could not have been controlled were to blame for high mortality rates. Forster also effectively blamed the poor for their poverty and for living in unhygienic conditions.

In an extensive study of the 1918 influenza (flu) in India, the historian Ian D. Mills argued that the pandemic combined with a famine in India produced “mutually exacerbating catastrophes” (Mills 1986). During the summer of 1918, an unusual reduction in monsoon rainfall caused significant crop failures. It affected broad swathes of India, including Punjab, Gujarat, Bombay, Deccan, Behar, Rajputana, the southern part of Central Provinces, Orissa, and United Provinces. This corresponds with zones that were also the most affected by the influenza virus. Crop failures led to widespread food insecurity, which caused malnutrition and a weakened immune system that was increasingly vulnerable to infection.

In Bombay, the influenza pathogen was transmitted across the general population – from the British to Indians, upper to lower caste Hindus. However, death was starkly differentiated. The mortality rate in upper caste Hindus and Muslims was more than double the rate of Europeans in Bombay. Even more shocking was that lower caste Hindus had over seven times higher mortality rates compared to Europeans. These social differences can be explained in how access to food was determined by caste and class (Mills 1986).

The narrative from colonial administrators is that a drought-induced famine caused food insecurity, weakened immunity, and thus explaining higher cases of influenza (flu) in India. But what made lower classes and castes more vulnerable? Why were some of the population more affected by a famine compared to others? Was a famine an inevitable outcome of a drought? I will shift to an anti-colonial reading of pandemics in order to unpack more at what was at play during the 1918 pandemic.

## Rebels

In a house at 436 Hill Street, San Francisco, Punjabi labour and Bengali students operated in what was known as the *Yugantar Ashram* from 1913 to 1917. Here they plotted a revolution in India to overthrow the British Empire. Migration among Punjabi peasants across the Pacific Ocean to the West Coast of North America was common at the turn of the century. Those in central Punjab had experienced growing prosperity during the late nineteenth century, but the combined effect of international

agriculture price fluctuation, arable land scarcity, intermittent famines, and pandemics (e.g. malaria, cholera, and the plague) led some to migrate. Punjabi peasants arrived in San Francisco, Portland, Seattle, Victoria, and Vancouver in the hope of finding a better life. Instead, they witnessed racism and experienced exploitative working conditions. A group of these Punjabi labourers and Bengali students started seeing that their sense of dignity would be impossible to reclaim without ending British rule in India. They officially formed the Ghadar Party in the summer of 1913 in Astoria, Oregon. The headquarters was based in San Francisco, where they published a newspaper named the *Hindustan Ghadar*. In Urdu, *Ghadar* means “mutiny” and “rebellion”. Their publications provided an alternative interpretation of the experience of poverty, famine, and disease in India. In a booklet titled *Desgbhakti ke git* (Patriotic songs) published by the Party in 1916, Ram Chandra’s introduction made connections among colonialism, famine, and pandemics (Ghadar Party 1919):

*“Thirty crores [300,000,000] of Hindus [sic. Hindustanis or Indians] are slaves to two crores [2,000,000] of English. The English by extorting from India its wealth and grain make the country so impoverished that the average income of each Hindu is 37 rupees. The English export the whole of the wealth and grain of India to Europe, so that in India day by day dearth, famine, and disease increase. In the last 20 years 19,000,000 natives of India have died of want and famine. In the last 50 years 150,000,000 of Hindus have fallen victims to plague, malaria, and other diseases. 90,000,000 Hindus are now living on the barest means of subsistence. The whole of India is rotting in misery and slavery. Those who escape from this misery and slavery, when in order to earn a living they emigrate from their native land, have then to suffer much tribulation in Fiji, Canada, Australia, British Guiana, Trinidad, Jamaica, and other countries. They frame various laws to exclude Hindus from these lands, so that Hindus may not come into these lands, and that they may not be free, and that they may not be able by seeing the conditions of civilized peoples to communicate a message of freedom to their own land.”*

This accounting for the deaths by famine and disease was a frequent feature in Ghadar Party publications. While high mortality rates due to pandemics are also listed in colonial government documents, the Ghadar Party did not see behind those numbers the inevitable outcome of the cultural difference of the colonized or widespread individual negligence in the face of a microbiological threat. Rather, Chandra made a historicist argument. Those statistics were indicative of the violence of British colonialism. More specifically, these Punjabi revolutionaries attributed famines and pandemics in India as a consequence of the wealth that was being drained by the British. Chandra connected Indian out-migration to famine and disease that was generated from colonialism. Yet, paradoxically in making a call for freedom, the Ghadar Party reified the colonizer as the model of civilization and liberty.

This line of argument about the drain of wealth from India to England was first expressed by Dadabhai Naoroji as early as the 1870s.<sup>1</sup> In a presentation given to the Bombay branch of East India Association of London in 1876, Naoroji argues Indian

poverty and famines are the outcome of the British appropriating tax revenue that is not significantly re-invested into public projects in India but principally went to England. That lecture was given a few years after the Bihar famine of 1873-1874. And, as Mike Davis explains, Naoroji presented in Bombay just before the arrival of a devastating famine (Davis 2001). In a letter dated from 1897, Naoroji would begin making reference to both famines and the plague as symptoms of the colonial drain of wealth (Naoroji 1901, p. 548). After all, the Indian subcontinent witnessed a new round of a plague epidemic that began the year before and would continue for about three decades. A few years later he would write in the introduction for his book *Poverty and un-British rule in India*: “What then must be or can be the effect of the unceasing drain which has now grown to the enormous amount of some £30,000,000 a year, if not famines and plagues, destruction and impoverishment!” (Naoroji 1901, p. viii).

Three years after the beginning of the influenza (flu) in Punjab, the Ghadar Party periodical, *The Independent Hindustan*, included an article on the history of the organization. There it outlined the social context for the party’s emergence. In doing so, they reiterated this relationship among colonialism, famine, and pandemics: “Famine in India does not mean lack of food. It means that the British have left nothing in the hands of the people to buy food with. Plague, cholera, small pox, influenza—everything bad came to India [through the British]” (Hindustan Gadar Party 1921b, p. 5).

Naoroji and the Ghadar Party didn’t develop any further this connection between the drain of wealth due to colonialism and the prevalence of the plague. Yet, Naoroji did provide an outline for a framework for understanding how imperialist appropriation of wealth was based on historical, social, and political processes such as the imposition of land revenue and the construction of the railway. However, similarly historicizing pandemics does open up an anti-colonial re-reading of these events. More recently, the historian Mike Davis has similarly argued that droughts in India didn’t inevitably lead to famines, nor did the influenza (flu) inevitably lead to a pandemic — there were social and historical processes that facilitated those jumps (Davis 2001, 2010).<sup>ii</sup>

This warrants revisiting the historical conditions of the plague for better understanding Naoroji and the Ghadar Party’s point about the connections between colonialism and the disease. The bubonic plague pandemic in the Indian subcontinent began in 1896 when it arrived via a ship from Hong Kong to Bombay. This was more generally called the third plague pandemic<sup>iii</sup>. It began in China with the first possible outbreak in 1792 in Yunnan province, and resurging in the second half of the nineteenth century. *Yersinia pestis*, the bacteria associated with the plague, is transmitted among rats by way of rat fleas that can lead to a rat epizootic. In the wake of a rat epizootic, rat fleas leave the bodies of their dead host and seek a new species like humans for their home. A number of factors combined to create opportunities for plague outbreaks, including increased population densities, lack of adequate sanitary facilities, and malnutrition. Those with malnutrition faced decreased immunity and experienced higher levels of mortality. Grain storage sites and the grain trade were important transmission sites for the disease as they were preferred breeding

grounds for rats (Klein 1988). The combination of famines and grain trade provided a deadly combination for the proliferation of the bubonic plague in Punjab. Yet, these were not arbitrary or inevitable arrangements. Naoroji and the Ghadar Party did not go into the political ecology of the bubonic plague, but their fleeting statements argued that colonization brought new social and ecological relations that provided the conditions for famines and pandemics. Namely, the Sanitary Commissioner and other British administrators, wheat merchants, landlords, and English capital were not just bit characters in these tragedies.

## Colonialism and Pandemics

To understand how the introduction of a new variant of the H1N1 influenza virus or the *Yersinia pestis* bacteria became pandemics, and how they disproportionately affected India, and especially its peasants and workers, we need to examine the colonial transformation of the region's agrarian system. I will return to Punjab in order to tell this story.

Parts of eastern Punjab – such as Gurgaon, Karnal, Rohtak, Hissar, and Delhi – were forcibly occupied by the British in 1803. This was followed by the annexation of Jullundur in 1846. And, the rest of Punjab was violently acquired in 1849. Till the mid-nineteenth century, eastern Punjab (in contemporary India) relied primarily on rain-fed agriculture, whereas western and central Punjab (shared between contemporary Pakistan and India) consisted of nomadic pastoralism and some agriculture near rivers and in-land using wells. Agricultural production required in-kind land rent payments to the central government as a portion of the harvest.

British rule underwent several changes to the pre-existing agrarian political economy. It made land as private property and formalized land tenure, such that it assigned selective castes and kin groups with land, particularly those that showed loyalty while conquering Punjab and in putting down the 1857 mutiny. This effectively made whole sections of the population sharecropper tenants, thus effectively landless. Fixed cash payments replaced in-kind payments to the government (Thorburn 1886). The latter had the advantage of being variable with the climate. In order for landholders to pay cash land revenue payments despite fluctuations in weather and prices, they took on debts through the local moneylenders. Western and central parts of Punjab that were previously dominated by pastoralists were slowly made into agricultural fields through large-scale canal irrigation projects. The British distributed land that favoured ownership among a few with large landholdings worked by a large sharecropper population (Ali 1988; Islam 1997).

While the British Raj accumulated greater wealth through land revenue payments, these developments came together with the integration of Punjab in an international food market. Roads, railways, market towns, the port of Karachi, shipping lanes, and the Suez Canal occurred simultaneously with making Punjab a cog in the international grain market. Where food was previously produced for feeding those in a hamlet,

fields were quickly transformed to produce cash crops, like wheat and cotton, for the export market.

Indeed, those assigned with large landholdings benefited from this new order. Yet, the majority of small-scale peasants, sharecroppers, and other landless peoples were crushed under debt, disease, and famine. Droughts increasingly turned into famines during British rule because precolonial famine relief systems were dismantled (Davis 2001). The British Raj made limited interventions during moments of grain scarcity (Bagchi 1979). The famine of 1878-79 killed about 1.2 million people in Punjab. Yet, export trade continued with business as usual. Agricultural producers in India did not choose, per se, to produce cash crops for the international market. However, a certain degree of coercion was involved: British-imposed fiscal policies and requirement to pay land revenue in money that made cash crops for export the only viable option in the new political economy.

Indian peasants were essentially subsidizing British industrialization. While peasants of Punjab were going hungry, British capital and workers benefited from the availability of cheap food produced there. Britain saw a drop in food prices during the Great Depression of 1873-1896. In consequence, real wages rose significantly. While there was a reduction in employment, this was not a sufficient effect on the overall gains made by British workers as a class. However, rising food prices in India were not matched by rising wages, and the standard of living dropped (Bagchi 1979).

The plague killed 2.64 million in the Punjab from 1896 to 1920 (Klein 1988). In the process of the region's integration with an international grain market, the colonial transformation of the Punjabi landscape provided the conditions for the proliferation of the plague. Increased wheat production, the development of *godowns* (warehouses), construction of market towns, and the installation of railway lines that connected these points provided both the sites for the proliferation of rodent populations and increased the velocity of transmission of the plague.

During the summer months, Punjab and other parts of India usually experience heavy monsoon rains. The agricultural system in the region was dependent on these rains for agricultural production, especially in the south-eastern region of the province that exclusively relies on rainwater. When in the summer of 1918 the monsoon rains were much milder than usual, the region faced severe crop failures. Since peasants were more integrated with an international market economy, the experience of a drought was that more intense. Peasants were increasingly engaged in producing agricultural commodities, that is to say not food for local consumption but cash crops for sale in order to get money to subsist. By August of 1918, native newspapers based in the province cited the rising food prices as the combined result of the drought and export-oriented agriculture (Punjab Government 1918). While some called for the fixing of prices of essential goods, others asked for limiting food export. When food prices were on the rise, this made it extremely difficult for those with small plots of land and those who were agriculture labour to pay for their subsistence and immunity needs. The combined effect of the arrival of the influenza (flu) in 1918 during a *colonisation-*

induced famine meant that small scale peasants and agricultural labour would be most impacted.

### Concluding Remarks

In the middle of the more lethal phase of the influenza (flu) pandemic, the Tribune newspaper, published a commentary on recent events. The Tribune represented a Hindu professional class based in Punjab, and far from espousing an anti-imperialist politics, did hint at rising dis-satisfaction with the British administration's handling of the pandemic. They wrote:

*The Government of India should, as in the matter of the plague, treat these epidemics of pneumonia as a matter of imperial concern. They are not to be confined to any particular locality or to any particular province. Already every important province and every important city has suffered from it, while in some cities and provinces the first epidemic has followed at a short interval by a second. Heaven knows if even the second epidemic is going to be the last. It is perfectly clear that alike in the matter of its prevention and cure unaided efforts of municipalities are not likely to take us very far. It is clearly the duty of the Government of India to come to the rescue both with the services of its scientific departments as well as with offers of pecuniary help. In no other way can the disease be combatted successfully.”(quoted in Punjab Government 1918, p. 530)*

While the Tribune's critique did not question the authority of the British Empire, they most likely missed the radical potential of their analysis. They shared with anti-colonial movements in highlighting how the scale of addressing the pandemic needed to be global while simultaneously always being experienced locally. One approach called for anti-colonial internationalism, while the other attempted to reform imperialism. Both such energies were at play when a province-wide rebellion shook the empire a few months later in April of 1919. In an immediate sense, people were upset about the extension of war-time era laws criminalizing dissent, but discontent reflected a range of experiences under colonial rule over the past decades, from a war the people of Punjab paid for by sacrificing their young men, anger with the colonial administration's handling of the influenza (flu), and recurring famine, hunger, and disease. Once there was a greater consciousness among reformists and radicals of how pandemics were constituted through empire, rebellion was quick to follow.

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I wrote this article as a means to better understand the present moment of the COVID-19 pandemic through the experiences of my great-grandparent's generation. Thinking with them, I understand a “pandemic” through its Greek etymology *pandemos*, combining the tension between *pan* (all) and *demos* (people) (Oxford English Dictionary Online 2020). For me, this doesn't just mean a disease that is widespread over a geography and society. In a more expansive sense of *pan*, it describes the

multiple ecological, social, political economic, and global relations through which the coronavirus interacts. That is to say, microbiological, agrarian, colonial, capitalist relations are part and parcel of the pandemic, and not some separate entity upon which the coronavirus acts upon. Yet, we are not all in the same boat as we weather this storm. *Demos* should indicate how the historical and geographical ways in which populations are differentiated and uneven. And remembering the political ways in which *pan* has prefixed multiple anti-colonial politics, the history of the Ghadar Party and the Friends of Freedom for India points to how an adequate response to the pandemic for liberation and care needs to be internationalist and anti-imperialist.

Recent events during the COVID-19 pandemic in South Asia have poignantly demonstrated the complex entanglements among food, pathogens, imperialism, and resistance. In Pakistan, food prices have been increasing before the current pandemic, but food insecurity was exasperated as the global public health crisis created a context of rising unemployment due to decreased industrial demand and how the Pakistan government's COVID-19 restrictions placed logistical strains on the region's integration in global food commodity chains (uz-Zaman 2020). These measures combine with the historical and political processes behind food price inflation that includes recent IMF structural adjustment loans and a larger history of liberalizing agriculture. The Indian government's lockdown during the beginning of the pandemic placed millions of migrant labor in a situation of acute food insecurity. Many of these migrant workers refused to obey the lockdown and instead walked hundreds of kilometres to their natal villages as a means to resolve a subsistence crisis (Rashid et al. 2020). While the Modi regime pushed legislation for the further corporatisation of Indian agriculture strategically during the pandemic to avoid opposition, Punjabi farmers nonetheless organized a series of protests that rejected the neoliberalisation of subsistence (Bhatia 2021). COVID-19 was not a mere background of these legislations and protests, but the virus is part of a wider set of social, biophysical, political, and global processes that are being contested by these peasants. At the same time, protests among the Punjabi diaspora have risen up, from Toronto to Hong Kong, thus demonstrating the *goonj*<sup>iv</sup> (echo) of anti-imperialist internationalist politics in these times.

## Notes

<sup>i</sup> Dadabhai Naoroji also argued in this period that British practices in India were untypical of the British or “un-British”. This line of thought is similarly found in some Ghadar Party publications in the 1910s, that the British or US are models for civilization but their colonial and racial practices of expropriation and unfreedom were seen as abnormalities rather than inherent to empire.

<sup>ii</sup> My narration of the 1918 influenza (flu) pandemic in Punjab is influenced by Mike Davis' analysis of the virus in Bombay (Davis 2010). But my contribution here is that the historicist argument about pandemics and colonial-capitalism can be found in the under-theorized statements of Naoroji Dadabhai about the plague.

