‘Too Close for Comfort’: Public Health, Private Zeal and the Corona Pandemic in India (#WitnessingCorona)

Datum : 15. April 2020

These are my preliminary thoughts during the first two weeks of being at home from work, in Kolkata (formerly Calcutta). I teach at a university in this city, the capital of the eastern Indian state, West Bengal. On 14 March 2020, the Chief Minister of the state ordered all educational institutions shut fearing a sharp rise in the number of CoVid 19 cases in India. Till then, India had witnessed 84 cases, including 2 deaths. On 19 March 2020 the Prime Minister of the country called for a 14 hours long ‘Janata curfew’ (in Hindi and several other Indian languages ‘Janata’ means ‘people’), and two days later, announced a lockdown of the entire country for 21 days[1]. He claimed that unlike any other natural calamity and unlike the two world wars, the entire world is in the grips of this pandemic. Stressing on the importance of social distancing, he invited the people of India to observe a self-imposed curfew on the 22nd, in order to prove ‘our’ self-restraint (BloombergQuint 2020). My thoughts begin from the country’s first engagements with COVID-19, through humor and awareness, moving on to the dissemination of medical information and the construction of the field of public health as one constituted of individuals who act for the common good. I end by examining the exclusions that this conceptualisation of the public embodies, and the use of social and governmental force that seeks to beat the errant into submission.

Many of the people I know, and definitely friends, acquaintances and colleagues who are in their thirties and forties, like me, have neither witnessed the Bengal famine of 1943, nor the partition of India (in 1947). We have not lived through the Bangladesh war of liberation, and communal incidents in different parts of India leaving people homeless, have moved us to rage, but not made us homeless or kept us incapable of meeting our loved ones. The middle class(es) in India, according to Satish Deshpande (2004), do not actually constitute an economic class, but are the bearers of the ideology of the nation state (the elite fraction producing it, and the mass fraction consuming it)—people in widely disparate rungs of society claim to belong to it (ibid.: 141). The structural adjustment of the 1990s and the financial liberalisation that it brought, did not make sufficient inroads into providing elusive social securities to most of the people of the country, consequently, universal healthcare is also not available in India—although in principle one can visit a government hospital or health centre for a nominal fee. However, the large scale and unprecedented agitations over the last four months surrounding the controversial Citizenship Amendment Act (CAA- 2019)[2] have asked crucial questions about being Indian, and created a widespread discussion surrounding citizenship. Since citizenship cannot be guaranteed by one’s class position, the Indian middle class(es) have participated in this nationwide agitation, both for and against this Act.

It is against this backdrop that we encountered the COVID-19 pandemic, an encounter that

continues to raise the same questions about who is an Indian, that the anti-CAA protests highlighted. India had published information on its first three Covid19 positive cases by 30 January 2020. These three were students who were studying in Wuhan, the epicenter of the pandemic, in China, and all were treated in the southern Indian state of Kerala. I was in the US when this news was published, but in comparison to my colleagues from Taiwan or from Nepal, my travel back home was uneventful, and I wasn't worried. Like most things, Indians met the Coronavirus news with a lot of humor, and misinformation. Images 1 and 2 are examples of that humor that also invokes the metatext of Hindi cinema. Image 1 (a public safety advertisement for Western Railways) invokes the popular villain from the superhit Hindi movie *Sholay (*1975), whose name (Gabbar) used to scare children to sleep. Now mothers make their progeny wash their hands by scaring them with Coronavirus (IANS 2020). The text on the advertisement, written in Roman script, but in Hindi, pays direct homage to the dialogues of the film. Image 2 does not bear the name of the creator/disseminator, in fact it doesn't have any text whatsoever, but it is also a look back at yet another superhit Hindi film, *Dilawale Dulhaniya Le Jayenge* (DDLJ- 1995), a shot featuring Raj (on the train) and Simran (on the platform). But unlike in the film where Raj manages to pull Simran onto the train twice during the film, here both have surgical masks covering their faces, and Simran is trying to hand over a dispenser of soap to him. The message is clear without mentioning Corona, about the safety measures to be undertaken by people, and its difficulties.

