

Introduction

Borders of an Epidemic

By

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War, Pestilence, and Revision of an International Order

War revises international order. Colonial wars changed political orders in many parts of the world, set up new borders and boundaries, and created a division of the world and in some cases of continents. Many of these divisions last still today. The First World War brought in revolutions, created a different political and economic system, and the following war, the Second World War, again effected massive revisions on a global scale. But we rarely notice how much pestilence and massive outbreak of a disease changes the global order.

Some say that plague brought down the Roman Empire. The Black Death bacterium caused plague from the sixth to eighth century AD, and killed more than 100 million people. Some have linked plague to one of the first known examples of biological warfare when the Mongols catapulted plague victims into cities. Before Rome we know also of the plague in Athens in the second year of the Peloponnesian war. It continued for four years (430-426 BC), and claimed one hundred thousand lives including those of Xanthippus and Pericles. But, more importantly Thucydides who survived the war and gave detailed description of the epidemic, wrote how fear and self interest to which people submitted, guided not just their actions, but affected the fate of the nation as well. Thucydides talks of the practical and moral weaknesses which had disastrous impact. Athens lost the war which continued for a long period, but, as historians noted, it led to the decline of the Athenian democracy.

The plague had serious effects on the society. It produced disrespect of laws and religious beliefs. In response laws became stricter. Non-citizens

claiming to be Athenians were punished heavily.¹ Following the ancient age, there were several plague outbreaks with epoch-changing consequences. We may mention only one instance: The Black Death in England in 1348 led to the beginning of the end of “villein” system in England as one third of the villages was wiped out. This enabled the members of the group of partially free persons under the feudal system, who were serfs with respect to their lord but had the rights and privileges of freemen with respect to others, to leave the lands of the landlords and begin the journey towards tenantry. Coming to the modern time, another plague outbreak struck the world in the 19th century, beginning in China in the mid-1800s and spreading to Africa, the Americas, Australia, Europe and other parts of Asia.

The Spanish invasion of Mexico and other countries of Central and South America not only brought new diseases in the world, it also changed forever the political history of the Americas. Colonial invasion of Mexico transformed the social and physical environment of the land, and the division of the country into governable units in the form of congregations that focused on agricultural production and conversion to Christianity – both of which brought people in much closer contact to one another, also with animals, whether rats, or chickens, pigs, or cattle. Animals imported from the Old World were potentially disease vectors for illnesses of the New World. We also know of the repeated outbreaks of pestilence in India and China as late as 1918-19 in the form of Spanish Flu that physiologically took back the countries’ populations decades and perhaps centuries. Droughts also increased the presence of rats and mice in the New World. These animals probably transported the viruses capable of causing hemorrhagic fevers. The Aztecs and other indigenous groups affected by the outbreak were potentially put at a disadvantage given their lack of exposure of these new diseases. In short, if wars have changed borders, or more correctly, if by changing borders wars have changed the world, so is true of a pandemic.

The present liberal order, still claiming to be a world order, now faces a pandemic in the form of Covid-19, the disease caused by the new Corona virus. In the modern age probably for the first time the international order, already plagued by rising nationalism and economic power of non-Western countries, now faces an epidemic.

¹ Some say that works like Albert Camus’ *The Plague* (1948), which is again popular among those who want to know better the destiny of society reeling under the impact of the novel Corona virus reads and at times mimicks Thucydides. Camus’ *The Plague* ends with these words, “And, indeed, as he listened to the cries of joy rising from the town, Rieux remembered that such joy is always imperilled. He knew what those jubilant crowds did not know but could have learned from books: that the plague bacillus never dies or disappears for good; that it can lie dormant for years and years in furniture and linen chests; that it bides its time in bedrooms, cellars, trunks, and bookshelves; and that perhaps the day would come when, for the bane and the enlightening of men, it would rouse up its rats again and send them forth to die in a happy city.” - <https://antilogicalism.com/wp-content/uploads/2018/03/the-plague.pdf> (accessed on 10 April 2020)

The European Union, subjected to Euro-zone debt and migration crises with the surrounding regions collapsing caught in massive civil wars and conflicts, now face Covid-19. Everyone, every country is looking inward to protect itself. The redrawing of boundaries of wealth, territory, resources, and knowledge in order to protect, insulate, abandon, and make use of the post-recovery age mark our time. Never before were epidemic, control measures, and geopolitics so close to each other.