<sup>iii</sup> The first plague pandemic began in the 6<sup>th</sup> century in the Byzantine Empire. The Black Death in the 14<sup>th</sup> century is the second plague pandemic that ravaged the Crimea, Northern Africa, the Mediterranean, and Northern Europe .

<sup>iv</sup> The Ghadar Party had a collection of poetry called *Ghadar-di-gunj* (Echo of Rebellion), that was in part a reference to how their movement was an echo of the 1857 mutiny.

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SUBIR RANA

## SEXWORK, COVID-19 AND BIOGOVERNMENTALITY: THE DENOTIFIED NOMADIC TRIBES OF INDIA

*This article is a critical analysis of the effect of COVID-19 on the commercial sex workers in general and that of the community-based sex workers (CBSWs) from the Denotified Nomadic Tribes (DNTs) of India in particular. Both categories are victims of an intersectional nature of oppression and discrimination although as citizens are guaranteed equal rights under the Indian Constitution. The sex workers aren't unionized and don't have any strong representation since their labour isn't viewed as "work" and is rather criminalised. The DNTs besides other exclusions, are victims of a colonial construction and historical injustice that labelled them as 'hereditary criminals' according to the Criminal Tribes Act XXVII of 1871 and which criminalises their identity and creates conditions which compel them to lead obscure and de-humanised lives. Governmental policies and targeted programmes initiated by the post-colonial state to make them stakeholders and decision makers fall abysmally short of mitigating this condition.*

*The article takes an historical view to interrogate the attitude of the state and its role in exacerbating conditions created by the Covid-19 pandemic for the CBSW and the stigmatised and criminalized population of CIS-Female Sex Workers (FSW). It recounts the challenges, hardships and coping mechanism of these communities during these precarious times. Media reports, academic papers and reports suggest that the "viral colonialism" has left CSWs including hijras (eunuchs) and transgender women in an extremely vulnerable situation as they face complex issues of joblessness, indebtedness, stigma, (mental) health problems, malnutrition, violence and discrimination resulting in feminization of poverty and denial of 'sexual citizenship'. Sex work (Dhandha) is viewed as "non-essentialist" and "immoral" and those who practice it seen as 'non-citizens' due to non-representation and non-unionization since their labour isn't perceived as "work" and hence criminalised.*

Policing mobility and the mobile: 'inscribing' criminality, 'ascribing' identity in the 'colony'

The British in India introduced the Criminal Tribes Act (CTA) XXVII of 1871 with the express purpose of relating crime with genetics and criminalising mobility thereby sedimenting the 'wandering tribes' or the ambulants or the so called 'predatory castes' of Indian society.<sup>1</sup> These included 'outsiders' like the gypsies, nomads and itinerants, tribal groups and forest dwellers, eunuchs, mendicants, beggars and prostitutes, in

short, the fringe elements of Indian society most of whom belonged to the impoverished sections of the working class. The Empire viewed mobility as 'excessive' freedom and as danger (Nigam 1990) and social threat (Levine 2003) and linked it with criminal behaviour. Moreover, the nomad's superior knowledge of the world and mental resources acquired during excessive travels was probably seen to have a greater manipulation of others. (Radhakrishna 2001) The CTA was a colonial construct which aimed at injecting biopolitics and governmentalising a large section of those individuals or communities who in the eyes of colonial state were '*classes dangereuses*' and had the propensity to commit crime. It was supposed that these 'suspect communities' were "addicted to the systematic commission of non-bailable offences" and had the power to usurp the colonial state apparatus. Accordingly, the CTA inaugurated a "scopic regime" turning the state into a panopticon having an imperial gaze with disciplining and regulatory functions so as to instrumentalise sedentariness and 'produce an ordered, productive and obedient colonial possession.' (Brown 2001)

Historians working on the history of criminal tribes attribute a number of factors for the promulgation of the CTA in 1871 including socio-economic developments in Britain as well and the colonies. The popularity of Eugenics along with social Darwinism and discourse of 'mysterious' criminal activities like dacoity and thuggee had created a general fear and anxiety of strangers and turned the 'queen of colonies' into a 'risk society'. There was a 'moral' pressure to take immediate action in order to save the Imperium from sagging morale (Radhakrishna 2001).

The Empire was already suffering from moral embarrassment due to the spread of contagious diseases that had affected more than half of the British army in India so much so that it led to the implementation of the Indian Contagious Diseases Act in 1869. (Rana 2011) Already, several attempts by the rural and tribal community to lodge protests, rebellions, mutinies and insurgencies against the oppressive forest and agricultural policies had culminated in the Mutiny of 1857. The Raj was facing an existential crisis after the first mutiny and criminalising acts of deterritorialization and reterritorialization of the mobilists and ambulants seemed to be a potent tool in the Empire's 'survival kit' to invoke and instrumentalise *homo domesticus* and 'contain' the socio-political crisis from further escalation.

The CTA was used against a wide variety of 'abjects' who did not conform to the colonial pattern of settled agriculture and the Victorian ethics of (hard) wage labour and routinised lifestyle. (Arnold 1995) According to Nigam (1990), the category of 'criminal tribes' was a 'colonial stereotype' fashioned to justify the punitive 'policing' and 'disciplining' of sections of the population that were unwilling to accept the new moral order that the British sought to impose on rural society. This 'disciplinary power' involved the tripartite processes of segregation, exclusion and resettlement of the 'criminal type' (Nigam 1990).

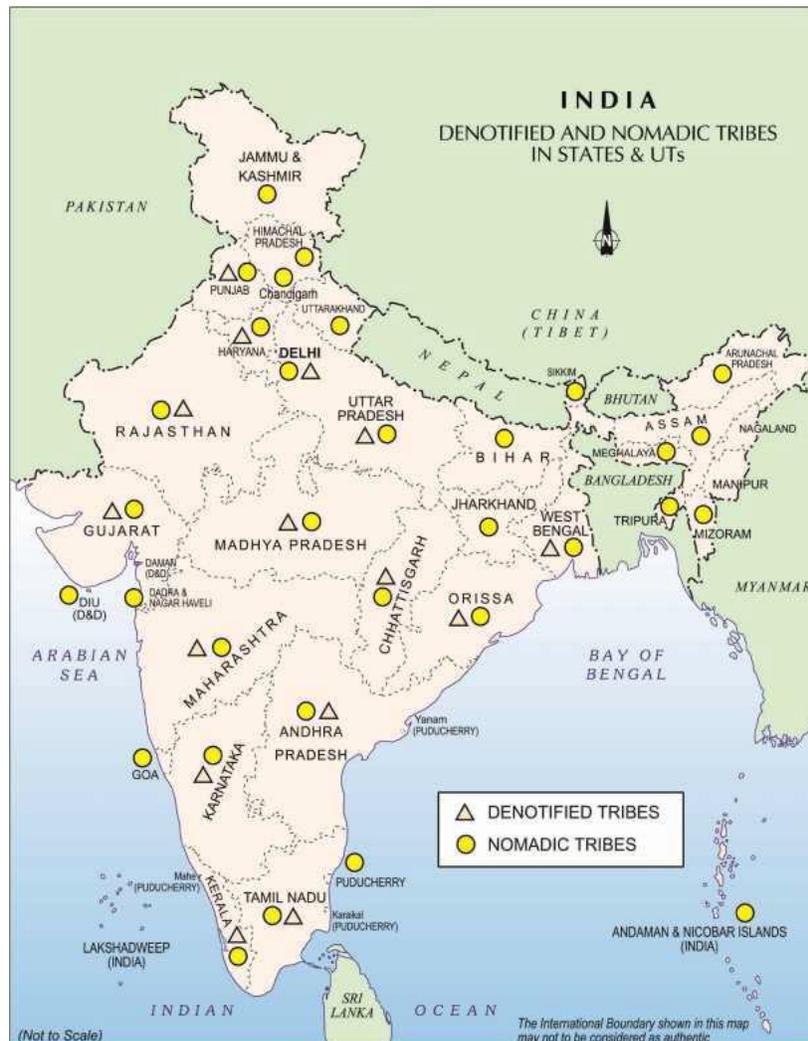
The idea of rehabilitation and reformation and of criminals gained ground resulting in the enactment of Criminal Tribes Settlement Act in 1908 to form settlements of

various kinds. The task of disciplining and turning the so called “criminal castes and tribes” into “subjects of modernity” rested with the Salvation Army (SA) which tried to execute Empire’s own *mission civilatrice* by making the members of the CTs do hard labour in the ‘settlements’ and follow a disciplined life.

India’s first Prime Minister Jawaharlal Nehru considered the CTA as “an inhuman Act” and accordingly a CTA Enquiry Committee was formed in 1949-50 and based on its report, the CTA was finally replaced on 31<sup>st</sup> August 1952 (Singh: Ibid) by the Habitual Offenders Act (HOA) and the CTS were now known as Denotified Nomadic Tribes (DNTs) or *Vimukta Jatis* (free from caste).<sup>ii</sup> This is why most DNTs celebrate ‘their’ independence day or *Vimukti Dimas* (Denotification Day) on 31<sup>st</sup> August every year as opposed to 15<sup>th</sup> August for others. According to an estimate, in 1947, there were about 128 tribes and castes totalling 3.5 million (about 1 per cent of the total population) mentioned as “criminal” and provided a criminal identity which in the present day accounts for 1500 Nomadic and Semi-nomadic tribes (NSNTs) and 198 DNTs together comprising 150 million (Renke Commission 2008).

### The DNTs in post-colonial state

It has been almost 70 years since the so called CTs were ‘de-criminalised’ in the fervent hope that the new identity will give them a fresh lease of life, a new start. The DNTs were also made part of the affirmative policy of India in an indirect way by loosely lumping them in different categories of deprived and depressed communities like the Scheduled Castes (SCs), Scheduled Tribes (STs) and later the Other Backward Class (OBCs) while many were also left free-floating. According to the Renke Commission Report 2008, around 97% of Denotified and 86% of the Notified Tribes come under the SCs, STs or OBCs. This haphazard way of sorting and categorising while leaving few left the DNTs rather restless and disgruntled leading to various mobilizations for caste ‘downscaling’ particularly among the Gujjars, Meenas and Nishads in North India. However, contrary to these aspirations, shadows of the past and the predatory aims of the state hasn’t left the lives of the DNTs as the colonial identity got ossified over time making it difficult for the beleaguered community to shake off and relinquish their colonial past which gave them a precarious and doomed future. Situation of hunger deaths and starvation led many of the DNTs to enter community-based sex work which over a period of time became inter-generational in nature. DNTs like the Bedias, Nats, Banchhadas, Pernas and many others are part of the illicit economy which besides sex work also includes trafficking, pimping, smuggling, bootlegging etc.



Source: *Renke Commission Report, National Commission for Denotified, Nomadic and Semi-Nomadic Tribes* (Ministry of Social Justice & Empowerment Government of India) Report Volume-I, 2008.

Moreover, the livelihood options of most of the nomadic communities whom Bokil (2002) classifies into four categories namely pastoral and hunter gatherers, goods and service nomads, entertainers and religious performers were threatened due to growing pressures of urbanisation, ‘smarting’ of cities, and forces of globalization and neo-liberal policies of the government. Those who were part of the street entertainment troupes like the acrobats, magicians, snake charmers, monkey/bear tricks, honey gatherers and hunters have been outlawed due to new legislations like the Prevention of Cruelty to Animals Act 1950 and the Wildlife Protection Act, 1972 which has compounded their woes and re-stigmatised them. With their traditional occupations

taken away and without access to natural resources as well as new education and skills, many were pushed into criminal activities thus further deepening the marginalisation and discrimination of the DNT-NTs. (Nomadic Tribes)

The HOA proved to be a parallel of the CTA and more intrusive and oppressive, the only difference being that instead of a community being labelled as a criminal, now it was the individual who could be questioned and harassed by the police or public for any petty crime or on the mere ‘suspicion’ of being a member of the DNT. Such is the apathy that many police training manuals still rely on the criminal profiles of the DNTs in states like Punjab. The DNTs do not figure in the census due to problems of their classification and enumeration and aren’t mentioned in the Constitution and unlike the Dalits, don’t have any job reservation or other protective constitutional safeguards.<sup>iii</sup> As a result, a large section of the DNTs are rendered uneducated and unemployed who live in acute poverty and in unhygienic conditions on the peripheries of villages and slums in the cities. They don’t have access to public goods like housing, health, education and employment due to which many live and die in debt besides their stigmatised and criminalised identity as a result of which they have been victims of vigilante justice and lynching in the past. Without social or cultural capital and their treatment as lowest of the low, the DNTs haven’t been able to reap the benefits of governmental policies or targeted interventions and programmes. It is also deplorable that 98 percent of the DNT are landless although they comprise 10 percent of India’s population. All this proves that the DNTs as a category are outside the pale of citizenship and modernity since there is abdication of dignity and human rights in the lives of DNTs.

The above factors have been responsible for the appointment of the National Commission for the Denotified, Nomadic and Semi-Nomadic Tribes (NCDNT) which includes the vulnerable and marginal existence of the DNTs, the intersectional nature of their “lowest of the low” status that comprises of indices like gender, caste, religion, region/locality of habitation, nature of profession and identity besides governmental and administrative apathy and the unchanging attitude of the society. The DNTs face multiple exclusion and disenfranchisement which push them to the lowest tier of the social hierarchy. The society observes ‘social distancing’ (even before the governments passed this as a public health regulatory mechanism) against them as they are seen as carriers of ‘pollution’ and ‘disease’ and are treated as untouchables in contemporary times. This perception and the treatment that follows render them as ‘non-persons’ and unfit to inhabit public spaces like others or avail public goods and human rights to which they are rightfully entitled by the Constitution.

Various committees and commissions have been set up for looking into the matters of the DNTs but the recommendations haven’t made much headway for lack of political will and other factors. The Kalekar Commission (1953-55) suggested that these erstwhile tribes should not be referred to as Criminals or Ex-Criminals’ but as Denotified communities (*Vimochit Jatiyaan*). It was the first Commission to recommend measures for the amelioration of the DNTs which included providing them basic education to their children, training them in arts and crafts and cottage

industries and assimilate them into mainstream society. The Lokur Committee (1965) recommended for a separate state-wise list made for these communities and suggested separate developmental programmes for them as most of the schemes designed for SC and ST did not benefit them. The Mandal Commission Report (1980) mentioned that the Backward Classes and Most Backward Classes which included most of the DNTs did not get the same opportunities of assimilation as the intermediary classes. The Venkatachalaiah Commission (2002) took serious note of the DNT and NT and recommended coordination between the Ministry of Social Justice and Empowerment and the Ministry of Tribal Welfare in order to formulate policies for strengthening education, economic development and rehabilitation of these communities. Renke Commission in 2008 recommended a Constitutional amendment so that the Scheduled NT/ DNT/ SNT can be added as a third category after SCs and STs in the Act. It also recommended giving protection to (Denotified, Nomadic and Semi-nomadic Tribe (DNSNT) communities under the Atrocities Act.

The GoI constituted a National Commission for Denotified, Nomadic and Semi-Nomadic Tribes (NCDNT) in 2014 for a period of three years to prepare a State-wise list of castes belonging to DNTs and to suggest appropriate measures in respect of this deprived section that may be undertaken by the Central Government or the State Government. The Idate Commission (2018) called the DNSNTs as poorest of the poor, most marginalised and downtrodden communities who are subject to social stigma, atrocity and exclusion and recommended giving protection to the DNSNTs under the Atrocities Act. It recommended a Constitutional amendment so that Scheduled NT/ DNT/ SNT can be added as a third category after SCs and STs in the Act. It further advocated for the release of 2011 caste census, which is yet to be made public, at least on the DT/ NT/ SNT community, so that policies can be made specifically for these communities. The Cabinet approved the proposal for the constitution of Development and Welfare Board for Denotified, Nomadic and Semi-nomadic communities in 2019.

### Covid-19 and *dhandha*: sex work with ‘social distancing’<sup>iv</sup>

The news of the onset of the pandemic was all over the place in India by the last week of December 2019 but it wasn't until March 2020 that the Government of India (GoI) began to look concerned and took the initial steps to thwart the infiltration of the deadly novel coronavirus. The government imposed nationwide lockdown on March 25 with little warning and left millions stranded and without food in an age of what Beck (2003) calls “manufactured” or “true uncertainties”. This hasty government broadcast forced millions of invisible migrant workers (mostly from North and Central India) go jobless overnight and compelled to uproot themselves from the cities and towns that gave them their sole means of livelihood. This ‘reverse migration’ of the teeming populace of migrant labourers marching back to their villages and which was their only refuge during the Corona crisis was a tale of sorrow, trauma and terror. Sadly enough, the scramble to reach home resulted in the loss of hundreds of lives due to hunger, fatigue and highway accidents while thousand others were stranded and locked up by state governments in halfway houses and relief camps as

they were seen as “Super Spreaders” who had to be contained to stop the spread further.

Elsewhere, in the metros and towns, care givers, house-helpers and maids were seen as potential virus carriers and therefore the Resident Welfare Associations (RWAs) in Delhi and adjoining areas like Gurugram and Noida had installed CCTV cameras for bodily surveillance that included thermal scanning and temperature checks to exercise control over the entry and exit of domestic workers.