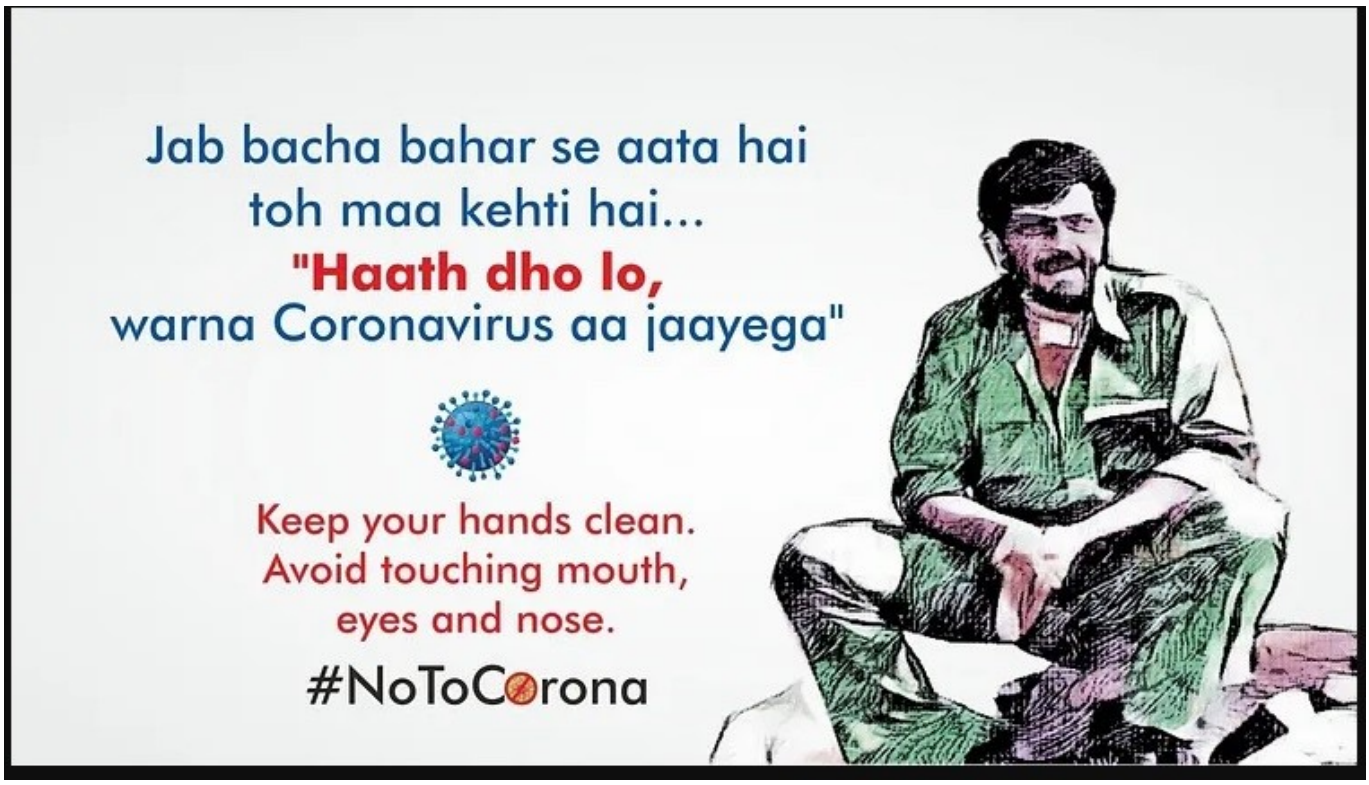


Image 1: Western Railway Public Awareness Campaign: Whenever children come from outside, their mothers say, 'wash your hands, otherwise Coronavirus will come [here]'. Source: https://

www.nationalheraldindia.com/national/humorous-memes-jokes-relieve-stress-in-tough-corona-times, last accessed on 10 April 2020.