Yet, the sirens of closure of the liberal world were calling for some time. Denial and dithering combined with pseudo-Darwinian theories of herd immunity to escape the closure – closure meaning literally closure of families, neighbourhoods, schools, cities, provinces, states, modes of transportation, and closure of the system. Borders are closed. These closing lines are drawing inwards like concentric circles to the extent that the migrant labour returning home after closure of work is unwelcome, s/he is a migrant to his/her own home – simply unwelcome.

Perhaps this is the ultimate vindication of the closure agenda championed by xenophobic politics and ideology that went on through the two long centuries of liberal rule under the garb of trade protectionism, regional integration, WTO, barbed wire, closure of walls, ports, and drawbridges to stop the migrants. Isolation camps and segregation centres resemble and remind people of detention centres. The liberals must face the fact borne out by the epidemic that the modes of fighting the epidemic are uncomfortably similar to repressive apparatuses. Clearly this will be a point of no return for WTO, EU, and Free Trade Zones- led globalisation and interdependence on the basis of liberal norms.² The unrestricted operation of value chains, global logistical freedom, and the imperial infrastructural design with a hub and spoke network may become big questions marks in the post-crisis order. The post-crisis world will be chaotic, and that chaotic world will not be suitable for a design in which nodes are separated by distances and essential functions are centralised in large hubs. The reason is that this design runs the risk of a large hub triggering a global threat like the present one cascading and threatening entire system. The global economy will shake if a single major hub (perhaps China or say Wuhan or New York or London) releases a threat with a capacity of bringing the global economy to a halt. The virus exposes the vulnerabilities and fragilities of the present system which cannot isolate the shocks as the present global confrontation with Covid-19 shows.

² One commentator, Ludger Hagedorn, presciently observed, “Although liberal democracies will hopefully prove capable of mastering the Corona pandemic, this does not mean that everything will, or should, remain unchanged. Perhaps this crisis entails a clear message for our highly individualized societies, namely that the mere pursuit of one’s self-interest is not enough.” In “Corona and Resurgence of Communitarian Ideas”, *IWM Post*, 124, Weekly Focus – <https://www.iwm.at/closedbutactive/weekly-focus/kommunitarismus/corona-and-resurgence-of-communitarian-ideas/> (accessed on 10 April 2020)

We were told that the steps China took to contain the disease were autocratic. The liberal world for two months drew a line between the democratic zone and the illiberal system of China and Russia. They ignored, scoffed at the measures taken in China, abjured the path of science, and went back to militarist conspiracy theories. Then as the disease reached the liberal shores, “democratic closure” began. But it was late. The West proved too clever by half. The “democratic closure” agenda suspiciously looks like a shield, which takes cue from the border wall set up by successive US Administrations, the European cordon at the Greek-Turkish border, and the policing of waters in the Mediterranean Sea or the Indian Ocean. In many ways the situation is a throwback to the colonial time. Even European cooperation in the framework of EU (European Union) is of no avail in this critical situation. Its governance structure was of no use to a debt-ridden Greece. It is of no use now to a virus-hit Italy and Spain. At times Germany alone carries the burden of the union. Indeed when multilateralism at the global level was needed more than ever, nations shrank within. Money will be pulled out by governments only to prepare rescue packages for business enterprises, banks, and plan flexible monetary policies – all, apparently, to protect respective citizens.

There is no doubt that the old pattern of hegemony will lose its last bit of legitimacy. The ruler cannot protect its citizens against economic catastrophe, brutal forces of globalisation, and now the force of a disease – what legitimacy then remains? With welfare system, public health provisions, disease monitoring methods, public scientific research – every bit of public life being subjected to privatisation, the winner will be the one who can demonstrate better capacity to reorganise the society in face a disaster like the present one, display technological depth, demonstrate new logistical thinking, resolve in marshalling the resources, and skill and plan to go back to a “normal” life (even though it will be a “new normal”) after the war against the virus will be over. This indeed is a moment of war with the meeting of three crises: the much talked about ecological crisis, a crisis of global capitalist order, and the biological crisis as evident in the current global pandemic of Covid-19. The three crises have met and the combined effects will be devastating for the present order. Altogether it is a comprehensive global crisis, because none of the three components is a short-term phenomenon. The contraction in economic activity is the one that is scaring the order most. Major Powers do not know whether to give priority to economy or to human life.