Technology played a vital role in discriminating against the domestic workers and care givers during the pandemic and mobile phone applications like *MyGate* collects their personal details and working hours. This App displays their schedules to the apartment residents thereby either blocking or facilitating their entry and exit into the building's premises. An engaging discussion on the humanitarian and health crisis unleashed by the pandemic and its effect on the global economy and labour particularly migrant labour, care and care economy followed by race, caste and gender as major fault lines of protection follows in the *Borders of an Epidemic: Covid-19 and Migrant Workers*.

The COVID-19 also referred to as “2019 Novel Coronavirus” initially but later as SARS CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2) has been asymmetric in its effect and has disproportionately impacted low caste groups and minorities as well as historically criminalised and stigmatised communities like the Dalits and the DNTs. This minority also suffers from systemic poverty like the urban-based CSWs, a sizeable section of whom are city-based migrants and share some common living conditions. This includes among others, unstable housing, IV drug use, increased criminalization, and limited access to care putting sex workers at greater risk of contracting COVID-19 (Human Rights Campaign 2020). Almost 90 per cent of India's working population is in the informal economy accounting for almost 400 million workers of which an estimated over 20 million are in sex work most of who enter the industry before the age of 18 and are victims of trafficking and extreme poverty. This significant but invisible population is beset with the risk of falling deeper into the abyss of poverty and exposed to various kinds of vulnerabilities including re-trafficking during the crisis. The nationwide lockdown meant a complete shutdown of the nation and overnight almost 70 percent of the population that lives on less than \$2 a day was facing a loss of 4 million jobs. But it was the traumatised sector of sex work that bore the brunt the most as they are considered defiling and seen as vectors of disease and stigma who were now facing multiple insecurities especially with respect to income and resources.

The sex workers and trans-queer communities even otherwise have been viewed as vectors of dreaded contagions like HIV/AIDS and stigmatised as such (Dube 2019) but with the onset of COVID-19, the stigma and discrimination has been sharpened further in the context of the marginalised and neglected community of sex workers. The stigma of the pandemic was legitimised and reinscribed in the bodies of persons from marginalised communities through physical and bodily restrictions on their

movements (Radhakrishnan 2020) In a country where sexual heteronormativity is a religious norm and sexual regimentation a cultural practice, the condemnation of CIS-FSWs as well as the identity of trans gender woman and hijras shouldn't come as any surprise. Heterosexualization has specific normative content where the "good citizen" is the hetero-sexual married, gender-normative citizen and in India this citizen is also implicitly or explicitly upper caste and which perhaps explains the despicability of sex workers and transgender women and hijras in the social landscape.

This contestation of multiple worlds and topos poses a situation of twofold challenge during the pandemic for the DNTs who earn their livelihood through sex work as it produces individual risk of contracting COVID infection within their own community as well as the inability of having an alternative source of income or the required skills to support themselves and their families. The pandemic brought to our attention a strange paradox that while sex workers were unable to find work and clients during lockdown and exposed them to greater risk of violent assaults and rape, there were other women including students who had to resort to "survival sex" as a means of earning livelihood. The *IER 2019-20* gives an account of the nature and forms of exclusions and discrimination faced by the vulnerable, ghettoized and disenfranchised groups in distinct locations and sites. Besides other marginalized groups, this ethnographic research dealt with the sex workers from three urban sites of India-Delhi, Kolkata and Hyderabad.

While one speaks about sex work (*dhandha*) in general in India, it has its own shares of problems, complexities and worries but the situation of Community Based Sex Work (CBSW) within the DNTs like the Bedias, Nats, Banchhadas, Pernas and many others has taken a toll of its own. To begin with, sex work in India (although not illegal) is criminalised and belongs to the "informal of the informal" sector where violence, secrecy and oppression is the coda and unlike the *dhandha* (business) that is carried on from *kothas* or the brothel in the case of Commercial Sex Workers (CSW), the CBSWs ply their trade from their thatched huts built on government land<sup>v</sup> or in moving trucks or by the roadside in the open. Since a majority of the CBSW are still semi-nomadic by nature, getting a permanent documentation from the government becomes a problem which means that most of them do not have any identity related documentary proof like Adhaar Card, Ration Card, Permanent Account Number (PAN) Card, Proof of Residence etc. Moreover, they cannot avail public goods and are compelled to live in extremely unhygienic conditions which means any kind of health emergency related to unsafe drinking water, unstable electricity connection, poor waste management and overflowing sewage all of which are breeding grounds for disease and death, a condition that has been referred to in the medical parlance as syndemic or synergistic epidemic.<sup>vi</sup> There is rampant illiteracy and unemployment among the youth who earn money by pimping from an early age and later slip into the illicit economy.

Members of the DNT in general and sex workers from this community in particular aren't able to access public health services due to the stigma of criminality, contagion and unclean profession as considered by the outsiders. It is not that the central and

state governments have no plans and programmes for them but most of times they are unaware of those targeted policies meant for them and in others, a major chunk is siphoned off in one form or the other and as a disempowered community, the DNTs aren't able to highlight matters of administrative corruption.

In order to understand the gravity of situation among the DNTs, a COVID Assessment and Response Team (CART) under the aegis of PRAXIS India and the National Alliance Group for Denotified, Semi-Nomadic and Nomadic Tribes (NAG-DNT) was formed in May 2020. The Team surveyed 22 DNTs spread across 28 districts in 10 states. The Team found out that many did not have access to food even in community kitchen due to social stigma and many weren't registered for benefits under government schemes and hadn't received cash transfers or any wages. To add to the misery, more than half of them who were surveyed were in debt and were vulnerable to being trafficked. According to the Report, the DNTs started facing acute economic distress from early March 2020 when COVID-19 had acquired the status of pandemic and many received limited or no support from the administration.

The pandemic introduced 'new normal' at workplace with work going virtual and 'Work From Home' (WFH) being the new work culture. This included sex work too and 'virtual sex' emerged as a new typology of sex work whereby sex workers use electronic devices like computers or (mobile) phones to provide sex services through text, audio and video.

### Public policies, virtual sex and its challenges

During the pandemic, pornographic actors, escorts and exotic dancers or at least those who have access to the Internet and a private workspace are shifting toward virtual sexual services. Different kinds of platforms exist for virtual intimacy, including phone sex and early Internet modes like sexting. However, two principal avenues for creating online commercial sexual intimacy are camming or live video erotic performance and the selling of self-made pornographic or erotic videos and images on third-party platforms. In the recent past, there has been a barrage of short and tantalising YouTube videos by women and young girls which shows them doing household chores like cooking, washing clothes or mopping floor in see-through clothes including intimate scenes with male actors. This shift from physical to virtual sex especially during the pandemic as an alternative source of livelihood for sex workers has been fraught with its own problems making its feasibility highly questionable. To begin with, virtual sex workers could earn only a small fraction of the income they could have earned through non-virtual sex work compelling many to go hungry and without milk to feed the young children in the family. Things weren't too different in the past but the Lockdown only aggravated and worsened the situation.

According to Mander (2020), India is home to the largest number of people living in extreme poverty and ranks 102 out of 117 in the *Global Hunger Index* and with an unemployment rate of 24% and 92% of its labour force comprising informal workers

and which has some of the lowest spending in the world for social security and public health. He also alludes to the fact that urban India particularly its poor were already at the edge of hunger when the lockdown was imposed. Lack of private space to interact while making audio or video calls was difficult for sex workers and for their children, because usually the FSWs inhabit cramped, dingy and unhygienic spaces and during the crisis everyone was staying in the same space. In a constricted living space, it isn't even possible to observe basic sanitary precautions regarding their own profession and those related with COVID-19 only compounds their psychological stress and financial burden. Moreover, it is highly impractical to think about the digital literacy of the FSWs and about their ability to use virtual sex technology via phone / internet and have the confidence and skills necessary to perform virtual sex work given their poor and precarious socio-economic background. Further, for some sex workers, even meeting the cost of internet connection or smart phone and paying for the monthly recharge itself is a big ordeal.

Studies show that FSWs who have access to mobile phones increasingly depend on these devices for soliciting clients and managing long-term relationships with them (Panchanadeswaran et al., 2017). Some (unlike the case of women using shared phones) may own two phones or SIM cards—one for personal use and one for professional use. However, power hierarchies within the home have created challenges for them to keep in touch with clients during Covid-19 because sex work is highly stigmatised and the families of sex workers don't always know about the nature of their work. Moreover, night and weekend curfews spell doom for FSWs. With the closure of hotels, bars as well as massage parlours, the female staff who also double up as sex workers to earn quick money were left jobless. Sex work in these spaces is a way to earn extra money but the pandemic made it extremely difficult for them to do online soliciting as they couldn't afford to recharge their mobiles or buy SIM cards.

One of the biggest challenges that plague the FSWs as well as trans women and hijras pertains to the safety in receiving payment by the clients that involves sharing phone numbers with strangers and which can have adverse consequences. This included issuing threats by clients to expose the identity of the sex workers to their neighbours and families while blackmailing and demanding free service from them. Some clients also threatened to distribute their phone numbers to strangers thereby making them live in constant fear since most of the sex workers don't reveal the nature of work with their family members. For most FSWs, while the major problem with virtual sex was 'no guarantee of payment', there were cases when the clients refused to pay in advance for the services. Many times, they would disconnect the call and block the sex workers' account or phone number just after receiving the service virtually while at other times, the clients would delay payment rather than denying it altogether only to later block the phone number of the sex worker. According to a report, the pandemic has also created a higher threshold for sex workers to report abuse, which creates a climate of impunity and exacerbates the risk of violence.

According to Oxford University's *Covid-19 Government Response Stringency Index*, current lockdown measures in India, which are at the high end have impacted casual workers significantly compelling many for reverse migration. The pandemic in its various mutant forms has already invaded the subcontinent in two waves and the third wave is on its anvil thus creating 'states of exception' as it has thrown open new political, social, economic and cultural challenges while affecting governments and institution and impacting issues of human rights and citizenship, law and order and communal harmony.

Similarly, for sex workers contacting clients on their mobile phones, data is a pathway to labour that is considered immoral under patriarchy. For trans queer persons, data is a way to connect with 'forbidden' experiences and communities outside of heteronormative patriarchal norms. Thus, controlling a person's data is a way of controlling their bodies, movements and activities.

Stigma and criminalisation mean that sex workers might not seek, or be eligible for, government-led social protection or economic initiatives to support small businesses. Police arrests, fines, violence, disruption in aid by law enforcement, and compulsory deportation have been reported by sex workers across diverse settings, fuelling concerns that the pandemic is intensifying stigma, discrimination, and repressive policing. Sex workers who are homeless or are migrants with insecure legal or residency status face greater challenges in accessing health services or financial relief, which increases their vulnerability to poor health outcomes and longer-term negative economic impacts. Increased prevalence of underlying health conditions among sex workers might increase risk of Covid-19 progressing to severe illness.

In May 2020, Modi announced an economic rescue or "stimulus" package of more than \$ 266 billion under its *Aatmanirbhar Bharat Abhiyan* (Self-reliant India) for a nation that was left economically crippled and devastated by the viral attack. This economic package which was 1 per cent of the GDP was supposed to spur growth and to build self-reliant India and help the farmers and migrant labourers as well as encourage business. According to a petition filed at the Supreme Court, this relief package which consisted of 5kgs of grains and 1kg of pulses to be distributed through ration shops the needy was entirely inadequate to deal with the crisis. Moreover, the rationed foodgrain comes under the *Pradhan Mantri Garib Kalyan Anna Yojana* (PMGKAY) which is under the National Food Security Act (NFSA) couldn't reach a large section of migrant workers as PDS is a domicile-based entitlement which requires proof of permanent address. Besides, the ex-gratia of Rs 500 under *Kisan Samman Nidhi Yojana* which is part of *Jan Dhan* accounts was extremely inadequate, both in terms of quantum and its inclusion only of those with functional accounts. To add to the woes, the government had announced several relief measures for poor families through different schemes like three months' advance pension for Senior Citizens and the Differently Abled, and free cooking gas cylinders for three months under the *Ujjawala Yojana*.

Unfortunately, none of this was accessible to the sex workers and their family since most of them do not have government approved identification documents like Voter IDs, ration cards and BPL (Below Poverty Line) Cards due to their inability to provide proof of residence, as most of them reside in the brothels where they work but which they cannot mention as its very existence is considered illegal. This reality has excluded them from public welfare schemes and other Emergency Social Protection Measures (ESPs) since identification proof is mandatory for accessing governmental relief measures. Also, sex work is part of the shadow economy which suffers from stigma and is criminalized and which in turn refrains the FSWs to seek any kind of aid. Reliance on the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) increased, but people of the marginalised communities in villages got no work under the scheme. Such was the plight that many reported that they were not afraid of Corona virus but feared hunger death.

Moreover, many hadn't received any wages or earned anything during the lockdown period despite the prime minister's appeal to employers to pay salaries to all workers during the lockdown period. In the absence of income and any governmental support, many were forced to take loans from local loan sharks. The report also emphasised that indebtedness is directly linked to forced labour, bonded labour and child labour as the absence of a stable and assured income compels one to repay by taking recourse of the trafficking industry.

Interestingly, the National Human Rights Commission (NHRC) in its advisory on the 'rights of women' in the context of the pandemic had directed the Centre and the State governments to enable sex workers to access welfare schemes under the category of informal workers. This move was welcomed by the National Network of Sex Workers (NNSW) which termed the advisory as a milestone in the fight for rights of sex workers in the country. In its advisory, the NHRC has directed the states to provide immediate relief measures such as temporary documents to access PDS and other welfare schemes. Moreover, the NHRC advisory directs that sex workers have to be provided a moratorium on all loans taken from banks and other financial institutions and in cases of harassment or violence, action must be taken by the concerned authorities. All these steps have given hope and the NNSW feel that their struggle to ensure dignity for sex workers has paid off even momentarily and their sustainability will rest upon how the sex workers movement take it forward. It remains to be seen as to what extent the NHRC has been able to make their advisory implementable and beneficial for the sex workers community.

However, there was an element of 'moral economy' that began later among certain sections of the sex workers all across India and in which the National Network of Sex Workers (NNSW) played a major role. This sisterhood and camaraderie were also seen among sex workers in different parts of the world. In India, they not only learnt how to work with social platforms like Zoom but also made conference calls discussing with NNSW members across the country. They got together to discuss ways to mitigate hunger as survival was more important than anything else. They gathered data and distributed resources and had done several rounds of ration

distribution including trans and male sex workers who weren't getting adequate support. The members of NNSW also do advocacy work and demand social protections. They have also reached out to the Global Fund for relief packages and have received assurances of help. Moreover, the sex workers are trying to use Zoom calls to standardize the ways in which to protect themselves and their clients in the pandemic and the kinds of precautions that one should take. In the western world too, sex worker collectives and advocacy groups are calling for members of the public to donate to emergency funds which has eased some emergency issues like paying bills and access to food etc. In the African continent, the sex worker community have been relying on digital spaces for providing support, emergency services and for training each other on moving their work online.

In India, sex work is not explicitly criminalized although its allied activities like pimping, brothel owning or managing, soliciting and living off the earnings of a sex worker are penalized. This basically means that the sex workers are exposed to the vulnerabilities of real-life situation and face survival battle. Many do not have ration cards which basically renders them as daily wage earners as they survive on their daily income but COVID-19 compounded their pre-existing precarities like financial insecurity that caused acute food and water insecurity due to lack of precautionary measures to prevent viral infection. This can thus lead to starvation and increased risk of infection that threaten the survival of these sex workers. Moreover, absence of creches and childcare homes and schools compels the children of sex workers to live in unhygienic and ill-ventilated brothels. It is worth noting that not all those in sex work stay in brothels but there are many who live in thatched huts on government land on the peripheries of villages and in slums in the cities and towns.

Unfortunately, virtual sex as an innovative practice during the COVID-19 crisis didn't work for most of the sex workers due to a range of factors. This included lack of digital literacy, access to good-quality phones or personal computers and internet connections, ability to get recharge and buy SIM Card as well as privacy and empathy of society. Receiving safe and secure payment, fear of being attacked and raped as well as the blackmailing tactics and non-payment by online customers.

### Covid-19 and revelation of social faultlines

*“COVID-19 has been likened to an X-Ray, revealing fractures in the fragile skeleton of the societies we have built. It is exposing fallacies and falsehoods everywhere: The lie that free markets can deliver healthcare for all; The fiction that unpaid care work is not work; The delusion that we live in a post-racist world; The myth that we are all in the same boat. While we are all floating on the same sea, it's clear that some are in super yachts, while others are clinging to the drifting debris.”* Antonio Guterres, UN Secretary General.