Image 2: In a smart spin off of the 1995 Hindi Film DDLJ, Simran, wearing a mask is seen trying to hand over a bottle of liquid handwash to Raj, also wearing a mask. Source:

https://twitter.com/evrim_karakaya_/status/1239942429886816256, last accessed on 14 April 2020.

Public health, private zeal

For my present purpose however, I am going to enquire into three specific instances that address individuals as part of the public, and ask them to take individual action in the name of the public. Public health then becomes a conglomeration of individual actions, undertaken for and as the public. The first one was a voice clip shared widely on Whatsapp groups about two weeks ago, and those who shared it claimed that it was the voice of Dr. Devi Shetty, a renowned cardiac surgeon and entrepreneur (since then the claim has been refuted)[3]. The voice tells the listeners, much before the concern was echoed by politicians and newspapers, that India simply doesn't have enough COVID-19 test kits, and hence people must not in panic rush to get tested. The recording also gives a step-by-step description of what a COVID-19 infection might feel like, and asks people to self-isolate until the symptoms progress and are clearly related to the infection. Only then can a test be justified. The message is clear, and will soon be replicated across other channels: the individual has to hold on to her fears, for the sake of the people. On 19th March, the Prime Minister (PM) of the country, Narendra Modi, addressed the 'nation' via television, and urged his 'sathi's to observe a 'janata curfew' on 22 March 2020, from 7 a.m. to 9 p.m., in order to stop the spread of the virus, as well as to prepare for the coming days (Basu & Chandna 2020). 'Sathi' is a word in Hindi and other Indian languages, meaning companion, an unusual choice instead of the term 'mitron' (meaning friends) that he usually uses. Social media had been rife with jokes about the disastrous consequences of Modi's 'mitron' address in 2016 that announced demonetization, also resulting in more than 50 deaths and irrevocable damage to the economy, which might be the reason behind this new address, 'sathi'. Janata, is also a common word in different Indian languages, meaning 'the public' or 'people'. Unlike the stay at home orders in other countries, this 'curfew' was supposed to be voluntary, individual absence from public life, in the name of the public. (Modi further requested people to bang their utensils and clap in appreciation of the doctors in the country, a request that ended up breaking the 'self-imposed' curfew in many places, and also gave rise to many seemingly-scientific explanations of the almighty sound waves killing the virus—but that is the matter of another post.)

A doctor friend took to social media on 23 March 2020 to decry the absence of N95 masks in hospital ICUs, asking people to abstain from procuring them, lest complicated medical procedures become impossible to perform. The common thread running through all these requests is that of individuals doing (or not doing) things on their own for the sake of the people or the collective. In India we hardly ever pay attention to the society/government's responsibility towards health, except in situations that require inoculation/ vaccines. Despite being a country that launched the Expanded Programme of Immunization in 1978 and has been carrying out an

Universal Immunization Programme since 1985 (Lahariya 2014), the public health sector (government hospitals and health centers) in India continues to be the last resort of the marginalized, the urban poor and the inhabitants of remote rural spaces. The government expenditure on health is negligible (1% of the GDP), government hospitals are overcrowded, suffering from severe staff shortage, and the doctor to patient ratio is abysmally low in most parts of India. The governmental initiative has been to shift the focus onto the individual: to encourage yoga and fitness activities (making celebration of World Yoga day mandatory in most educational institutions), and launch a 'Fit India' movement. The similarity of 'Fit India' with the 'Quit India' movement of 1942 may or may not be deliberate, but the former demands of the individual her own bodily modification, and terms it the service of the nation.