In a way the most invisible border springing up is between states that have power over life of their inhabitants and those with only power to delay death. As we know, medical doctors in Wuhan, China, first reported the existence of an unspecified virus in late December 2019. In almost less than a month China framed its strategy to save its citizens. On 23 January 2020 China placed the city of Wuhan with 11 million people under mandatory quarantine along with travel restrictions for other cities in the Hubei province accounting for a total of 57 million people. It re-organised its society, marshalled its resources, brought in a nationwide system of restrictions and

response, overnight increased its capacity of medical equipment and treatment, set up new dedicated hospitals, and deployed hundreds of frontline medical and administrative staff as parts of a strategy. It was and remains for China a war to defend the society and defend life. Italy declared a state of emergency eight days later on January 31; however it imposed a national quarantine more than a month later, and still dithered on its strategy. It could only delay death. In United States and United Kingdom, the governments vacillated till the last. On 11 March a travel ban was put into place by the US administration for travellers from Europe – those who were not US citizens. There was no clear policy with respect to others. Spain announced a national quarantine on March 15, however with many gaps in public health and public mobilisation strategy. The scale, speed, and the extent of these sovereign measures were globally uneven and showed the uneven capacity of the states to decide whether to give priority to economy or to life. This unevenness of state capacity to respond to Covid-19 highlighted a long-term failure of liberal democracies to sustain public health and life, weakened as they had become due to their commitment to neoliberal agenda and the demotion of public welfare in favour of privatisation. The US and the British governments in particular were notoriously guilty of governing on the basis of provisional schemes of “affordable” death figures on the basis of highly suspect and ideologised modelling.³

Saving private capital and following austerity measures remained the bedrock of the policies of these countries, one of them in fact proposing “herd immunity” whereby Covid-19 was to be allowed to run its course through the country’s population. One analyst wrote, “Clothed in scientific expertise and upward and downward curves of infection” the discourse of herd immunity seemed like “a pantomime being played out for a population that seems more dispensable than ever before. Social Darwinism, after all, is a fond faith” of rulers and “ideologues who have devoted their lives to privatising education and destroying education itself as a public good...”⁴ It exemplified a laissez-faire approach to health. But perhaps it also signified a more fundamental reality – the state’s incapacity to guarantee life.

The emerging economics of Covid-19 tells us in stark terms the inability of the current neoliberal global regime to secure life. It can only arbitrate death. After this war will be over, and we still do not know the results of the ongoing war despite the relative success of some states to protect life, the issue of life and death and the kind of society we want will

³ An interesting aspect of such model building exercises will be to find out as to how they relate to India. See, Gautam L. Menon, “Covid-19 Pandemic: Should You Believe What the Models say about India?”, *The Wire*, 4 April 2020 - <https://science.thewire.in/the-sciences/covid-19-pandemic-infectious-disease-transmission-sir-seir-icmr-indiasim-agent-based-modelling/> (accessed on 4 April 2020)

⁴ Rashmi Varma, “Lockdown in London: The Demise of What the Neo-liberal City has Made us Accustomed to”, *The Wire*, 28 March 2020 – <https://thewire.in/world/london-lockdown-covid-19> (accessed on 30 March 2020)

become globally the paramount question. Therefore equally significant will be the issue of the revision of international order. As of now, states seem to be only concerned with, in Christopher J. Lee's words, the "arbitration of death".⁵ They have to find out the "hot spots", isolate the spaces thus identified, and in this way continuously deploy boundary drawing strategy to arbitrate the number of deaths.

The situation thus looks suspiciously like a world war and post-war scenario. The metaphors of war frequently deployed remind us of one of the most physical aspects of the Corona virus crisis. Like all wars, this too has recreated "race" as a physical reality of life.