War, pestilence and diseases have compelled nations to revise global order and COVID (Coronavirus Disease)-19 pandemic or what is known in medical terminology as SARS-CoV-2 is the world's worst global and humanitarian crisis since World War II (ILO 2020a). The novel Coronavirus has affected all sections and

organs of the society, polity and economy at the local, global and glocal level.<sup>vii</sup> Its ferocity and magnitude compelled the GoI to declare it as a ‘natural disaster’ in March 2020 as it brought about unique challenges for governments and public health authorities across the world. It also provided them with exceptional legal and judicial powers to restrict and control people’s lives and livelihoods and introduce measures to segregate, isolate and confine citizens during epidemics reminding of the colonial past. Historically, governments have sought to deal with largescale epidemic outbreaks through isolation and vaccination, both of which are at play in dealing with COVID-19. The extraordinary powers assumed by governments to undertake this twin task raise questions of ethics, human rights, and the use of state powers over the lives and bodies of its citizens. (Chakrabarti 2020)

Unfortunately, the ‘new normals’ for ‘disciplining’ and ‘bio governmentality’ that were introduced as public health regulatory mechanisms have also exposed communal and societal fault lines thus creating systemic ruptures and invisible enemies within our social fabric. It exacerbated the formation of ‘us and them’ and “in groups and out groups” (Sumner 1906) in the society and a sense of boundedness and social alienation which impacted individuals, communities and economies in multiple ways. According to Oxfam’s Briefing Paper (2020) titled *The Inequality Virus*, the pandemic has hurt people living in poverty far harder than the rich and has particularly impacted women and ethnic populations as well as historically marginalised and oppressed communities around the world.

## Notes

<sup>i</sup> Piliavsky (2015) contests the label of Criminal Tribe as a British import and asserts that the idea of castes of congenital robbers was a label of much older vintage on the subcontinent.

<sup>ii</sup> The Dalits and the DNTs celebrated Second Independence Day together in Gujarat in 2016.

<sup>iii</sup> For details, see Milind Bokil. 2002. “De-Notified and Nomadic Tribes: A Perspective”, *Economic and Political Weekly*, 37 (2):148-154.

<sup>iv</sup> In a country that already has a notorious history of maintaining “social” distancing in the most exclusionary and inhuman form of caste differentiations, “physical” distancing should have been a better term to define and enforce this public sanitary practice.

<sup>v</sup> This inevitably means that the entire settlement can be removed, burnt down or displaced at any point in time and without any prior notice.

<sup>vi</sup> For more on syndemic, refer to Horton, R. (26 Sept 2020) Offline: Covid-19 is not a pandemic. *The Lancet*. Vol 396. Available on [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32000-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32000-6/fulltext)

<sup>vii</sup> Harsh Mander in the *India Exclusion Report (IER) 2019-20* says that this humanitarian crisis was the direct consequence of public policy choices that the union government made, particularly of imposing the largest, most stringent lockdown on the planet and in human history, without notice on the entire country, in a land which is home to the largest numbers of people in poverty, with some of the lowest spending on public health and social security including one of the smallest relief packages as a percentage of GDP for people whose livelihoods have been ravaged by the lockdown.

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SARA ZUBAIR

## COVID-19 AND ISSUES OF ACCESS IN HIGHER EDUCATION: AN ANAMORPHIC PERSPECTIVE

### Abstract

*The COVID-19 pandemic and related lockdowns and closures in various spheres of life, including higher education institutions, have brought about drastic changes. Conversations about online and technology-driven distance learning that had been taking place on the periphery of mainstream education for decades took centre-stage and threw issues of access into sharp relief. Against this backdrop, the National Academy of Higher Education conducted a fully online faculty development programme for around 500 early career university faculty from across Pakistan, representing a wide range of disciplinary affiliations. This article draws on the programme experiences to reflect on issues of access in relation to online education by exploring them from multiple perspectives, and shifting vantage points. The article aims to problematise ongoing discussions around whether or not online learning is a viable option and seeks to locate junctures of possibility within the crisis.*

“Like perspectives, which, rightly gaz’d upon,  
Show nothing but confusion; ey’d awry,  
Distinguish form;”<sup>1</sup>

### Introduction

The year 2020 has seen unimaginable upheaval across all spheres of life, around the world. The circumstances created by the Corona Virus Disease 2019 (COVID-19) pandemic have had a severe impact on all levels of education, and higher education is no exception. The disruption that was caused led to the search for urgent but innovative solutions – some that were already in existence but on the peripheries, and some new – and as the effects continue to play out, more issues and solutions continue to emerge and be sought.

In the Pakistani context, issues of access and opportunity related to online learning were used to highlight disparities across region, gender, and socioeconomic status, to name but a few. In higher education, the crisis and its demands challenged deeply entrenched habits and patterns of teaching, learning, assessment, and examination, leading to anxiety and resistance. Further ramifications of the crisis are yet to play out, including the ongoing impact on economy, labour markets, changing skills and

requirements for employment, and an unpredictable educational landscape. Questions that arise as a result of anxieties and distinctions open up the arena of research on online teaching and learning as something far more complex than merely what it is and how best to do it.

Out of the many difficulties, there have also emerged possibilities: the possibility, for instance, of rethinking systems of work and study, and of new ways of mobilising global resources for this purpose. In this article, I explore a few of these possibilities by tethering the discussion to a faculty development programme's shift to online learning, which I attempt to view through an anamorphic lens. I aim to problematise our understanding of 'access' and 'online learning' in the context of the pandemic by looking at how these play out based on different, shifting and sometimes competing vantage points. I argue that policies on faculty development for higher education, as well as those that push for/against 'online learning' due to issues of 'access' would benefit from an exploration of these concepts through multiple vantage points, in part because the enormity of this moment might be too much to articulate when observed head-on.

The next section gives an overview of the National Faculty Development Programme for pre-service and early career faculty, followed by an explanation of anamorphosis as a theoretical perspective. I go on to problematise (in the sense of 'defamiliarising the common sense') access and online learning through the anamorphic perspective, and conclude by revisiting the programme as a way to anchor the discussion and argue for a rethinking of policies emerging from the trauma of the pandemic.

## National Faculty Development Programme 2020

The National Academy of Higher Education (NAHE) was launched in June 2019. It was envisaged as a specialist, niche institution to lead the nation and strive for excellence in capacity building in teaching excellence, innovative research, and academic governance of Higher Education Institutions (HEIs). Its three main areas of focus – teaching excellence, research, and academic governance – aim to work synergistically to inform one another for continuous, evidence-based and self-reflexive approaches to improvement. As the premier intellectual hub for capacity building through professional development of faculty and staff, and improved knowledge resources, research conducted at, and in collaboration with, NAHE will aim to address one of the main issues with 'training', namely its efficacy and impact – or lack thereof – on faculty, management and leadership at HEIs.

In November 2019, the Higher Education Commission (HEC) issued a directive to NAHE to "urgently plan the training" for over 600 individuals. These applicants to a placement programme run by the HEC had recently earned their doctoral degrees from Pakistan and elsewhere, and were required to receive "training" prior to joining universities as Assistant Professors. NAHE devised a plan, steered by the Chairman HEC, whereby these individuals would first take a pre-assessment to gauge their understanding across three areas: teaching effectiveness, research, and academic

leadership. A combination of multiple choice, short answer and essay questions covered elements of these areas and included topics like academic honesty, grant writing, and candidates' teaching philosophies. The idea behind this was to have enough relevant data to allow comparison between their understanding pre-and post-training, and eventually utilise it for impact assessment.

The pre-assessment was conducted in January 2020, for which a little over 500 candidates appeared (those who did not appear were not included in the programme). The National Faculty Development Programme (NFDP) 2020 then began to take shape as an intensive programme – four weeks, 6 days a week, 8-10 hours a day – to be held concurrently at HEC regional centres and at certain universities across Pakistan for groups of 25-30 participants at a time. While discussion was still underway about the time and resources, both human and financial, required to accommodate the sheer number of candidates, at the end of March, due to the rapid spread of COVID-19, Pakistan went into lockdown.

What did this mean for the NFDP? First, everything had to pivot to a fully online mode of delivery. Second, in order to do that, NAHE had to review and provide evidence for all HEC requirements to ensure it was “online ready”. Third, from NAHE’s perspective, suddenly the most difficult questions now had answers: how would we accommodate such large numbers within the year? How would we maintain quality across so many concurrent workshops? Who was going to deliver all these workshops?

Over the next month, the programme was redesigned, retaining its initial ‘intensive’ nature but with all its components addressed through online means. Communication software, a learning management system, and a host of applications and tools were brought into play. Cohorts were formed based on participants’ performance in the

<p><b><i>Cohort 1: April 27 to May 22</i></b> 41 graduates</p> <p><b><i>Cohort 2: June 8 to July 4</i></b> 145 graduates</p> <p><b><i>Cohort 3: July 20 to August 25</i></b> 143 participants</p> <p><b><i>Cohort 4: September 14 to October 10</i></b> 157 participants</p>
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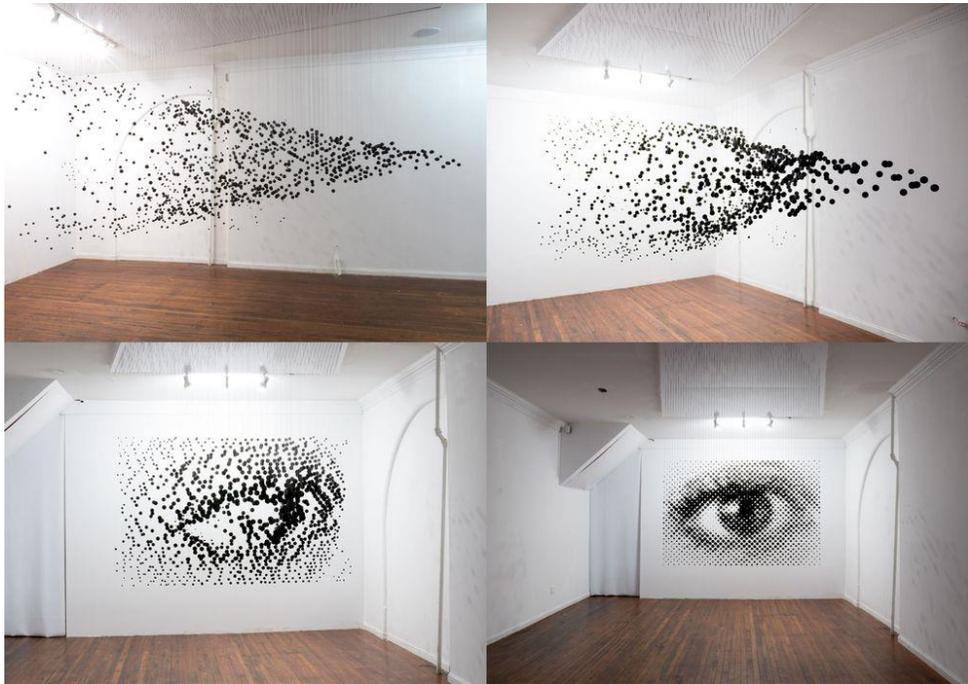
<sup>1</sup> Source: National Academy of Higher Education

pre-assessment, and communication mechanisms and protocols were put in place. An instructional team comprising four experts from the United States, Canada, United Kingdom and Pakistan, of which three were of Pakistani origin, was engaged for the online delivery of the programme. By the end of April, NFDP 2020 was completely online and underway. NAHE personnel provided operational support and general oversight; my role in NFDP 2020 was programme oversight.

## Anamorphosis

“Anamorphosis refers to an image or drawing [or sculpture] which is distorted so that it can only be recognized when viewed in a particular way, or using a special device. The word is derived from the Greek *anamorphoun* - to transform” (Hickin 1992).

Anamorphosis has been used primarily in the context of art, as a counterpoint (see Figure 2) to the linear or ‘classical’ perspective in which the viewer looks at an object or surface frontally and from limited angles – the most widely known example is Hans Holbein’s painting, *The Ambassadors* (Figure 3), from 1543 (Collins 1992). Psychoanalytic theory drew on the anamorphic perspective in the works of Jacques Lacan, discussed as ‘looking awry’ by Slavoj Žižek (1991), and it was extended by Hannon (2019) in her thesis on ‘the psychoanalytic analysis of the monster’. Hickin (1992) has made an overt link between art and mathematics via anamorphosis, and although Hannon describes the anamorphic perspective as “a theoretical trope that is rarely used in literature”, one such rare instance is Boyle’s (2010) usage to explore ‘early modern literature’: “from the execution of Charles I to the opening of the



eighteenth century”.

2 *Perceptual Shift* by Michael Murphy

For Boyle, this period is “significant precisely because it signals a dramatic shift in perceptions surrounding temporality and subjectivity...both in terms of the articulation of this crisis...but also in the ways in which the period is read *retroactively* as a crucial site for the emergence of juridical, scientific and political structures of western modernity” [emphasis added]. This particular description fits extremely well

with the pandemic-related perceived crises of 2020. Although its retroactive reading remains to be seen, particularly in relation to structures, there is no question that our collective and individual sense of time and self has undergone a radical shift that we are still quite unable to perceive, let alone articulate.

What the anamorphic lens allows is the ability to take what seems to be an unwieldy and immense moment – even when simply looking at a single faculty development programme in the context of online learning and access – and view it from different vantage points, perchance to eke out some possibility within what might ‘frontally’ appear to be lacking. In that sense, I use the theoretical trope not to arrive at one ‘true’ image or ‘correct’ perspective (unlike Figure 2), but to argue that at any given time, a particular vantage point presents what appears to be coherent; whereas, from another perspective the same might appear to be fragmented, partial, distorted, or utterly meaningless. In essence, what one sees depends on where one stands, figuratively in this case.

Collins (1992) states: “To observe anamorphic images, one must be an ‘eccentric observer’, that is, an observer who is not only a bit ‘eccentric’ in the usual sense of the term (i.e. strange), but an observer who is willing to sacrifice a centric vantage point for the possibility of catching a glimpse of the uncanny from a position off-axis.”



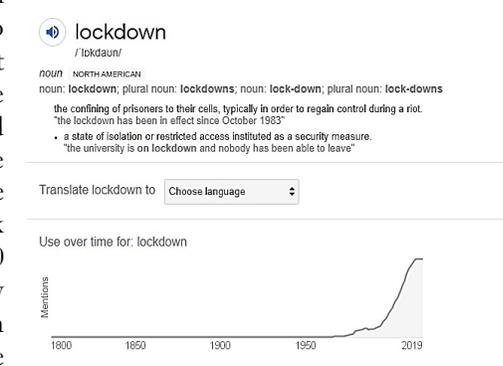
3 *The Ambassadors* by Hans Holbein

While I cheerfully embrace the eccentric as a descriptor for the self, I also take note of a shift from the observed to the observer. This shift is something that aligns with qualitative (as opposed to quantitative) perspectives that posit, “the researcher is always part of the study” (Stenbacka 2001). In that respect, having already stated what my vantage point was, given my role in the NFDP and the conveniently visual descriptor ‘oversight’, I use this article as an opportunity to attempt to also view elements of the programme eccentrically.

## Accessing Access

Stenbacka (2001) makes a case for finding alternative ways to assess *quality* of qualitative research, arguing that terms used to do so in quantitative studies – validity, reliability, generalisability and carefulness – need to be understood differently when evaluating qualitative research. She adds that ‘pre-understanding’ and ‘access’ are integral concepts to assist in doing so. Relevant to this discussion is her explanation of ‘access’: “The concept of access here means the *possibility* and ability to come close to the phenomenon under study” [emphasis added]. Reassuring as this sounds, it also gives form and/or spatio-temporal boundaries to this phenomenon, which our current pandemic-related scenario does not have, nor therefore any policies that aim to influence it. How, then, might one go about gaining any proximity to a phenomenon that shifts and morphs, and to which one is simultaneously internal and external?

Meaning and language is constantly in flux, with certain words bubbling to particular contextual surfaces at particular times, for example “lockdown” (see Figure 4). The word “access” is another word that has made more of an appearance this year, in the context of education. The World Bank (2020) compiled a report on 70 countries’ use of educational technology between March and June this year, in which the focus was on how these countries “support access” to remote learning.



4 Google definition of lockdown showing use over time

In Pakistan, particular attention to issues of access arose after the following:

“In reaction to the COVID-19, Pakistani authorities closed all educational institutions across the country on 13th March 2020. As per the orders given by the Federal Government of Pakistan, the Higher Education Commission (HEC) issued directives to higher education institutions to start preparing for distance learning (DL) modes, reschedule the ongoing exams and assist their

students online regularly until the COVID19 crisis remains unchanged.”  
(Adnan & Anwar 2020)

In the World Bank report, as well as for those writing on the subject in the Pakistani context (Adnan & Anwar, 2020, Alhumaid et al 2020, Abbasi et al 2020), ‘access’ is considered self-explanatory and used in conjunction with ‘internet’, ‘technology’, ‘connectivity’ or ‘learning resources’. Even when viewed frontally, as it were, the notion of access is considered transparent.

Penchansky & Thomas (1981) offer a definition of access from the perspective of health policy and services. They suggest that access as a concept contains, at minimum, the following dimensions: availability, accessibility<sup>ii</sup>, accommodation, affordability, and acceptability. Thus even without an anamorphic lens, access-to [the internet, technology, connectivity, resources etc.] is something that contains the possibility of multiple meanings. Any policy that argues for or against online learning would benefit from a recognition of this fact.