We are urged to eat healthy, exercise, meditate, in short take charge of our and our families' bodies. The 1960 book by Boston women's Health Collective, *Our Bodies, Ourselves*' [4] was also a radical second wave feminist slogan, that advocated for women's rights over their reproductive health—but 'taking charge' of one's body has come to stand in for an individual ensuring she doesn't fall ill, by eating right and exercising. The rise of the individual's responsibility towards health (and the gradual disappearance of the state and the society from that) is relatively new. It arrived in the 1970s in the United States of America when Corporations discovered that it is cheaper to make people sign up for yoga and counselling classes than paying for everyone's healthcare—'wellness' being the industry term, now used as a catch-all phrase for everything outside of mainstream medical practice. Carl Cederst?m and André Spicer (2015) call this the 'wellness' syndrome, in a book titled eponymously. As far back as in 1980, Robert Crawford (1980: 365) defined this as healthism—'the privatization of the struggle for generalized well-being'.

This seems to be the past few years of human existence in a nutshell, where the individual, both at the level of her immediate body (by diet and exercise) and at the level of her economic ability (rich people can have better doctors, medicines, hospitals and support, people in remote areas lack health infrastructure, marginal/transpersons find it difficult to get sympathetic physicians/hospitals) is held responsible for her health. And when one does fall ill, it is seen as a failure of the individual. Susan Sontag in *Illness as Metaphor* (1978) chronicles how while undergoing treatment she would regularly meet people who would put the onus of the cancer on the patient herself. Sontag demonstrates such attitudes in the late nineteenth century physician Georg Groddeck, who claimed that that 'sick man himself creates his disease' (ibid.: 46). In such a context, 'Cure is thought to depend principally on the patient's already sorely tested or enfeebled capacity for self-love' (ibid.: 47)

We, in India, are also squarely in the middle of a cultural as well as a political negotiation between the individual's responsibility towards her health, and that of the state's. The middle classes have so far been happy and keen to shun government hospitals and dispensaries, and the poor have not had a choice but to visit them. But suddenly, this pandemic seems to have levelled the field. The virus can infect everybody, irrespective of their class/caste/gender and religion, and travel across spaces, places, regions, neighborhoods, borders. Hence, and this seems to be the case worldwide, the way to combat this virus is to 'break the chain'—to isolate self from others. Like the public health direction of our neoliberal present, the individual is once again urged to make herself accountable—but this time not merely of her own health but of the

health of those whom she doesn't know, people she may never meet—a nation about whose existence she is skeptical. The crucial difference is, now she does so in the name of the people, the nation, the collective, the '*janata*'. It is important to remember that this 'janata', the public, the embodiment of the nation is already in question, especially since the agitations around the National Register of Citizens, and the Citizenship Amendment Act.

But who is the public?

Following on the popular success of the Janata Curfew, on 24 March 2020, again in a televised address to the nation, the Prime Minister announced 'lockdown' of the entire country for the next 21 days, till 15 April. State-specific lockdowns were already in place, especially in places like West Bengal, Kerala, Telangana, Rajasthan etc. But this declaration was to come into effect within four hours, and people were asked to not leave their homes any more (Gettleman & Schultz 2020). But does India indeed have a well-defined coherent public, despite being multi-cultural, multi-ethnic and divided along classes, castes and religions? Perhaps not. We could already witness some of the fissures in this public from the experiences of people who do not resemble 'mainland' Indians. From February onwards the usually crowded eateries run by Indians of Chinese origin continued to suffer from a loss of business, ascribed to popular fear against anything Chinese, although in most of the cases the proprietors of such establishments have been in India for three generations or more. Many people from the North East of India were heckled on the streets and called 'Corona Virus', a young woman was also spat on, culminating in image 3, where Francis Yee Lepcha is seen wearing a T-shirt which proclaims in Bengali : 'I am not any Coronavirus, I was born in India, I have never been to China'.

Image 3: https://www.inuth.com/india/racism-in-the-times-of-coronavirus-im-the-guy-in-this-viral-photo-heres-my-story/, last accessed on 2 April 2020.