Virus, Race, Bio-politics, and the Language of War

Identification, confinement, drawing of boundaries, and strategy of exclusion have produced race in history. In as much as these have been physical or material activities, race as a consequence of these modes of rule has been a physical reality. Covid-19 induced the deployment of these strategies and not surprisingly re-ignited the question of race.

Michel Foucault in *Discipline and Punish* spoke of an order issued at the end of the seventeenth century regarding measures to be taken if plague visited a town.⁶ The order mentioned strict spatial partitioning, closing of the town and its outlying districts, prohibition to leave the town on the pain of death, the division of the town into distinct quarters, each street placed under the surveillance of a specific authority who himself would come to lock the door of each house from the outside. Each family made its own provisions; and for bread and wine, each person would receive his ration without communicating with the suppliers and other residents. Meat, fish and herbs would be hoisted up into the houses with pulleys and baskets. Inspection would continue ceaselessly. "A considerable body of militia, commanded by good officers and men of substance", guards at the gates, at the town hall and in every quarter were to ensure the prompt obedience of people and the most absolute authority of the magistrates, as also to observe all disorder, theft and extortion. Also there was inspection if anyone was hiding the dead or the sick. In Foucault's words, "Everyone locked up in his cage, everyone at his window, answering to his name and showing himself when asked — it is the great review of the living and the dead."

The surveillance was based on a system of permanent registration and reports: reports of observations during the course of the visits — deaths, illnesses, complaints, and irregularities. Magistrates had complete control over medical treatment; they appointed physicians in charge; no other practitioner could treat. Five or six days after the beginning of the quarantine, the process

⁵ Christopher J. Lee, "The Necropolitics of Covid-19", *The Citizen*, 2 April 2020 – <https://www.thecitizen.in/index.php/en/NewsDetail/index/6/18541/The-Necropolitics-of-COVID19> (accessed on 3 April 2020)

⁶ Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. A. Sheridan (New York: Vintage Books, 1995), pp. 195-228

of purifying the houses one by one would begin. The inhabitants were made to leave; in each room the furniture and goods were raised from the ground or suspended from the air; perfume was poured around the room; after carefully sealing the windows, doors and even the keyholes with wax, the perfume was set alight. Finally, the entire house was closed while the perfume was consumed. This enclosed, segmented space – city, street, the house - observed at every point, and every link recorded produced power in form of a system in which each individual was constantly located, examined and distributed among the living beings, the sick and the dead — all these in their totality constituted a compact model of a governing mechanism. Plague was met by order, though Foucault also noted, order provoked disorder, “suspended laws, lifted prohibitions, the frenzy of passing time, bodies mingling together without respect, individuals unmasked, abandoning their statutory restrictions.” Foucault called this the great confinement, and commented of “the leper and his separation; the plague and its segmentations.” However though Foucault wanted to distinguish between the effects of the two – “the first is marked; the second analysed and distributed... the exile of the leper and the arrest of the plague”, the response to Covid-19 shows one draws on the other. Exclusion, separation, identification, confinement – all have to be deployed interchangeably or all at one time to immobilise a city to gain control over all individual bodies, because this is how the Corona virus spread will be stopped. The image of the leper “cut off from all human contact” and that of the plague ridden city folk segmented and interned tell us of the two elements of a mixed strategy of exclusion. We need not stop short at this point but direct attention to the deep relations between such strategy of exclusion and the production of race.

The operation of the strategy of exclusion is characterised by the way the affected communities and population groups participate in identifying and excluding the potential victims of the disease. To defend the community the vigilantes come out, erect gates, guard them, prevent outsiders from entering, and thereby work as the inner perimeter of a community – a slum settlement, a city ward, a village, a clan, a kin network, or the nation. Race originates from the obligation to defend a society in as much from the dynamics of conquest and subjugation. Disease brings out this reality out. From communal strife to ethnic conflict, from national wars to civil wars, and from resource strife to a communicable disease leading to pestilence – the operation of power is not simply vertical but horizontal also. In this play of power the migrant stands on the borders of an entity. S/he belongs to the world of labour, but if s/he cannot sink her/his identity as labour in the boundary-making exercise, s/he will be compelled to remain forever a migrant who will be subjected to the vigilantism of the community. We must not be astonished that in the wake of the recent exodus of migrant labour from Delhi to reach distant towns in Uttar Pradesh migrants were apprehended and washed with insecticide to make them eligible to enter the district, or the village. Race produces an irrevocable reality of physical segregation of a group. Disease like conquest and war unleashes the process of segmentation and exclusion. Race also provokes an enigma towards the group excluded or sought to be excluded

turning the latter as an unknowable object of knowledge, an object of eternal curiosity.