Similarly, while still maintaining a linear perspective, one could understand access from, say, a newspaper article that looks at the Federally Administered Tribal Areas (FATA) in terms of issues of access:

“[T]he agonies of students in former Fata [sic] came to the spotlight when the discussion on online classes for university students began during this Covid-19 epidemic. Sadly, many of the students of Fata are against such an initiative, since they are cut off from the rest of the world, without access to the internet.” (Ahmad 2020)

Interestingly, Adnan & Anwar as well as Abbasi et al also opted to focus their studies on *student* perspectives, which have tended not be the focus of research studies on higher education in Pakistan, if I may generalise. This is interesting for the primary reason that the furore that followed the HEC’s decision to move to online learning was led by students, certainly if social media is anything to go by. HEC’s official social media pages<sup>iii</sup> are a study unto themselves if one were to conduct analyses on comments and reactions, many of which are not appropriate to incorporate here due to their language and tone, but again can be traced to accounts that appear to be those of students from Pakistani HEIs<sup>iv</sup>.

Looking ‘awry’ at access, however, means approaching possibilities within this juncture. These include possibilities of (i) access to student voices in research – whether or not they were adequately or accurately represented, (ii) student access to online platforms to air their views uncensored, as well as (iii) research access to perspectives hitherto side-lined in such studies.

The same two articles reveal another anomaly of sorts: because the focus is on a current and on-going event or phenomenon, researchers are compelled to draw on contemporary secondary sources to support their primary research. This shifts

tendencies (another generalisation) to rely on sources without too much regard to how relevant or outdated they may be, and creates opportunities to produce texts that access recent and, per necessity, relevant content rather than long lists of references that are unrelated to the study. A dearth of current material increases chances of getting cited, can delineate areas of focus for future studies, and can also limit the extent to which content is recycled or plagiarised.

It is pertinent to mention again that these possibilities are just that; in the context of an ongoing and unfolding scenario, it may do well for policies related to online learning to consider how they may be incorporated. I will revisit access in the context of the NFDP 2020 after a brief detour to look at another seemingly self-explanatory dimension of this discussion, that is, online learning, which has been presented thus far as an unproblematised concept.

## Online Learning by Any Other Name

The pandemic and subsequent lockdowns revealed, among myriad other things, the possibility for people to cross geographical and spatial boundaries without leaving their homes. In the education sector, this played out as what has been called e-learning, online learning, distance learning, and remote learning, among others. The concept in itself is nothing new:

- In 1858, the University of London was the first university in the world to offer full degrees through distance learning, with its “External Programme”.
- In 1906, The University of Wisconsin–Madison sent course materials and lectures on phonograph records to distance learners, embracing new technology and setting the stage for online learning.
- In 1976, the first virtual campus, Coastline Community College, operating out of Fountain Valley, California, offered its degree programme entirely through telecommuting courses or ‘telecourses’ (using telephone, television, radio, records, and tapes).
- In 1994, CALCAMPUS offered the first online college courses on the Worldwide Web with real–time instruction and participation i.e. synchronous learning (Ferrer, 2019).

Yet when educational institutions around the world were forced to rely on online modes of delivery because of the pandemic and related closures, this raised concerns among those who had been trying for decades to “promote online learning as a viable, sustainable, valuable method of teaching and learning” (Manfuso, 2020). They felt the urgent need to point out distinctions between what they had promoted, and what was now occurring.

For one thing, the process of developing a well-designed online course takes a lot of time and resources to support its development. These resources, in addition to the luxury of time, and financial and administrative support also include something that perhaps was not previously necessary to articulate: the mental and intellectual space

provided by a world that is behaving predictably for the most part, as well as the relative absence of pressure to produce something that can serve as a viable substitute for the familiar. Scholars and practitioners of online learning therefore used the descriptor, ‘emergency remote learning’<sup>v</sup> to describe what was hurriedly being put together in order for HEIs and courses to run during the pandemic.

One of the main concerns the experts had was: “Online learning [already] carries a stigma of being lower quality than face-to-face learning, despite research showing otherwise ... These hurried moves online by so many institutions at once could seal the perception of online learning as a weak option.” (Ibid) These concerns continued to be echoed in our conversations as well as by scholars of online learning, for whom there was something very ‘off’ in the comparison between what needed to be hastily put together by largely inexperienced faculty and administrators as an emergency measure, and the phenomenon these experts had dedicated large parts of their careers to. Additionally, they were being asked to hurriedly summarise their field of research and share it with those who not only had no interest and little information about it, but also viewed it as something inferior.

Contained within this was another comparison that was also brought to the fore: online vs face-to-face learning. In the study on student perspectives (Adnan & Anwar 2020), the authors argued against online learning in its entirety based on the responses to the following two statements:

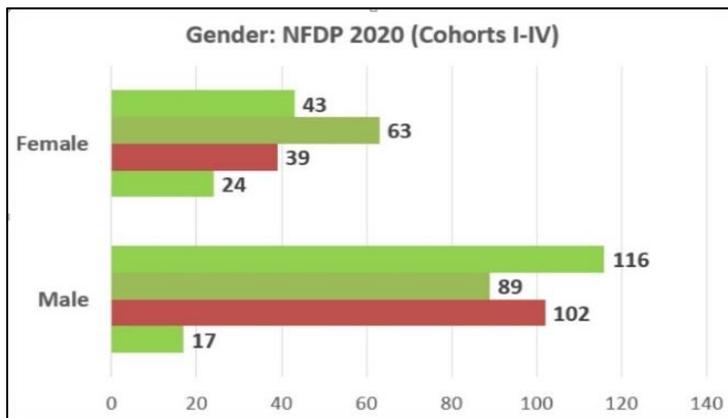
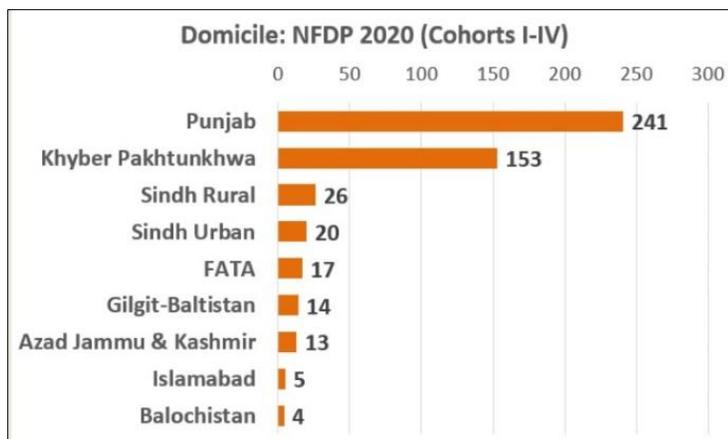
- *Online learning is more motivating than conventional learning:*  
Agree - 13 (10.3%) Somewhat Agree - 23 (18.3%) Disagree - 90 (71.4%)
- *Complete university courses can be completed effectively through internet*  
Agree - 23 (18.3%) Somewhat Agree - 39 (31%) Disagree - 64 (50.8%)

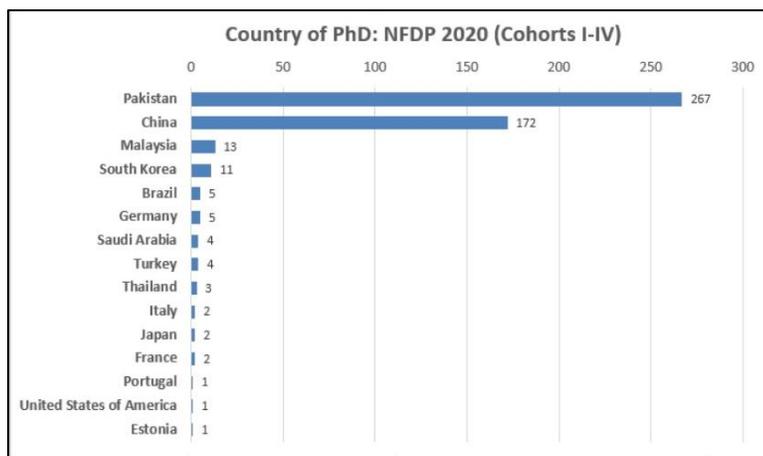
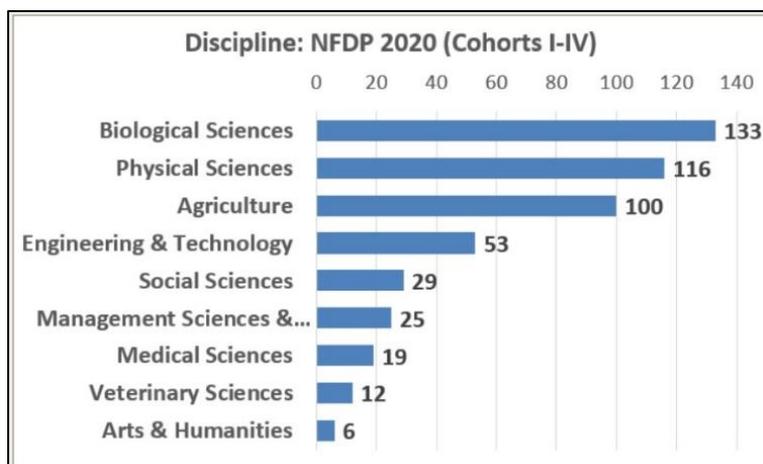
What is *not* defined, however, is (i) what constitutes ‘conventional learning’, (ii) what nature or aspects of online learning it is pitted against, and (iii) what ‘effective completion’ of complete courses entails.

Hodges et al (2020) explain this issue thus: to use lectures, for example, as the yardstick to argue that face-to-face education is better than online education is to disregard an entire “ecosystem specifically designed to support learners with formal, informal, and social resources”; lectures form just one part of this larger ecosystem. In the same way, looking at simple delivery of material through online mechanisms as the sum of online learning is like saying lectures, whether good, bad or somniferous, constitute the sum of face-to-face, campus-based education. This skewed comparison, of which I am no less guilty than anyone else when I discuss the NFDP pivoting from face-to-face to online without delving into what all that entails, continues to play out and serves to draw attention away from other perhaps more useful areas of debate, or more meaningful possibilities. For policies to be viable, it is useful to note the tendency to oversimplify concepts (or ecosystems), which places them in polarised and often imbalanced relationships.

## Turning Back to NFDP 2020

As one of the people responsible for leading the programme at the NAHE end, my perspective was slightly removed from day to day instruction; at the same time, it required me to try to keep an eye on the so-called big picture but simultaneously on minutiae. This already eccentric gaze has allowed an occasional glimpse of something that might not have been possible had my role been more straightforward, nor if the programme had continued as the face-to-face workshops planned originally. What follows is an anamorphic reading of the programme with access as a thread that runs through it. I begin, however with a snapshot of the programme in the form of some numeric data.





5 Source: National Academy of Higher Education 2020

The NFDP participant data show some very clear yet predictable patterns. For example, there were almost twice as many male participants as female, the largest number of participants was from the province of Punjab, and social sciences, arts and humanities make up only a handful of the doctoral degrees attained when compared to the sciences. They also reveal the diversity inherent in the programme in terms of regions represented, countries from where PhDs were earned, and participants' disciplinary backgrounds. It would be pertinent to point out once more that the programme was mandatory for the participants who were seeking employment through HEC's placement initiative, all of whom had completed their PhDs within the last two years.

In terms of access-to [technology, connectivity etc.], the NFDP did have participants who faced difficulty, and some withdrew for those reasons (about five gave it as a

reason for withdrawing overall). A few informed us that they walked each day from the valley where they lived to higher ground to get a clear internet signal, others left each morning for a nearby town that offered some/better connectivity. There were also participants who attended the programme from areas where security was tight, and movement after dark was dangerous. Across the country, power outages were frequent and usually unannounced. If these individuals were asked to leave their homes to attend the programme in person for four weeks, would that have been easier for them? Perhaps. Or perhaps they might not have had access to it at all.

Will those who endured the issues of access-to have an edge over others because of the online skills and tools NFDP exposed them to? It seems likely. Early informal reports from those who have received placement indicate that they have been able to assist their institutions and departments with online instruction because of their relative comfort with educational technology tools and applications. Much of this remains to be seen as time passes and circumstances shift.

What of the participants who logged on and disappeared during seminars, ensuring their attendance was noted, yet were not in attendance? To look at this awry would be to recall that these very participants were on the precipice of becoming faculty members (some already were); each set to deal with their own AWOL<sup>vi</sup> students. If the online scenario is to continue a while, might they recall the ways and means with which they refused to attend but tried to show *and* argued furiously that they did? It would be interesting to see if and how they did, and whether their own experience lends them a more sympathetic perspective when their students dodge their classes, or pass off other people's work as their own, or struggle with group dynamics and unequal effort. The administrator's perspective is agitated, of course, but this is not a question of blame.

Each four-week programme began at 8:00 A.M. Pakistan Standard Time, and wound up for participants at around 6:00 P.M. For instructors and some of the NAHE personnel, it went on longer, often ending after 10:00 P.M. This meant that for those involved with the programme's delivery online since April, existence revolved around screens over the period that the four cohorts ran. We live in a time when recreation is also linked to screens, as is personal and professional communication. It is too soon to comprehend or articulate how spatial boundaries have deformed and reformed, or what specifically such an experience has altered, although temporal and subjective conceptions are certainly part of it. It is important for policies related to online learning as it evolves to consider what effect this might have on the ability to learn and teach, and on motivation and attention, to enumerate but a few.

Conducting our work and study online during the pandemic has given us all voyeuristic access into homes and lives that we most likely would never have had otherwise. Unmuted microphones have carried into our spaces the sounds of crying babies, voices of children and members of the household close at hand, the clatter of kitchen utensils, the sound of traffic and of thunderstorms. The first cohort took place during the month of Ramzan therefore timing was adjusted as female

participants needed to prepare food for iftaar<sup>vii</sup>, implying also that many of the participants attended the programme without eating or drinking from sunrise to sunset.

During the NFDP, we received countless emails and messages from participants requesting time off due to ill health – some specifically mentioning that they tested positive for the corona virus – or to look after unwell family members, for weddings, accidents, bereavements, miscarriages or for births. While all these are ‘normal’ occurrences of lives being lived out, to have them condensed into a period of about six months heightened their intensity, or perhaps through them, the perception of mortality like a virtual *memento mori*. It warped notions of time, simultaneously converting the experiences of lived bodies into disembodied symbols on screens.

What makes it all the more bizarre is that since cameras were off – unless accidentally switched on – we were all known to each other only by name and voice, and in a few cases, a display picture; I have somehow ‘met’ and certainly communicated with over 500 individuals and we would not be able to recognise each other if there were an in-person encounter. “The anamorphic perspective reveals how meaning not only exists within what is represented, but also exists within what is not represented” (Hannon 2019). This absent, invisible, disembodied presence is bound to have some effect on learning and instructor/student relationships that only a retrospective reading might reveal, but policies might do well to consider.

Geographical diversity was not limited to the participants, as mentioned. The instructors showed up day after day from various parts of the world, except it was not always day where they were, graded assignment after assignment, and somehow remained upbeat through it all. This global access might well have never happened had the pandemic not upended all possibility of travel, and the likelihood of 500 or so Pakistani participants encountering not just these particular instructors but also their distinctive teaching styles and their personalities would have been unimaginable. Initial evaluations<sup>viii</sup> by participants from all four cohorts rate the instructors very highly, albeit only time will tell just how many were inspired to emulate their dedication and commitment.

That said, the toll that such a mammoth task takes – especially when participants drop off mid-seminar, when cases of attempted plagiarism keep cropping up, when individuals become belligerent, and when bureaucratic processes create inexplicable delays – cannot really be expressed in words. It was, after all, a programme with very high stakes for the participants, and to an extent for NAHE as well. A question that is being raised around the world during this time when teachers have been asked to unlearn, relearn, teach, and do so ‘effectively’ is, what needs to be done to support faculty? How might policies address the question: at what point does the mental health of teachers become more important than the task at hand? Alternatively, how might we approach the locus of that very fine line between dedication and martyrdom<sup>ix</sup>?

Taking an anamorphic view of these same questions compels me to remind the reader that what is a convenient descriptive distinction between participant and instructor is not really the case in the NFD: some of these ‘participants’ were already teachers, and all were poised to become faculty members. And the ‘task at hand’ was precisely to attempt to equip them with skills and concepts to support them as they embark on this career; as previously mentioned, the online nature of the programme might have given them an edge over senior faculty members who had far less online experience. This shifting position that they occupy asks one to reconsider the question of what [else/more/actually] needs to be done if indeed the programme is in place and has run in order to support faculty, and through them, their students.

Measuring impact is a statement that has become commonplace, however it is critical for policies to consider that impact is not a self-evident notion. Against the backdrop of a global pandemic, looming economic crises, and the desperate need for employment, it remains to be seen if participants who had access to the programme will have any kind of positive impact on the students and institutions they go on to serve. From certain vantage points, the programme has been a success, and if evaluations by participants are anything to go by, a majority consider it worthwhile. Retroactive readings of the changes in higher education – there are bound to be many – in a world that is irrevocably altered by the pandemic ask for a rethinking of what impact means, and to utilise multiple perspectives to find ways measure it, not all of which will necessarily be positive for all stakeholders.