The country-wide lockdown found lusty supporters among the middle classes, clicktivists and netizens, who came up with witticisms such as image 4, contrasting the ease of 'saving' the nation today with what was expected of the members of India's independence movement in 1947. This image is a juxtaposition of two. The first one, on top, purportedly shows members of revolutionary freedom struggle of India. Although closer inspection makes it clear that this is an image from a later age, with guns, cartridge and clothing decidedly post 1947. The Bengali transcript translates into: 'How [they] saved the country in 1947. The second one, at bottom is perhaps a stock footage, of a man lying face down on a sofa, the legend, also in Bengali reads: 'How the country has to be saved in 2020'. A resonance of 1947 will be found again in the image with which we end this piece.

Image 4: The different ways of saving the country, in 1947 and in 2020. Source: Partha Paul,

reproduced with permission.

But the closing down of borders between states and the cancellation of all forms of public transport including trains, and long-distance buses (while domestic flights operated for a full day after the declaration of the lockdown) meant that migrant laborers were stuck in different parts of the country, without any home to stay inside of, and any means of earning money—with the complete shutdown of factories, construction and other daily wage generating activities. Image 5 is from Twitter, asking how did India manage to bring back its citizens from different countries, but cannot manage to send migrant laborers home? (Modi 2020) For lack of space, I am not even going to get into what the returnees would eat if they ever manage to get back home, the fate of those trapped in other cities without subsistence and the implications for the spread of infection.

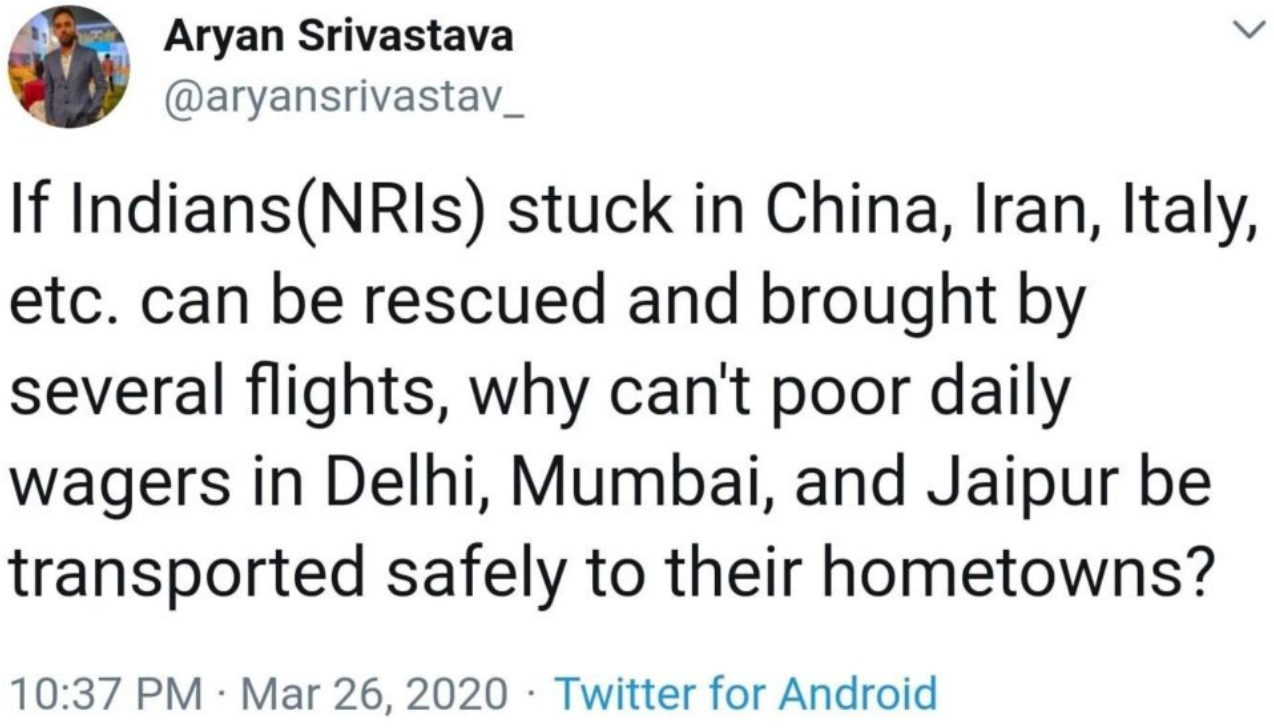
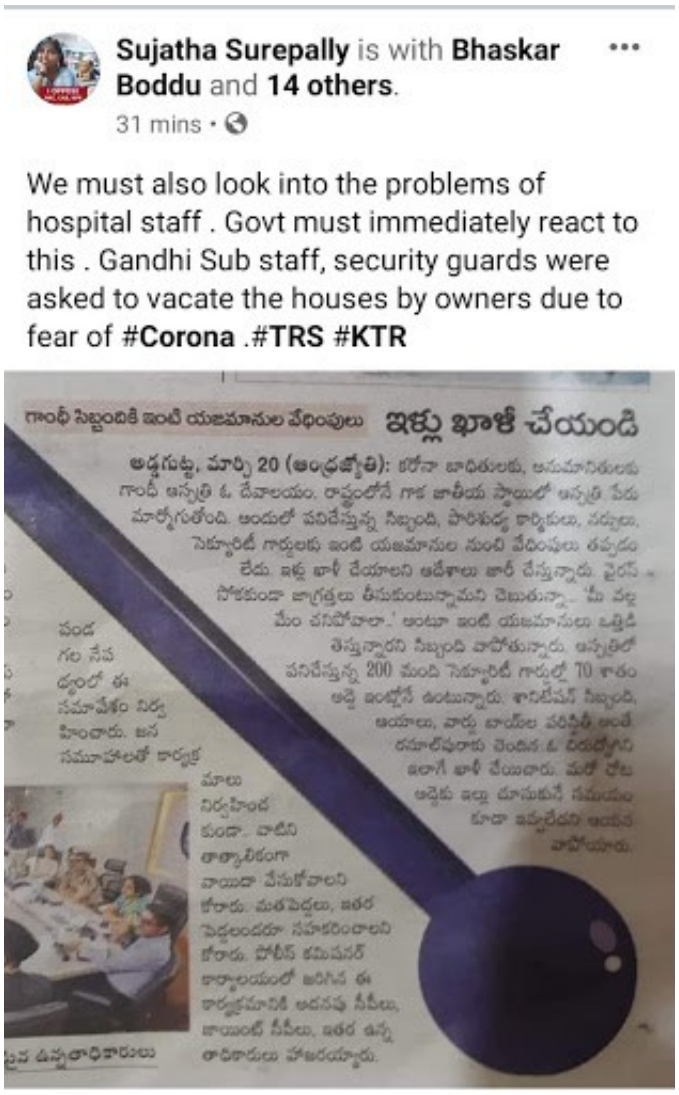