The reason why we should harp on race in the context of the epidemic is because there is a binary schema here. It functions in both historical mode and a social mode. The historical mode of controlling an epidemic is so strong as not to allow any interrogation of the social mode deployed to manage a disease-ridden society. Recall the incident of the assassination of Walter Charles Rand, the British Plague Commissioner of Pune, by the Chapekar brothers (Damodar Hari Chapekar, Balkrishna Hari Chapekar, and Vasudeo Hari Chapekar) in 1897 in the background of widespread grievances of the people when the Special Plague Committee under the chairmanship of Rand had deployed troops to deal with the emergency. The measures of the Committee included forced entry into private houses, forced stripping and examination of occupants (including women) by British officers in public, evacuation to hospitals and segregation camps, removing and destroying personal possessions, and preventing movement from the city. Historian David Arnold tells us that violence erupted in Mumbai, Kheda, Delhi, and Kolkata and people fled their homes in panic. Placards came up in Delhi, threatening another 1857-like rebellion. Mumbai's Arthur Road Hospital was attacked by an angry mob because a sick woman was kept under isolation. The 1897 reaction against quarantining and isolation was strong enough for the British officials to back off, but they wondered what it was that had angered the natives? Was it, perhaps, the fear of sharing hospital confines with somebody from a different caste? Or was gender a factor? They also thought that Indians had been always uncomfortable with male doctors examining women, especially in an out-of-house setting. It is true that the social management of an epidemic is not what it was hundred years ago in the age of colonial rule. Things have much changed. However the essentials are the same. Epidemic provokes civil war like situation with the incessant production of physically segregated groups.

Race operates as a major factor driving wedge in the general landscape of human battle against an epidemic. The reaction of the western world to the outbreak of the epidemic in China was nothing short of a racist response.

Since the novel Corona virus outbreak in China in the last month of 2019, enlightened people in the West have been asking, why China? Is it to do with their food habits, their biological (warfare) experiments, or their lack of democracy and transparency of the system, or something else? When the Chinese sought to explain the history of the viruses, and implored the world to understand their initial unpreparedness, inadequate knowledge, and their readiness to take help – scientific inputs and medical equipment – and exchange information with the world, the liberal West was not satisfied. This was Wuhan virus, Chinese virus, and the mysterious ways of the Chinese system. Questions arose, why did China, which for most of its history was ahead of the West, suddenly lost steam and fell behind? The answer was in the gene, which explained the root of the problems of modern China. The Wuhan virus taking China by surprise had exposed the country: the lack of a modern

scientific approach, the lack of a powerful bourgeoisie, the excessive power of the Beijing, and the insularity of the system and the country. They had culture, a sort of feeling of the world, but less science. The westernisation of China has been incomplete, inadequate. In this way, racist understanding underlay the liberal response to the first outbreak of the Corona virus in China. The question animates the western mind: Did China cover up the virus outbreak, and did the WHO (World Health Organisation) conduct itself as a stooge of China, because it had appreciated Chinese response to the disease?

Over the course of the outbreak, the narrative quickly changed from an initial appreciation of China to bitter allegations and abuse against the supposed massive cover up of the virus outbreak for weeks. The Chinese government and the Party were to be made accountable. Various news outlets including *The New York Times* and *The Guardian* participated in building up the story of cover up. At the same time obfuscations were spread on a large scale to confuse people about the sequence of events:

On 1 December 2019 a viral pneumonia patient with an unknown cause had been hospitalised. This was the earliest known case of the novel Corona virus infection. The patient did not have any exposure to much talked-about Wuhan Seafood Market. On 27 December the ICU doctor at Hubei Hospital of Integrated Traditional Chinese and Western Medicine filed a report to Wuhan Municipal Health Commission on pneumonia patients with an unknown cause. Investigation opened thereafter. On 28 December three more patients arrived in the hospital, all of whom related to Seafood Market. Messages were sent out over social media on 7 cases of unknown virus, claiming it was SARS. On the 30th, notice was sent out by Wuhan Municipal Health Committee of an unknown viral illness. Next day, China received genome results from a commercial laboratory, and WHO was immediately informed of mysterious pneumonia cases in Wuhan with unknown cause. On 1 January the seafood market was shut down as potential cause of outbreak. Two days later on 3 January China reported a total of 44 suspected patients with the mystery disease. Same day the National Health Commission classified the virus as a highly pathogenic virus, ordering all labs to either destroy samples or transfer them to higher level labs. On the same day China confirmed the existence of the new virus. Genetic sequencing work started. On 9 January China reported the first death linked to the new virus. On 11 January China shared the genetic sequence of the novel Corona virus with the international database. On 14 January WHO reported limited human-to-human transmission between close contacts, but on 21 January confirmed human-to-human transmission of the virus. Three days later China declared complete quarantine of Wuhan. By then there was widespread infection to the medical staff (20 January) and sufficient evidence of a new human-to-human transmissible disease. China paid dearly even though other countries also showed later the same trend. China's mortality rate was in a sense nothing special, right in the middle. Italy's fatality rate started to peak around 2 weeks after quarantine began, in line with the trend in Wuhan at the time of its quarantine. On the other hand, western governments took the Chinese

experience lightly or dismissed it, played with science, became more worried about economy than about human life.

Racist arguments were the only ploy of the liberal governments to discredit China by spreading the cover-up myth. Yet China rolled out probably the biggest public health strategy of containment and cure coupled with universal temperature monitoring, masking, hand washing, massive screening, and dramatic increase in hospitalisation facility. Thousands of health care workers and massive supply of tons of vital protection gears along with ventilators poured into the province and the city. As China was the first victim, it was a bold approach. A science-based, risk-informed approach couple with planning of phases allowed China to recover relatively quickly. The key elements of the containment strategy had to be put in place and they still remain. In disease as in war the law of objective appraisal of forces and situation operates. No amount of racist ignorance and high talk will change the fact that the affluent liberal world despite having all the experience of China in front of them failed to react in time. Meanwhile tens of thousands of cases emerged in various parts of the globe including the western world. The Presidents of Germany, Singapore, Ethiopia, and Ecuador, and the King of Jordan issued a joint op-ed in the *Financial Times* on 31 March 2020, appealing for a new global alliance to convene the "medical, economic, and political elements required to produce a vaccine for all who need it" and ensure that testing kits are produced quickly and distributed widely and fairly. They said, "Our countries are at varying stages of the crisis but we all see and admire the strong spirit of solidarity and the many people who are passionately trying to save lives or keep indispensable services up and running... There is a central lesson to be learnt from human experience: nearly all plagues that took their toll on humankind - tuberculosis, smallpox, Ebola, AIDS - have been defeated by modern medicine providing therapies and vaccines. Shared knowledge and accelerated research driven by a global network of scientists will also provide the ultimate answer to our current predicament. This is a global crisis. Delay in action means death. We all face the same enemy... There cannot be victory over the virus in one, or some, countries alone... Internationalising the development, manufacture and distribution of treatments and vaccines will not only deliver the antidote to the virus itself, but also to the deepening of political fault lines that has taken place since its outbreak. This pandemic will not spare any country, no matter how advanced its economy, capabilities, or technology. Before this virus, we are all equal and must work together to beat it..."⁷ The appeal seems to have been in vain given the deeply racist fault lines on the basis of which global neo-liberal economy functions today. The trajectory of science and that of race at times meet, but their paths are mostly separate.

⁷ "Five Political Leaders: No Time for Geopolitical Turf Battles", *Financial Times*, 31 March 2020 – <https://www.ft.com/content/c0178836-7274-11ea-90ce-5fb6c07a27f2> (accessed on 4 April 2020)

Racial fault line in the history of epidemic management comes out also in the way the epidemic is reported. After the initial interest in China, there was little desire in the liberal democratic countries in how China actually contained the disease, the specific measures, and the way popular support was organised. Vietnam's success story was again ignored. Community support was important everywhere. This has been true of Venezuela also.⁸ It must have been puzzling as well for North Americans and Europeans, when Chinese Communist Party members in Wuhan invoked Bethune and said that they must serve the community and give their lives, fighting Covid.