Certainly from NAHE’s perspective, the NFD was an enormous achievement. As mentioned earlier, the logistics of conducting it in person were confounding and would have required far more in terms of financial, human and administrative resources. However, even beyond the banality of logistics, it feels as though something significant was accessed – we don’t yet know what. Here the anamorphic gaze must look backwards, either to read it retroactively as a site for the emergence of something significant or, with reference to Holbein’s painting, turn to “see the skull for what it is, to see the ‘trauma’” (Boyle 2010) of this particular juncture in time. Or both. Whether and how the programme resurfaces as memory – perhaps as “a somatic memory based in the experience of difference” (Boyle 2010) – for those involved in it is as yet unknown. It would nonetheless be a great loss if future policies to do with faculty development, online learning, and issues of access were to relegate this juncture to amnesia or a glitch in the ‘normal’ functioning of the world. This much is clear: our subjectivities, spatio-temporal perspectives, and the structures within which we function, are not likely to return to what we once knew and took for granted.

## Notes

<sup>i</sup> William Shakespeare, *Richard II*, Act II Sc ii.

<sup>ii</sup> This dimension of access is different from ‘accessibility’ in digital environments, which is defined as “technology [that] includes a broad range of constantly changing tools and

features that support the learning of students with disabilities” (McAlvage & Rice 2018); this meaning has been quite lost in many contexts this year, including that of Pakistan.

<sup>iii</sup> For example <https://www.facebook.com/HECPakistan2002/>

<sup>iv</sup> For more recent developments, see also: “Protests against on-campus exams: Education minister takes note of student demands” (<https://www.dawn.com/news/1603740>)

<sup>v</sup> Or “crisis learning” (NoTosh 2020)

<sup>vi</sup> Military usage, meaning ‘Absent Without Official Leave but without intent to desert’

<sup>vii</sup> The evening meal to end the fast for the day.

<sup>viii</sup> Data have not yet been compiled for sharing.

<sup>ix</sup> Examples of the heightened sense of teacher-as-martyr can be found in several articles and blogs, for example: “Down Shifting: Resisting Over-Productivity and the "Teacher as Martyr" Syndrome in the Pandemic”, Elizabeth Ricketts

(<https://www.hastac.org/blogs/ericketts7184/2020/04/16/down-shifting-resisting-over-productivity-and-teacher-martyr-syndrome>), and “That Discomfort You’re Feeling Is Grief”, Scott Berinato (<https://hbr.org/2020/03/that-discomfort-youre-feeling-is-grief>)

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ANJUM ALTAF

## LOCKDOWNS IN INDIA AND PAKISTAN: A NATURAL EXPERIMENT

To what extent did the lockdowns in India and Pakistan help to mitigate the spread of the Coronavirus? It is impossible to say for sure because we have no way of knowing how the infection might have spread in the absence of a lockdown. One might think that comparing a country that imposed a lockdown (say, India) with one that didn't (say, Sweden) might yield some answers but the premise is flawed. There are too many differences between the two countries to attribute with any confidence the respective outcomes to the presence or absence of the lockdown alone.

A recent review of global evidence (Mukherjee 2021) concludes that “while the virus has ravaged rich nations, reported death rates in poorer ones remain relatively low.” Thus, at the very broad level, one could attempt, with caution, to compare countries within groups -- Sweden may not be compared to India but a comparison with, say, Norway might yield some useful insights.

Among low-income countries the closest one can come to a controlled experiment is a comparison between the neighbours Pakistan and India where most of the confounding variables are reasonably matched. This is ensured by the overwhelming similarities in temperature, age distribution, residential density, social configurations, genetic makeup, exposure to medicine against malaria, vaccination against BCG, and many of the other factors being cited as contributing to the relative infectiveness of the virus. The populations at risk and the socioeconomic conditions in which they reside are common.

For the purpose of this stylized analysis, we can assume all such ambient variables to be similar which allows them to be ignored. While this is obviously not the reality, no evidence has yet been offered attributing the different outcomes to any of such variables. One can also assume, in the absence of any reported systematic biases, that minor variations in many of these variables would be cancelled out in the aggregate. This enables us to focus our attention on the big policy variables and external factors that might have contributed significantly to the observed differences in outcomes in the two countries.

Lockdowns, much more strict in India compared to Pakistan, were announced in the two countries at about the same time, March 24 2020, very soon after the detections of the first infected cases. On that date the total number of infected cases reported in India and Pakistan were 536 and 972 and the total number deaths were 10 and 7, respectively (Our World in Data 2021). In this analysis, we focus only on reported deaths since the reported number of infections is a function of the scale of testing which cannot be assumed similar in the two countries. Deaths, on the other hand, while they can be under-reported, are not possible to hide and there are also no claims that undercounting has been systematically different in the two countries.

Three aspects of the outcome are of interest: The number of deaths avoided by the lockdowns; the total number of deaths to date; and the rate of spread of the virus. There are no estimates of the number of avoided deaths for Pakistan. For India, a rigorous modelling exercise, whose assumptions are available for public scrutiny, by the Indian Scientists' Response to CoVID-19 Group, estimates that "approximately 8,000 to 32,000 fatalities have been averted, till May 15 [2020], compared to a "do nothing" scenario." This is in contrast to the 37,000 to 210,000 range claimed by the Niti Aayog (ISRC 2020). The total number of deaths reported due to Covid-19 as of March 4, 2021 were 157,548 in India compared to 13,128 in Pakistan (Our World in Data 2021).

What accounts for the far higher number of deaths in India despite a stricter lockdown? Many analysts have explained away the much higher number of deaths in India by stating it was only to be "expected" and "not surprising" because of the country's very large population (for an example, see the introduction of Karan Thapar's interview with Dr. Ashish Jha, *The Wire*, August 29, 2020). This is an extraordinary statement to make given the readily available data from China, a country with an equally large population but with only 4,437 deaths by March 4, 2021 (Our World in Data 2021). This is even more significant if one keeps in mind that China was caught by surprise and already had 3,172 deaths on March 12, 2020 when both India and Pakistan had none at all.

It was argued, early in the pandemic, that it was conceptually incorrect to normalize deaths by population size before the pandemic had spread spatially over the entire landmass (Altaf 2020). However, enough time has passed now to assume, for the purpose of analysis, that it has done so; any further spikes would not be due to spread of the virus to uninfected areas but by finding new victims within already infected areas. Deaths per million people on the same date (March 4, 2021) were 114 for India, just about double the 59 for Pakistan (Our World in Data 2021). It still remains a difference significant enough to require an explanation.

A more plausible explanation for the much higher number of deaths in India compared to Pakistan could rely on a factor that has not received sufficient attention -- the number of initial infections present in a population prior to any policy response. In the absence of any definitive evidence to the contrary, one can assume that the rate of spread from any one infection is the same. But the total number of subsequent

infections and deaths is clearly a function of the initial number of infections -- a fire starting in ten locations will fell many more trees than one starting from a single location even if all fires spread at the same rate.

Given that the virus was not indigenous to India and Pakistan and entered from outside primarily through international airports, a good proxy for the initial seeding can be the number of air passengers coming into a country between, say, January 1 and March 23, 2020. This can be prorated from the number of foreign tourists entering a country for which annual statistics are available. The World Bank database reports 17.4 million visitors to India in 2018. The number for Pakistan is not updated since 2012 when it was reported as 966,000 (World Bank 2020). Since then it had reportedly fallen to about 10,500 by 2017 because of concerns about safety of life with the inflow recovering to 17,800 in 2018 (Gulf News, 2019). Clearly there is an order of magnitude difference in the numbers.

These numbers can be refined by adding estimates of Pakistani and Indian nationals visiting other countries and of domestic travel within countries that could spread the virus from ports of entries to other centres of population. For example, there were 8 airports in India handling more than 10 million passengers in 2018-19 with the highest number recorded for the Indira Gandhi International airport in Delhi at just over 69 million (Wikipedia-1, n.d.). By contrast, there were only 3 airports in Pakistan handling more than 5 million passengers with the highest number recorded for the Jinnah International airport in Karachi at just over 7 million (Wikipedia-2, n.d.). These adjustments would only widen the already huge difference in potential initial infections between Pakistan and India which could be adduced as an explanation for the much higher number of infections and deaths in India.

However, this factor would not suffice to fully account for the trajectory of the virus in India. The World Bank database shows that Vietnam had roughly the same volume of foreign tourists in 2018 (15.5 million to India's 17.4 million). Yet the number of deaths in Vietnam on March 4, 2021 was just 35 (Our World in Data 2021). Once again, as deduced from the outcome in China, the conclusion is unambiguous that policy matters -- good policy can contain the virus even after accounting for quite different initial conditions. In this context, it is worth reflecting on the fact that India is now clubbed with high-income countries like Brazil, USA, and UK where the epidemic was not taken seriously, at least initially, although in India the opposite was the case. There was an immediate, some claim draconian, response but one that did not yield the kinds of outcomes witnessed in China and Vietnam and even in Pakistan.

The comparison of the outcomes between Pakistan and India thus comes down to a comparison of policy responses and the only policies of any significance were the lockdowns. The policy comparison becomes interesting on unpacking the lockdown. For the purpose of this analysis, it is sufficient to disaggregate it into two components. The first relates to the closure of all facilities where large gatherings were the norm (schools, colleges, factories, marriage halls, markets, shopping malls, trains, buses,

etc.) and of all inessential services (beauty salons, tailoring shops, restaurants, etc.). This component was common to the lockdowns in the two countries.

The second was the ‘stay-at-home’ component which was strictly implemented in India and not implemented at all in Pakistan. India opted for a curfew-like implementation in which people required passes to be outside their homes, except for purchase of essential foods and medicines, and entry of outsiders into homes was also limited. In Pakistan, there was absolutely no restriction on movement into or out of homes and people could use personal vehicles to travel within and between cities.

Enforcement of stay-at-home orders was relatively strict in India with the police not refraining from the use of *lathis*. For this and other reasons, compliance was also high. In Pakistan, even besides the absence of a stay-at-home component, people found ways around bans on businesses by either operating them when enforcement agents were off-duty (e.g., from 4 am to 7 am) or by informing customers that they would be operating from their homes. Private owners turned their vehicles into unofficial taxis to transport those desiring to travel within or between cities. The Government Response Stringency Index, a measure of the strictness of the lockdown (on a scale of 0 to 100 with 100 being the strictest), rated India at 81.0 and Pakistan at 41.2 (Our World in Data 2021).

These differences stemmed from the fact that the enforcement order was communicated very clearly and categorically from the top in India while there was a lot of waffling in Pakistan about the need for a lockdown in the first place. The mixed messages from a spectrum of unqualified spokespersons were reinforced by clerics determined to continue congregational prayers, a demand that the government felt compelled to concede (Shahzad 2020).

While some fuzziness at the margins is inevitable, the almost binary nature of the variation in the ‘stay-at-home’ component of the lockdown between the two countries is significant enough to constitute a natural experiment capable of shedding light on its contribution to the observed outcomes in the two countries. Given that, it can be argued that the stay-at-home component of the lockdown did not yield any significant gain in India. In fact, the very different trends in India and Pakistan suggest the radical conclusion that the stay-at-home component might even have aggravated the situation in India by triggering the massive return migration of urban workers to their village homes. Instead of the virus remaining confined to the major cities where it was concentrated, which was the intent of the lockdown, it leaked all across small cities, towns, and villages.

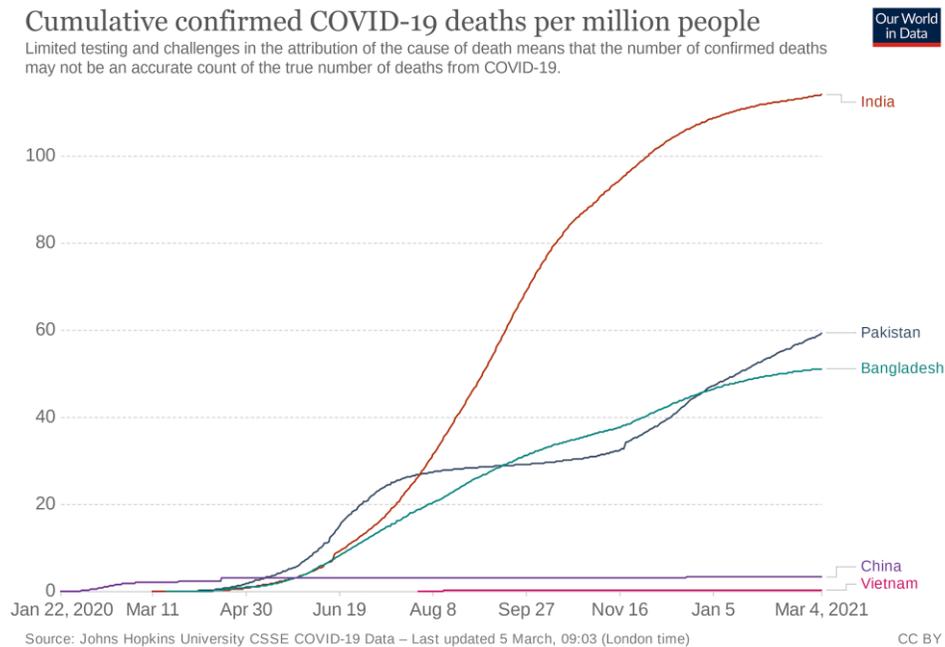
Confinement in the major cities could have led to local saturation approaching herd immunity levels -- the second serological survey in Delhi conducted in the first week of August 2020 reported almost 30% of people tested had developed antibodies (Ojha, Mint 2020); in Pakistan, 11 of 35 young and fit members of the cricket contingent departing for England in June 2020 tested positive suggesting fairly high prevalence of infection, albeit asymptomatic (ICC 2020). The outflow of millions in

India from major urban centres took the virus to many virgin territories triggering fresh cycles of infections. In Pakistan, no such reverse migration took place because of the absence of a stay-at-home component of the lockdown.

The Pakistani response was in fact fairly confused at the beginning. The authorities, exasperated with the lack of adherence to SOPs, were berating the public for being “ignorant and stupid” (Ali 2020). In desperation, God was being beseeched for a miracle. It is ironic that when the ‘miracle’ was granted the authorities attempted to appropriate all the credit. The fact that there was no extraordinary policy response in Pakistan is confirmed by comparison with Bangladesh, a country in the same region with a similar population, where the cumulative deaths on March 4, 2021 were 8,435, just over a third lower than in Pakistan (Our World in Data 2021).

These comparisons suggest two conclusions: the difference between China and India can be attributed to better policy in China; that between Pakistan (or Bangladesh) and India to worse policy in India, in particular the badly bungled stay-at-home component of the lockdown.

[The data on cumulative number of deaths per million people in the countries mentioned in this article are displayed in the graph below. It is taken from the ‘Our World in Data’ site (Our World in Data 2021). Note the instability during the early days of the pandemic.]



For the sake of completeness, one must allow for other factors that might impact deaths differently in India and Pakistan. For example, mortality can be correlated with

the quality of medical care but on this score the quality in India is reportedly as good if not better than that in Pakistan. A second factor could be systematic variations in the reporting of deaths and undercounting of deaths occurring outside medical facilities. There have also been allegations of deliberate undercounting. On this score as well, more concern is being expressed with the situation in India. An investigative report by the London *Telegraph* (Wallen, Farmer, Yusufzai, and Singh 2020) suggests greater problems in India than in Pakistan. Some have speculated that differences in dietary patterns might have played a part but no such evidence has been reported from India where dietary variations are much more prevalent than in Pakistan. Thus none of the more obvious factors undermine the contention that the stay-at-home component of the lockdown did not yield a distinct advantage to India over Pakistan.

It is surprising that data on appropriately adjusted excess deaths is not being monitored on a regular basis in either country because it can be an independent check on the veracity of official numbers as well as a useful indicator of the life-cycle of the virus (Altaf 2020). Moscow, for example, reported 20 percent higher fatalities in April 2020 compared to its average April mortality total over the past decade (Sauer 2020). Paris reported March-April 2020 deaths to be 89 percent in excess of same period in 2019 but in early May the excess dropped to just 6 percent as the epidemic was brought under control (Reuters 2020). The only way to reliably claim that the pandemic is over in a particular location is to show proof that excess deaths have declined to zero.

This omission is even more surprising because reliance on burial and cremation data to gauge the intensity of an epidemic has been standard practice for hundreds of years. Daniel Defoe's account of the 1665-1666 plague in London (Defoe 2004) begins with a listing of the weekly "bills" of death posted by the infected parishes in the city and he remarks on their trend over time. The contemporaneous diary of Samuel Pepys of the same plague mentions his reliance on the "bills of mortality," the weekly tallies of burials printed by the Company of Parish Clerks in London (Lotz-Heumann 2020).

## Conclusion

Based on this comparison it can be argued that India, while employing its last resort and most expensive weapon, threw away all the potential gains of a lockdown by not anticipating the impact on migrant workers. It was in no position either to provide shelter to those who had no home to stay in nor food to those who did. As a result millions of them milled about in the cities desperately seeking transport before setting out on foot or bicycles towards their village homes. The spread of infections due to this oversight is confirmed by the testing of returning migrants at their destinations which indicated a much higher rate of infection than the average (Saikia 2020).