Image 5: A screenshot from Twitter explaining the difference in the conditions between Non Resident Indians and migrant laborers. Source: https://twitter.com/aryansrivastav_/status/1243223041498202112, last accessed on 10 April 2020.

I will end by pointing at two more instances of the exclusionary public. One, the day after people

banged their utensils to salute the medical staff of the country, there were reports from all parts of India, about how nurses, medical staff and doctors were being asked to vacate their flats/residences by landlords, for fear of contagion. Images 6 and 7 are from Facebook, the first one in Bengali and the second one in Telugu, reporting such instances.

Image 6: The Bengali texts reads: We are overwhelmed by your applause and bells. At Baharampur (a district in West Bengal) landlords are asking doctors and other medical staff to vacate their homes. Source: Facebook page of ‘Bhorsa Thakuk Chikitsoke’, https://www.facebook.com/WBDF2017/posts/1309095419478694, last accessed on 10 April 2020.



Sujatha Surepally is with **Bhaskar Boddu** and **14 others**.

31 mins •

We must also look into the problems of hospital staff . Govt must immediately react to this . Gandhi Sub staff, security guards were asked to vacate the houses by owners due to fear of **#Corona** .**#TRS #KTR**

గాంధీ సిబ్బందికి ఇంటి యజమానుల వేధింపులు

ఇళ్లు ఖాళీ చేయండి

అడ్డగుట్ట, మార్చి 20 (ఆంధ్రజ్యోతి): కరోనా బాధితులకు, అనుమానితులకు గాంధీ ఆస్పత్రి ఓ దేవాలయం. రాష్ట్రంలోనే గాక జాతీయ స్థాయిలో ఆస్పత్రి పేరు మార్మోగుతోంది. అందులో పనిచేస్తున్న సిబ్బంది, పారిశుధ్య కార్మికులు, నర్సులు, సెక్యూరిటీ గార్డులకు ఇంటి యజమానుల నుంచి వేధింపులు తప్పడం లేదు. ఇళ్లు ఖాళీ చేయాలని ఆదేశాలు జారీ చేస్తున్నారు. వైరస్ సోకకుండా జాగ్రత్తలు తీసుకుంటున్నామని చెబుతున్నా... 'మీ వల్ల మేం చనిపోవాలా.' అంటూ ఇంటి యజమానులు ఒత్తిడి తెస్తున్నారని సిబ్బంది వాపోతున్నారు. ఆస్పత్రిలో పనిచేస్తున్న 200 మంది సెక్యూరిటీ గార్డుల్లో 70 శాతం అద్దె ఇంట్లోనే ఉంటున్నారు. శానిటేషన్ సిబ్బంది, ఆయాలు, వార్డు బాయ్‌ల పరిస్థితీ అంతే. రసూలపురాకు చెందిన ఓ వియోగిని ఇలాగే ఖాళీ చేయించారు. మరో చోట అద్దెకు ఇల్లు చూసుకునే సమయం కూడా ఇవ్వలేదని ఆయన వాపోయారు.

పండగల సేవ ధ్యంలో ఈ సమావేశం నిర్వహించారు. జన సమూహాలతో కార్యక్రమాలు నిర్వహించకుండా, వాటిని తాత్కాలికంగా వాయిదా వేసుకోవాలని కోరారు. మతపెద్దలు, ఇతర పెద్దలందరూ సహకరించాలని కోరారు. పోలీస్ కమిషనర్ కార్యాలయంలో జరిగిన ఈ కార్యక్రమానికి అదనపు సీపీలు, జాయింట్ సీపీలు, ఇతర ఉన్నతాధికారులు హాజరయ్యారు.

Image 7: A photo clicked from a Telugu newspaper that reports the eviction of doctors by landlords. Source: Sujatha Surepally's Facebook page, https://www.facebook.com/ssurepally/posts/10220607613637604, last accessed on 28 March 2020.

Second, the police, again across India, has been recorded beating up, verbally abusing, and in once instance causing the death of a young man who ventured out onto the road, to procure milk in Howrah, West Bengal (The Wire 2020). Given that a lot of people actually live on the streets, and many more do so in heavily congested slums—the dwelling place of a large number of Indians is now considered to be under curfew, staying at home an impossibility because their home is not one that can be stayed put in. Image 8 points at that, with the legend in Bengali stating that the police is brave only with the poor, they salute the rich a thousand times.

Image 8: The Bangla legend reads ‘Police, you are a brave man, beating up the poor whenever you see them. You salute the rich a thousand times…’ The hand drawn images shows a policeman in uniform about to hit a poor man with a grocery bag, while a well dressed man with a sacks full of food leave unnoticed. Source: Pradip Roy, reproduced with permission.

These are merely some preliminary considerations of how the pandemic is playing out in India, where the intersection of the public and public health radically questions our modes of being so far. Although all-encompassing by definition, the function of both these publics lead to exclusion, of the poor and the marginalized. As I have mentioned earlier, many commentators have remarked on the egalitarian nature of the COVID-19, and how it strikes rich and poor alike. But in India, we see that the fight against this virus hurts the daily wage earner, the migrant worker, the sanitation worker (also daily wage earner, and marked by their caste specificity), the sex worker and the pavement dweller in exceptionally violent ways. The public health discourse that urges the individual to stay home, does not account for their displacement, starvation and

brutalization.