Class and caste also operate as fault lines in disease management landscape. As one asks, "How do you discuss self-quarantine to a person sharing a tiny shanty with 10 people in a slum? How do you advise social distancing to a manual scavenger? How do you tell an *adivasi*, who struggles for one meal a day, to prioritise hand sanitisers? How do you educate tuberculosis survivors about cough etiquette?"⁹ This is perhaps a postcolonial question, nonetheless crucial in the disease management landscape. In urban slums, the big question is about the type of public health measures to be applicable there and to find out affordable alternatives to say the hand sanitiser. Already, lockdowns and work from home will force thousands of informal workers to lose daily wage. Families of daily-wage earners will recede to poverty. At the same time governments will worry more about the overall economy than paying the closest attention to mitigating the medical aspects of the epidemic, changing public health priorities, and bringing about public health solutions. This will call for immediate initiation of a new outlook on urban planning and public management of the city. The crucial element will be developing local strategies of self-management of public health situation, neighbourhoods, enabling panchayats and local bodies to allow local organisations to participate in this war. Yet if this is a war, and just like a war, the virus does not discriminate; the society does. This pandemic lays bare the extent to which individual health depends on the health of everyone in the community, while public healthcare has been eroded through decades of austerity policies, privatization, and inadequate planning. This is most evident in inadequate supports for healthcare workers, lack of protective standards, decline in recruitment and retention, and the absence of resources and equipment they need. All these are results of the social fault lines operating in public health care, which proves weak in face of a crisis like this. When the vigilantes of local settlements like slums and dense neighbourhoods take up the responsibility to protect and defend their societies (with both good and bad consequences), they have in mind precisely these deep cleavages in the

⁸ Federico Fuentes, "Venezuela: Community Organisation Key to Fighting Covid-19", *Countercurrents.org*, 11 April 2020 - <https://countercurrents.org/2020/04/venezuela-community-organisation-key-to-fighting-covid-19> (accessed on 11 April 2020)

⁹ Anup Agarwal and Yogesh Jain, "India Cannot Fight Corona without Taking into Account Its Class and caste Divisions", *Scroll*, 24 March 2020 - <https://scroll.in/article/956980/india-cannot-fight-coronavirus-without-taking-into-account-its-class-and-caste-divisions> (accessed on 1 April 2020)

healthcare system. With no provision for screening, detecting, treating, and little provision of food and other means of sustenance for daily wage earners and migrant labour, and with the only advice being quarantine, what else will the lower classes believe but in the fact that the poor are under attack, that they have to fight away the invaders – the disease and the superintendents of disease control? This is a grotesque manifestation of the race war that goes on in society.

The Ethics and Politics of Care

Without beating the bush, we should confront the question raised by the return of race, caste, and class in this war against Covid-19. The question is: if managing population to control the disease is the essence of the bio-politics of our time, can we think of a different form of bio-politics, which does not segregate populations along lines of caste, or race, or occupation for disease management, but thinks of the society in a different way, and addresses the task, “How can the entire society be defended?” This of course calls for a new kind of public power, a new republican authority built on the *sans culottes* of the society – the slum dwellers, neighbourhood committees, local clubs and associations, associations of health care workers, workers in waste processing and reprocessing – sections in greatest danger and who will be also engaged in defending themselves. In this sense, it is legitimate to think of post-capitalism bio-politics at the core of which will be the role of the urban and semi-urban poor. They will support surveillance methods needed to fight the epidemic, they will sanction the toughness the society requires, because on them people have trust. They will have trust on the government because the latter will be able to provide necessary number of say ventilators, protective gear, arrange for work and food during lock down, and the government will be seen as giving priority to public health. Trust is crucial; patients trust the doctors, which is why patients follow medical prescriptions. Without trust, the society cannot rely on its rulers to save people’s lives. At the base of this trust is a *bio-politics from below* if one can use such a phrase, admitting that it is an awkward phrase.