David Eddy was a pioneer in assessing the costs and benefits of screening for diseases. One of his most cited guidelines (Eddy 1980) was the following: "First, there must be good evidence that each test or procedure recommended is medically effective in reducing morbidity or mortality; second, the medical benefits must outweigh the risks;

third, the cost of each test or procedure must be reasonable compared to its expected benefits; and finally, the recommended actions must be practical and feasible.” It seems that with the knee-jerk adoption of a complete lockdown, that was sustainable only in much richer countries, India overlooked the last element, practicality and feasibility, of David Eddy’s principle. A similar conclusion was reached in a recent review of the evidence by researchers at Yale University (Barnett-Howell and Mobarak 2020). Arundhati Roy termed it a *panicdemic* (Roy 2020),

The contention in this article has been that the lockdowns in India and Pakistan provide a natural experiment to assess the gains accruing from their very different ‘stay-at-home’ components. After adjusting for all other factors, the striking difference of outcomes in the two countries can be attributed to the consequence of the stay-at-home measure -- a massive return flow of individuals in India compared to an absence of any equivalent in Pakistan. Pakistan has not done better, India has done worse. It might well have turned a health crisis into a humanitarian and economic one for virtually no gain -- the relative economic impact of the pandemic, computed by the IMF in terms of growth of real GDP, has been higher in India than in any of the other countries considered in this analysis (BBC 2021). The costs might continue to mount even after the pandemic has come and gone given the structure of the Indian economy, overwhelmingly dependent on small and medium enterprises and informal labour, both hit disproportionately hard by the stringent and extended lockdowns.

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V. BIJUKUMAR

## TACKLING COVID-19 PANDEMIC THROUGH PUBLIC ACTION: EXEMPLARITY OF KERALA, INDIA

*Kerala's fight against the global pandemic COVID-19 turned out to be a public action, making it an exemplar to the rest of the states in India and the world as a whole. Its public action-oriented containment of the pandemic has been the outcome of multiple factors specific to the state. Despite the state's grave challenges, its experience offers new opportunities for setting a new public culture. However, the emerging opportunities and their realisation in the post-COVID-19 phase depend on effective and visionary leadership, translating them for the state's potential development.*

A pandemic is a disease outbreak that takes people's lives and devastates people's social, economic, and political lives across the world. Since its beginning, humanity has tried to tackle pandemics for ensuring its survival on the earth. The current spread of COVID-19 caused by the novel coronavirus emerged as one of the greatest threats to human survival in the 21st century. In India, the spike in infected cases has devastated economy and people at large. Many state governments are perplexed by the rising graph of the daily cases and mortality rate due to the pandemic. The life and livelihood of unorganised workers and daily wagers and the migrant labourers were hit hard by the pandemic, as well as by the national lockdown clamped to contain the spread of the virus. Different state governments adopted various ways and means to contain the pandemic and provide some cushioning effect to the people's life.

Kerala, a small state in the southernmost part of India, known for its impressive social development, especially in the areas of education and health despite its faulted economic development, particularly industrial development. The state took a different approach during the pandemic, especially in identifying the infected people and their treatment and guaranteeing food grains and other assistance to deal with the pandemic. Kerala has achieved exemplary performance in dealing with the menace of COVID-19 as is evident from the low death rate and the highest recovery rate in the initial wave of the pandemic. Its achievement has been appreciated by various state governments and the Government of India, and the world community. Such exemplarity demonstrated by the state in dealing with the pandemic is the culmination of multiple factors. The state has invested in this approach for over the years since its formation in 1956. These include effective decentralised governance, mobilisation of

voluntary human force, literacy and education, public health and decentralised health infrastructure, public distribution system, critical opposition, the intervention of media and public auditing of civil society, deep-rooted scientific temper and public reason, civic values, solid and vibrant social capital, vertical and horizontal political obligation.

## Foresighted Public Action

The fight against the COVID-19 turned out to be a public action movement and social mobilisation in Kerala. In fact, public action in the state has never been apolitical, as it always assumed political nature. As a constituent of civil society, public action is based on free and fair public criticism, and it is part of the radical and consistent political mobilisation of various groups in the state. It has been the result of many political factors in Kerala, such as communist movements, civil society groups, and public-spirited individuals. While appreciating the public action in the state, Sen argues that Kerala's developmental experience is based on public action that was not mere actions of a passive public, rather it is the bedrock of the political public (Sen, 1999). According to Dreze and Sen, "public action includes not just what is done *for* the public by the state, but also what is done *by* the public for itself" (Dreze and Sen, 1989:61). It is also argued that "having won the first generation (civil and political) rights, public action is turned to realising further generation rights in a progressive process of participation for ever-enhancing development. This is made possible by what we postulate as "effective political demand", here the dynamics of organisation and mobilisation of the public constitutes the corresponding 'political purchasing power' which presuppose development in our view" (Kannan and Pillai, 2007: 6).

The current public action against COVID-19 began when it was first reported in the Wuhan province of China. The state took effective preventive steps to combat the novel coronavirus. In fact, the state's Health Minister K. K. Shailaja disclosed a national news channel in an interview that the state took initiatives as early as mid-January, much before India's Government took preventive measures. The government took a slew of measures, when India's first COVID-19 case was recorded on 30 January 2020 in Kerala following the return of a Malayalee student, who was studying in China's Wuhan Province, to Thrissur District in the state. The student tested positive for COVID-19. In fact, the meticulous effort to tackle the pandemic gained a boost from the state's experience from controlling the outbreak of Nipah virus in May 2018, which killed 17 people in the northern district of Kozhikode.

The state has once again set exemplarity in tackling the global pandemic by preventing the community's massive intensity spread. It took proactive measures towards the dissemination of information through print, electronic and social media. Social media platforms such as Facebook, Instagram, Tiktok, Twitter and WhatsApp. Songs, stories and film clippings highlighting personal hygienic were disseminated. The state promoted the 'Break the Chain' campaign promoting regular hand washing and strictly following social distancing. It imposed severe restrictions on public gathering

and called for the closure of educational institutions, places of worships, cinema hall and shopping malls. Apart from these, district borders within the state and border areas with other states were sealed and curbed public transportation to prevent interstate travellers. Strict police vigil was enforced in the state, especially in border areas. Effective contact tracing of infected persons and preparing their route maps were undertaken. Every contact of each positive case was identified, and prior to such person showing any symptoms, he/she was home quarantined for 14 days without fail.

## Multiple Factors for One Cause

Kerala's impressive performance in combating COVID-19 by using effective public action is the result of multiple factors, which has no parallel in the rest of India and the world. These factors linking with the state government's active role contributed to initially flattening the infection rate and the mortality rate in the subsequent phases of the virus's spread. However, these factors emanated from the state's unique model of development and the political and civil society intervention.

## Robust Health Infrastructure and Quality Services

The state is known for its robust health infrastructure and high human development, contributing to its remarkable achievement in increased life expectancy, lower infant and maternal mortality. Perhaps, the state's spectacular achievements in education and health are the outcomes of mass mobilisation and public action. Kerala, since its inception, invested heavily in the public health sector and strengthening its network of rural primary health centres (PHCs). It is known for its decentralised public health system, which is serving a high density of population. In July 2019, seven PHCs in the state secured the National Quality Assurance Standards (NQAS) certification. Among them, the family health centre at Kayyur in Kasaragod District secured the country's top position. As part of the government's *Aardram* Mission, the government has converted 170 PHCs as family health centres. As per the Healthy States: Progressive India Report presented by NITI Aayog, Kerala topped the charts, followed by Punjab, Tamil Nadu, Gujarat and Himachal Pradesh. Kerala is known for its efficiency, equity and inclusiveness in promoting entitlements among the people. It is the only state in India to integrate care and palliative care policy into its health system. This is a public and civil society interface, integrating palliative care with health care policy, and the state has now around 1550 palliative care units. Established in 2008, this community-based model of health care is under the local self-government leadership. Moreover, the health sector in Kerala is marked by committed health workers for whom nursing is a profession for livelihood and for serving humanity with compassion. For more than five decades, the state has contributed nurses to the rest of the states in India and abroad. Several Kerala nurses, who had been working in the Gulf countries for a long time, also succumbed to coronavirus.

## Women Self-Help Groups and ASHA Workers

In the fight against novel coronavirus, the state made use of the service of Kudumbashree, the self-help groups of women across the state. In 1998, this community initiative of neighbourhood groups of women in rural and urban areas, is considered the world's largest women empowerment project addressing poverty and gender concerns. According to Patrick Heller " . . . Kudumbasree was in a good position to co-produce effective interventions, from organising contact tracing to delivering three lakh meals a day through Kudumbasree community kitchens" (Heller, 2020). According to Biju and Kumar, "the Kudumbashree network is the strongest and the best organised institutional group among various local-level collectives that have emerged in the post-decentralisation period. Its link with state power, participatory and democratic way of decision-making, and qualities such as voluntarism and self-mobilisation have helped it to become the most developed institution of government-backed community-based mobilisation" (Biju and Kumar, 2013: 23). The Kudumbashree has formed 1.9 lakh WhatsApp groups with 22 lakh NHG members to educate them about Government instructions regarding Covid-19 during the lockdown. It also initiated the campaign to sensitise the people, especially the elders, to contain the virus's spread. Its active intervention through social media in the break-the-chain campaign and motivation campaign was commendable. When the school children's online education during the pandemic emerged as the biggest challenge, the Kudumbashree, with the support of the Kerala State Financial Enterprises (KSFE), implemented the Microcredit scheme KSFE Vidyashree Scheme – to support member families to avail laptops to ensure online education to their children. Moreover, as additional support to the society during the pandemic, the ASHA workers offered counselling and mental support to people concerning Covid-19 and lockdown. The role of Accredited Social Health Activists (ASHA), who constitute around 26,475 in the state, are engaging in doorstep enumeration of elderly and infected people. Apart from delivering food and medicines, keeping social distancing norms, they promptly connect with society. ASHAs are women health workers, considered the interface between the community and the public health care system, who visit all quarantined families. In addition to these, the mobilisation of youth volunteers between 22 and 40 by the various political parties, state youth commission and civil society organisations added a new dimension to the public action in containing COVID-19.

## Decentralised Governance and Public Distribution System

Kerala is known for its effective decentralised governance, which facilitated the containment of COVID-19, especially in identifying the infected persons, tracing out their contacts and quarantining the affected persons. Local governments, wards committees and village panchayats were entrusted with the work. Local governments exercised surveillance on suspected infected persons through people's participation. Kerala is known for its effective Public Distribution System (PDS) for distributing essential items to people through ration shops. Until 1997 the state had a universal PDS reaching out to every section of the society and every nook and corner of the

state. In June 1997 the Government of India the Government of India launched the Targeted Public Distribution System (TPDS) with a focus on the poor. The universal PDS was categorised into two- beneficiaries belonging to the Above Poverty Line (APL) and beneficiaries belonging to the BPL (Below Poverty Line) shadowed over Kerala's acclaimed universal PDS. Justino has contended that "Kerala's food security policies rested also on the implementation of the public distribution system, which tackled the issue of food scarcity by supplying food grains and other essential commodities at subsidised prices in fair price shops or 'ration shops' and the school Meals Programme, which distributed free lunch for primary school children and one free meal for woman and their infant" (Justino, 2003:5). During the lockdown period, the government distributed a free ration of 35 kg rice to the Below Poverty Line (BPL) families, 15 kg rice for the Above Poverty Line (APL) families and grocery kits worth around Rs 1000, containing 17 items, including essentials such as wheat, sugar, salt, edible oil, pulses, tea, sugar and spices, and a free ration of 15 kg rice per household. This is in addition to the monthly ration distributed to each household through the ration shops. To prevent crowding in front of the ration shops, the government devised a ration card numbering system with different dates.

### Committed Political Leadership and Media Outreaching

The proactive government and committed leadership constitute a distinguishing feature of public action in Kerala's developmental experience. No public action is successful without the effective intervention of a government and responsive leadership. The Left government, which propagated the idea of 'government along with the people' during the devastating floods in August 2018, reiterated 'government in front of the people', in dealing with COVID-19 crisis. For this, a war room was set up in the government secretariat under the Chief Minister's leadership to monitor the emerging situation in the state. Chief Minister Pinarayi Vijayan's daily evening press briefing and subsequent interaction with media persons after the daily COVID-19 evaluation meeting with concerned ministers, officials and experts were broadcasted in all Malayalam news channels, which were eagerly watched by Malayalees not only in the state, but also abroad. The press meeting sensitised people about the measures to be taken to combat the infection and displayed the state leadership's care for its people, and other living beings like birds and animals acted as a morale booster for fighting the pandemic. Moreover, there has been a big realisation by the government that the fight against pandemic should be supported by adequate entitlement for poor, who are reeling under poverty and other distress, and stimulation packages for the various sectors of the state's economy. On 19 March, the state government announced a revival package worth Rs 20, 000 crore to combat the fallout in various state economy sectors due to COVID-19. With the lockdown, the government brought in multiple social security measures. The state government initiated 1255 community kitchens in all 14 districts to ensure no one is hungry during the lockdown period. Community kitchens were set up under the control of the local self-government institutions. They were run by Kudumbashree workers and selected volunteers in each village panchayat. A phone number was allotted to help those who

were ashamed of approaching the community kitchens to connect with the volunteers in each village panchayat to deliver food. The community kitchen was considered a great solace for needy and homeless people during the pandemic.

### Critical Opposition and Open Criticism

The various shades of critical opposition and open criticism by political parties and media strengthen public action in a democracy. In a politically polarised society like Kerala, public action against a common cause, even if fighting against a pandemic, is always under critical monitoring. From the beginning of the fight against the COVID-19, the opposition Congress party was desperate to put the government in general and the Chief Minister particularly, in the doldrums. The Congress leaders cynically approached every action of the government as they felt that fighting against the pandemic, the government is building up political capital in favour of the government, which will fight the forthcoming local body election and subsequent assembly election in May 2021. The mainstream media, while broadly extending support to government's fight against the pandemic, on some occasions attempted to expose the government actions. The government, and especially the chief minister, was politically defensive against the criticism by the opposition and some media syndicate, such criticisms always alerted it in its fight against the COVID-19. In his famous study on famine, Amartya Sen argues that no famine has ever taken place in the history of the world in a functioning democracy because democratic governments "have to win elections and face public criticism, and have strong incentive to undertake measures to avert famines and other catastrophes". He contended that no substantial famine has ever occurred in any independent country with a democratic form of government and a relatively free press (Sen, 1999: 152).

### Use of Technology and Information Services

The effective use of technology for information gathering, data storage and data interpretation regarding the COVID-19 cases made the effort more professional. Further, two robots were deployed by the Kerala startup Mission to distribute masks, sanitisers and napkins. The efficient coordination of multiple departments such as health, police, revenue and finance made the public action against COVID-19 more praiseworthy. The activities of Covid Brigade, a group of young professionals with backgrounds in medicine, nursing, pharmacy, business administration, data-entry and social work, constituted by the government added a new dimension to the public action oriented tackling of the pandemic. This mobilisation of voluntary human resources helped in hospitals and first-line treatment centres (FLTCs) set up for the treatment of Covid infected persons. The government agencies used digital technology to ensure surveillance, contact tracing, strict quarantine, and the storage and management of data related to the Covid cases. The government used digital technology to ensure surveillance, contact tracing, strict quarantine, and the storage and management of data related to the Covid. The state's progress in technological innovation emerged as a blessing in the prevention of the pandemic.

## Demographic Dividends and Challenges

The state had to face several challenges while stepping up efforts to contain the pandemic. Firstly, one of the most baffling challenges in this context has been the demographic advantages brought by the state's development model itself. As per 2011 census, the density of population in Kerala is 860 persons per sq.km, which is much higher than the all India level of 382. The density of population in the state has both advantages and disadvantages in containing the pandemic. While it is easy to trace out the infected persons with the help of local self-governments and neighbourhood forums, it poses a grave challenge in the event of a community spread of infection. Another critical feature regarding demography is the presence of a sizeable number of senior citizens, which has often led to describing Kerala as a 'grey state'. The state has the highest life expectancy of 72.5 years and 77.8 years for males and females, respectively. The State Economic Review 2019 pointed out that "In 1961, Kerala's 60 plus population was 5.1 percent, which was just below the national level of 5.6 percent. Since 1980, Kerala has overtaken the rest of India and in 2001 the proportion of the old age population rose to 10.5 percent as against all India average of 7.5 percent. By 2011, 12.6 percent of Kerala's population is past 60 years, compared to the all India average of 8.6 percent. By 2015, population data show that it increased to 13.1 percent in Kerala against the all India average of 8.3 percent (SRS Statistical Report 2015). Currently, 48 lakh people (projected figures of the population in 2018) of Kerala are 60 years and above; 15 per cent of them are past 80 years, the fastest-growing group among the old." This is precisely because of literacy and public health awareness and improvement in health facilities, and mass access to people. In fact, they always constituted the major human force behind many public actions in the state, like total literacy and decentralised planning campaigns. However, since 60 plus people are vulnerable to lifestyle diseases like diabetes, heart disease and high blood pressure, they are more prone to coronavirus infection. They have to be confined to homes, and sometimes undergo reverse quarantining upon return of a family member from infected places, thereby posing a challenge to the containment activities of COVID-19. Moreover, Kerala is known for its population density in any other states in India and the narrow gap in rural and urban divide poses. The Census 2011 puts Kerala's population density at 859 per square kilometre, which is more than twice the all-India 382. Perhaps, this is due to flat plains with fertile soils and abundant rainfall. This intrinsic nature of Kerala demography poses a challenge to the containment of the disease.