Postscript

The piece could have ended here, except for the events unfolding since the 21 day lock down announcement by the PM. Many migrant workers, employed in the unorganized sector, and their families, found themselves without employment and often the money to even pay rent in many big cities of India, Delhi being foremost of them. Starting from a few hours after the announcement, reports of hundreds of thousands of people trying to walk hundreds of kilometers to their hometowns and villages, often across state borders, started trickling in. Among them were a 90 year old woman (Ahmad 2020), an unattached young boy and many more (News18 2020). On 27.03.2020, some buses were arranged for some of the labourers, while the Central government instructed the states to make arrangement for their shelter and food, at their places of work. Many others trying to reach home were arrested (The Hindu Business Line 2020), the government of Uttar Pradesh sprayed the migrants with chemicals once they reached Bareilly district (Singh 2020), and kept in captivity in Bihar (Kumar 2020). The current situation of the migrant workers, unable to reach home, and staring at an uncertain future, made many compare it with the iconic images of the partition of India, in 1947. Image 9, collected from Facebook is also a juxtaposition of 1947 and 2020, both depicting a bunch of migrants trying to reach their destination on foot, with their families, and their belongings. The moment of partition was supposed to create the nation state, as well as its citizens, but 72 years later, the project remains unfinished.

Image 9: This is a juxtaposition of two images. The one on top is from the partition of India in 1947. The one below is of workers trying to reach home, after the 21 day lock down was announced. Source: Sujatha Surepally's Facebook page, https://www.facebook.com/ssurepally/posts/10220672802227278, last accessed on 9 April 2020.

Submitted on 27/03/20

[1] Lockdown of this scale perhaps does not have a precedence in India, as it is distinct from the imposition of Section 144 of the Indian Penal Code that prohibits the assembly of more than four people in a specific area. Under a curfew people are instructed to stay at home, by the government. The present lockdown has witnessed the closure of educational intuitions, manufacturing and construction sectors, of public transport and flights—the exceptions being

essential services. Lockdown is also a word used specifically in the Indian context, while neighboring countries like Pakistan and Sri Lanka use both lockdown and shutdown interchangeably. Lockdown is also the official term as of now, in India.

[2] The Citizenship (Amendment) Act, 2019 was passed by the Parliament of India on 11 December 2019. It amended the Citizenship Act of 1955 by providing a path to Indian citizenship for illegal migrants of Hindu, Sikh, Buddhist, Jain, Parsi, and Christian religious minorities, who had fled persecution from Pakistan, Bangladesh and Afghanistan. This was the first time that religion had been made a criteria for the determination of citizenship. Coming closely at the heels of the National Register of Citizens, prepared in the North eastern state of Assam, millions of people across India, irrespective of their class position felt scared at the prospect of being denied citizenship. This galvanized into a nationwide protest, from political parties of all colour, as well as from the civil society—and a brutal crackdown by the ruling party at the centre, resulting into deaths of more than 50 people.

[3] This link still contains the original audio clip, while it has been removed from many other places: https://www.youtube.com/watch?v=EgQEFyDxu_0. , last accessed on 27.03.2020. This article is a fact check of the voice recording, showing that it is indeed not Dr. Shetty's voice: https://ahmedabadmirror.indiatimes.com/news/india/fake-alert-audio-clip-about-coronavirus-wrongly-attributed-to-dr-devi-shetty/articleshow/74712132.cms, last accessed on 27/03/2020

[4] *Our Bodies, Ourselves* is a book by Boston women's Health Collective, first published in the 1960s. It contains information regarding women's health and sexuality, which would have been radical and difficult to come by when it was first published.

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#WitnessingCorona

This article was simultaneously published on boasblogs. Witnessing Corona is a joint blog series by the Blog Medical Anthropology / Medizinethnologie, Curare: Journal of Medical Anthropology, the Global South Studies Center Cologne, and boasblogs.

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