Secondly, the state is confronted with the grave challenge of the expatriation of migrant labourers to their home states. In fact, Kerala is known as a migrant-friendly state, where the migrant labourers from other states are described as 'guest workers'. They habitually feel safe in the host state and have become an essential part of the state's social life. It is estimated that there are 40 lakh guest workers in the states, mostly from Bihar, Jharkhand, Odisha, Uttar Pradesh, Assam and West Bengal. The inflow of these migrant labourers is the offshoot of the 'success' of the Kerala model. Kerala is a labour-deficient state, and many low-skilled works need more labourers. In fact, the labour deficiency has been the outcome of the social transformation in

the state. As many people from communities attached to traditional caste-assigned work got education and government employment, people from such communities either declined to undertake traditional work or shifted to other high-earning work. Further, many Keralites migrated to Gulf countries leading to labour deficiency in the informal sectors of the state. Kerala has attractive wages and social security for labourers in contrast to other states in India. All these factors attracted large number of migrant workers to the state since the last one decade and some clusters developed in the state with migrant labourers. In the wake of national lockdown, most of the labourers demanded, and in some cases massively agitated, for returning to their home states. However, the government provided accommodation, food and medicine for all the workers, and tried to convince them through public campaign in their vernacular languages to remain where they are till public transport is available. In spite of many positive measures taken by the government to address the migrant workers living in the state, migrant workers posed a stark challenge to the government during the pandemic situation.

Thirdly, another challenge for the state has been bringing back the stranded Non-Resident Keralites (NRKs) from other states and abroad, even from the most infected areas and countries. There have been considerable apprehensions that the initial achievement of 'flattening the curve' of the COVID-19 cases would be affected by the arrival of NRKs. It is believed that the number of NRKs are equivalent to the number of native Malayalees residing in the state. The state has a high rate of outmigration internationally, and the remittances from migrants account for 36.3 per cent of its NSDP. In fact, the remittance from the NRKs to their families in the state, especially from the Gulf regions, constituted one of the fundamental pillars of the Kerala model of development. Such remittance raised the purchasing power of the people and contributed to the overall development of the state. The financial contributions and relief given by the NRKs not only provided the much-needed solace but also helped rebuild the post-flood Kerala. While the state government takes a more lenient stand on the repatriation and subsequent quarantine and treatment of the infected NRKs, it will pose a significant challenge in the containment of COVID-19 in the state.

Fourthly, Kerala is known for its intense density of fisherfolk in its coastal regions throughout the state, posing a significant challenge to tackling the pandemic's spread. Kerala has a coastline of 589.5 kilometres, which forms 10% of India's total coastline and the total populace of fisherfolk residing in the state of Kerala is estimated to be 11.114 lakh, which includes 8.55 lakh in the marine sector and 2.55 lakh in the inland sector. The majority of these fisherfolk live in low socioeconomic conditions throughout the state, even though the state is known for its acclaimed development model. The first local community transmission reported in the Poonthura, Pulluvila and Beemapally coastal regions in Thiruvananthapuram district added a great menace to the government's effort to tackle the Covid 19.

Finally, Kerala is acknowledged for thick social capital and public interaction cutting across caste, religious, regional and economic divides. People establish trust among

various communities, and public gatherings are more visible in multiple festivals and political meetings. In fact, the local teashops in the villages often became a public hotspot of political deliberations in evening times as people visit for tea and discuss any things under the sun. Moreover, the state is known for its network of rural libraries and public reading rooms where the people in the evening gather to read newspapers, watch television and engage in deliberations. In fact, in any discussion on the Kerala development model of development, these rural libraries' role as the public space for deliberation is widely recognised (Bijukumar, 2019). In the fight against Covid 19, Kerala's exemplarities pose an immense challenge as it is often very difficult to confine people to home and practice social distancing.

### Setting New Trends and Opportunities

It is generally believed that crises would set new trends not only in the economy, but also bring new public cultures. They can get many opportunities, and if properly directed, they can help reap many positive achievements. Firstly, the fight against COVID-19 has strengthened people's faith in the public sector, especially in the state's public health sector. It needs mention that the last two and half decades witnessed mushrooming of private hospitals in the state thereby making the health expenditure more exorbitant and diluting affordable and equitable healthcare for all. Moreover, most of these private institutions deny adequate wages to nurses employed. Healthcare workers are forced to work overtime, leading to the crisis of social security in the state. In the recent past, the state witnessed many agitations by the nurses in private hospitals for reasonable salary forcing the government to revise nurses' minimum monthly salary to Rs 20,000 (Biju, 2013). During the crisis time of COVID-19, the government hospitals and PHCs made innumerable services that include mass testing, identifying, admitting and treating the infected people. Government hospitals and medical colleges have been treating infected persons free of cost. It is estimated that the government spends up to Rs 2 lakh on a COVID-19 patient, including charges for ventilator and admission in intensive care unit (ICU), who undergoes treatment in government hospitals. The nurses' exemplary work in the government hospitals in treating and curing the COVID-19 patients, including the 80 plus citizens, was widely appreciated in the state and outside. The public's reaffirmation of government hospitals and thereby in the public health sector in the state during COVID-19 has strengthened government schools' recent resurgence in giving quality education and improving their infrastructure development and technological advancement. In fact, without entering into a confrontation with private hospitals and schools, the Left government, through its calculated move, destroyed the commercial interest of these two sectors and reaffirmed public commitment to these two crucial sectors in the state.

Secondly, the fight against COVID-19 allowed emphasising the commitment to self-sufficiency in food production, thereby attaining food security for the state. It may be noted that Kerala is a food-deficient state, which is critically depending on neighbouring states for rice, vegetables, pulses and cereals. The State Economic Survey 2014 reported that the contribution of agriculture to the Gross State Domestic

Product (GSDP) has steadily declined from 36.8 per cent in 1980--81 to a mere 8.95 per cent in 2013--14. From 2008--09, agriculture's contribution to GSDP had dropped by more than 4 per cent points in 2012--13. The Economic Survey for 2018--19 stated that though the growth rate was on a higher side, agriculture and allied sector growth declined in the state. "The agriculture and allied sector growth declined to (-) 0.5 per cent during 2018--19 from a growth rate of 1.7 per cent in 2017--18." Perhaps, among other things, the fragmentation of land due to land reforms, shortage of arable land for cultivation due to density of population, cost of agricultural activities and increased wages for agricultural labourers, labour deficiency created by the changes in social structure and shift to the cultivation of cash crops such as rubber adversely affected the state's agricultural production. In his daily press conference, the chief minister reiterated for the promotion of kitchen gardening, fisheries and animal husbandry for cushioning the impact of COVID-19 on Kerala's people in the long run. Such reiteration came out of the need to change the longstanding image of the consumer state to a producer state and combat the impact of the pandemic on the shortage of food grains in the near future. Towards this goal, the government introduced *Subhiksha Kerala* Programme in May 2020 to boost agricultural production. Under this programme, with the help of local self-governments, the government will promote the cultivation of fallow land and increase tapioca, vegetables, and plantation cultivation.

Thirdly, combating the pandemic brought a new public culture and reassertion of Kerala's widely acclaimed civic values. It is often said that Malayalees are known for personal hygienic, but not community hygiene. The situation of living with coronavirus' sensitised people about social distancing, the need for wearing facemask for their safety and others' security, avoiding spitting in open places and making their surroundings clean and filth-free.

Further, when a pandemic like COVID-19 grips society and makes many people destitute, people have to cement their social capital and civic values based on compassion and public reason. The pandemic offers many opportunities for Kerala in the post-COVID-19 phase as the state will be emerging as the safest destination for private investment, and many foreign investors are willing to invest in the state. Since the current Left government came to power, state is witnessing dramatic changes on the industrial and investment front. As the chief minister occasionally says, some positive developments occur in a situation of nothing happening on the industrial and investment front. Perhaps, the most important good omen for the future of the state's investment was the banning of the notorious *Nokkukoli* (gawking), the extortion of money by the trade unions without doing work. It was ironically banned by the Left government on 1 May 2018, intending to minimise the state's labour militancy. This is commonly viewed as a disruptive tendency in the state's attraction for private investment and industrial development in the state for decades. In the post-COVID-19 phase, Kerala has many opportunities and their realisation depends on effective and visionary leadership, which can translate them for the potential development of the state.

## Conclusion

The containment of global pandemic COVID-19 through public action in Kerala gained wider attention due to its robust health sector, which the state has invested in since its formation. Apart from the decentralised public health infrastructure, there have been various other contributory factors, including the effective decentralised governance system, mobilisation of voluntary human force, public distribution system, critical opposition, the intervention of media and deep-rooted scientific temper and public reason, civic values, solid and vibrant social capital due to literacy and education, vertical and horizontal political obligation, etc. However, a thorough prognosis of the developments leading to the current scenario has brought to light that many constructive developments achieved by the state contribute positively and negatively in the fight against the pandemic. Further, one of the significant developments the fight against COVID-19 has brought in is that it strengthened people's faith in the public sector, especially in the state's public health sector. The crisis presented an opportunity for emphasising the commitment to self-sufficiency in food production, thereby attaining food security for the state. Further, a new public culture and reassertion of Kerala's widely acclaimed civic values contribute to cementing the state's social capital and civic values based on compassion and public reason. The various state-specific positive factors need fine-tuning by effective and visionary leadership to translate them for the state's potential development. From Kerala's experience, one can assert that any public action without active state intervention cannot effectively fight against a pandemic like COVID-19.

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## Review

Mike Davis 2020. *The Monster Enters: Covid-19, Avian Flu and the Plagues of Capitalism*. New York and London: OR Books. 240 pages. Price: \$20. Reviewed by Khalid Zaka.

Mike Davis (Davis) is a progressive writer of our times based in California, U.S. His famous writings include *Prisoners of the American Dream: Politics and Economy in the History of the U.S Working Class* (1986, 1999); *City of Quartz: Excavating the Future in Los Angeles* (1990, 2006), *Planet of Slums: Urban Involution and the Informal Working Class* (2006); *Buda's Wagon: A Brief History of the Car bomb* (2007); *Old Gods, New Enigma: Marx's Lost Theory* (2018) and *Set the Night on Fire: L. A in the Sixties*, coauthored with Jon Wiener.

"The Monster Enters COVID 19, Avian Flu, and the Plagues of Capitalism", is a revised edition of Davis's book, "The Monster at Our Door, 2005". It was a book Davis himself no longer even owned a copy of it. In the introduction of the book, he wrote "I wanted it off my bookshelf to exorcise the anxiety involved in its writing."

Davis predicted during 2000 that a plague is coming. His warning was considered as non-serious and weird. The plague came in from a different source, the novel coronavirus, COVID-19, H1N1, instead of the predicted avian flu H5N1 or even deadlier strains H7N9 and H9N2.

Davis has identified and exposed the principal factors responsible for the origin and spread of the plagues. There are very few who have attempted to reveal various sources of the plague's birth and spread. Most consider it a medical science problem and lack understanding to reach the root cause, which is the socio ecological context of infectious diseases in general and pandemics in particular. Davis has highlighted these aspects in his book. Undoubtedly highlighting of sociological content of the disease is his major contribution.

In the introduction chapter, Davis wrote, "The new age of plagues, like previous pandemic epochs, is directly the result of economic globalization. The black death for instance, was the inadvertent consequence of Mongol conquest of inner Eurasia, which allowed Chinese rodents to hitchhike along the trade routes from the northern China to central Europe and the Mediterranean". Further, he wrote that "Today as was the case when I wrote *Monster* fifteen years ago, multinational capital has been the driver of disease evolution through the burning or logging out of tropical forests, the proliferation of factory farming, the explosive growth of slums and concomitantly of informal employment and the failure of the pharmaceutical industry to find profit in mass producing lifeline antivirals, new generation antibiotics and universal vaccine".

In Chapter 3, Mike Davis has referred to Richard Krause of the National Institute of Health, who pointed out new ecologies of diseases resulting from globalization.

“Microbes thrive in these undercurrents of opportunity that arise through social-economic change, changes in human behavior, and catastrophic events.... They may fan a minor outbreak into a widespread epidemic”. Few others have related the Pandemics with ecology. One pertinent reference is Richard C. Lewontin, an evolutionary biologist, geneticist, and social commentator and professor at Harvard University from 1973 to 1998.

Lewontin and Levine have linked the 6<sup>th</sup> century BC and the 14<sup>th</sup> century pandemics to historical social and ecological changes in the slave-owning and later feudal societies. These changes were in some ways similar to the current socioecological breakdown brought about by the contemporary capitalist society. They, in their book titled “Biology Under the Influence: Dialectical Essays on Ecology, Agriculture and Health” emphasize and establish a link between the pandemics and the change in the society. This change included a change in population, land use, climate, irrigation, nutrition, or migration particularly during decline and transition from slave-owning to feudal and from feudal to the capitalist societies.

Davis has emphasized the importance of economic globalization but has not linked it further to the question of class and power with resulting inequality and its consequences. The dialectical approach to analyze the problem of diseases and reoccurring pandemics lies in exploring the class question. In the absence of class question, some blame ordinary people's poor hygiene practices as a cause for the spread of disease, while others portray it as God's will, overlooking the inhuman living and working conditions inflicted through exploitation by the slave owning and feudal classes followed by colonialism and contemporary imperialism.

Based on the strength of the immune system, Davis categorized the society into two groups. He wrote, "Immunologically, there are two distinct humanities. In the first, only the elderly and chronically ill have been led up the pyramid steps to be sacrificed to COVID-19. In the others, where malnutrition, diseases, and contaminated water compromise the immune systems of people of all ages, and respiratory ailments are legion, the carnage is likely to become more widespread and indifferent to demography. Poverty, density, and hunger, in other words, will likely reshape the pandemic".

One tends to agree with Davis that a robust immune system is the best defense against viruses, but the fact remains that the immune system's variable strength is class-based. People who belong to affluent classes generally have a robust immune system because of better food and living conditions, more access to organic foods, potable water, quality, accessible medical care, and social and economic support. So, one can assume that Davies is trying to make two broad categories of people "*have and have not*." The people who belong to the lower classes generally have a weak and compromised immune system that is more susceptible to viruses.

Spanish Flu is the best historical example that explains the link between class and pandemic. Davis wrote, "The history of the Spanish Flu has a grim lesson about the

role of co-morbidity, and hunger. Almost 60 % of global mortality (that is at least 20 million deaths) in 1918-19 occurred in Punjab, Bombay, and other parts of western India, where continued grain exports to Britain and brutal requisitioning practices coincided with a major drought. Resultant food shortages drove millions of poor people to the edge of starvation. They became victims of the sinister synergy between malnutrition which suppressed their immune response to infection and rampant bacterial and viral pneumonia”.

On Spanish Flu’s impact in India, Davis further writes, "The milder first wave of the Pandemic arrived in Bombay in June via the crew of troop transport. Cholera, plague, and other epidemics from which India suffered had never shown such death rate as influenza. According to Mills mortality was strictly class-oriented, with almost eight times as many deaths among low caste people in Bombay as among European or wealthy Indians. The poor were the victim of a sinister synergy between malnutrition, which suppressed their immune response to infection and rampant bacterial pneumonia".

Davies has also highlighted the role of Third World urbanization and associated mega slums in the spread of the pandemic. He wrote that Third World urbanization is shifting the burden of global poverty from the countryside to the slums on peripheries of new megacities. Ninety-five percent of the future world population growth will be in the poor cities of the South with immense consequences for the ecology of diseases. However, he does not dwell further on the causes of the poverty and mega urbanization.

The available data indicates that up to the year 1500 there was no difference in the standard of living of people in the global south and global north even though there were cultural differences associated with the emerging incipient capitalism in Europe. In the Global South poverty started first with colonialism and now again when the Global North roped in the rest of the world into a single economic system in the name of globalisation.

Urbanization has played a major role in the spread of Covid-19, the current pandemic. The issue of massive urbanization and the rise of slums in the megacities of the South warrants in-depth analysis. Davis has dwelt upon the issue of slums in his other book “The Planet of Slums” but did not elaborate upon it in his present work. It is important to understand the issue holistically and historically to know why people move from rural areas to urban centers. Historically, the rural regions were self-sufficient (as in pre colonial India), production was in a closed cycle as all inputs were local and outputs consumed locally. People had a strong bond with each other and nature, and the spread of rural areas was a defense against pandemics.

Davis gives China credit for its successful response to COVID-19. However, he cautions, “we should avoid learning the wrong lesson; a state’s capacity for decisive action in an emergency should not necessitate the suppression of democracy.” This pandemic has shown that countries with a socialist past but now run by state-

controlled capitalism were better equipped to handle and cope with the pandemic as compared to those which were controlled by liberal capitalism. The better handling of pandemic by the countries run by state-controlled capitalism relates to their socialist past, not to state-controlled capitalism.

Covid-19 has established clear links between corporate greed and the emergence of the pandemic while irrefutably proving the failure of the capitalist state in controlling its spread. Capitalist state has neither accepted its role in the emergence of viruses nor in its failure to control it. That answers the final question can capitalism reform itself. Without going into any ifs and buts of capitalism monopoly capitalists are yet again eagerly waiting to make ultimate profits from the sale of vaccine.