To put the question differently: Can we imagine a society based on collective practices to help the health of populations, including large-scale behaviour modifications, without a large scale expansion of forms of coercion and surveillance? What will collective “care of the self” mean in such circumstances, an alternative politics of life? How will that principle of care of the self admit self-coercion? Can we pose this question at all if workers are forced to choose between life and livelihood? Will care of the self mean anything if it does not mean caring for each other, a principle of solidarity? Mitigating risk will mean the first principle of care for care workers in times of an epidemic. Such care workers include also all those logistical workers also who maintain collective life by supplying food, milk, medicines, sanitation, warehouses, electricity, connectivity, etc. They are the front soldiers in this war. A new bio-politics will mean protecting and caring for the care givers first. It will mean self-organizing which produces a new public power.

Admittedly there will be a tension between self-organisation and public power – particularly in the postcolonial context where supply chain workers are crucial to the maintenance of life. Which is why, it will be a new kind of public power that all revolutions and great wars have produced on the combination of local autonomy and a new general authority.

In any case as we find ourselves in the midst of a war, we can realise how western commentators including quasi-liberal and anarchist philosophers only oversimplify or misrepresent the question, when they pose the dilemma as one between authoritarian biopolitics and a democratic polity, which allows persons to make rational individual choices. As one said, “Naked life” is closer to the pensioner on a waiting list for a respirator or an ICU bed, because of a collapsed health system.

Think of the vaunted National Health Service (NHS) in the UK now caught unprepared for the war against the new virus. A report of 2014 had warned that reforms of the NHS along the line of reducing staff, undermining public health provisions, and defining spare capacity as waste would make it vulnerable to pandemics. The report was ignored. Institutional and expert resources had been discarded, with no less than 10,000 key NHS staff made redundant. The Lansley Act’s (Health and Social care Act, 2012) conversion of NHS into a system of competing businesses (“trusts”) made the UK extra-vulnerable to pandemics in two other key ways. One was that it downgraded public health and made it vulnerable to further cuts. In the last five years alone the public health budget was cut by GBP 700 million in real terms. Spare capacity was redefined as “waste”. In this way, reforms led to inadequate personal protection equipment for clinicians and care workers, lack of ventilators (which was not thought fit to be included in the stockpiles list), and reduced capacity to quickly produce test kits and administer tests. As a result in UK today there are just 6.6 intensive care beds per 100,000 people today, and a shortage of over 40,000 nurses. Now as the hour of crisis has struck, NHS has to hire private hospital and nursing home beds.¹⁰ UK is an example of how liberal democracies obsessed with privatisation prepared themselves for a war. The call of war against the virus has proved a hollow cry. The knight’s shining armour has proved to be of tin. War is too serious a business to be led by ideologues of privatisation.

By now the implications of the war metaphors used in abundance in the fight against the new Corona virus should be clear. If race is a crucial dimension of bio-politics and disease reactivates bio-politics in fierce ways, clearly we are in the midst of a war. None more than the rulers knows of this reality of this war. The President of China said, China’s fight against the Corona virus was a “people’s war”. All kinds of resources had to be mobilised, there had to be a proper deployment method, logistics of

¹⁰ On the details of the scandal of the NHS, Colin Leys and Stewart Player, *The Plot against the NHS* (London: Merlin Press, 2011); see also, Colin Leys, “How Market Reforms Made the NHS Vulnerable to Pandemics”, *The Bulletin*, 25 March 2020 - <https://socialistproject.ca/2020/03/how-market-reforms-made-the-nhs-vulnerable-to-pandemics/#more> (accessed on 30 March 2020)

marshalling of human and material provisions, and mobilisation of the society as a collective army of the fighters organised in the form of front soldiers, planners, commanders, and suppliers of material. All had to have a role, though critics said that in this war there was no win, only an end. The Indian Prime Minister said, the battle against the virus was like the great epic war of the *Mahabharata*. He said alluding to the declaration of the 21 day nationwide lockdown, “Mahabharata was won in 18 days, Covid-19 battle will last 21 days”. Again critics pointed out that after the 18 days of the epic war no one was alive and the victorious few alive had to leave along with their faithful dog for the mountains to embrace a holy life after death.

Probably, between the two wars, the conventional and against the epidemic the line of difference is the principle of care. In the former death is the principle, in the latter it is care for life. In the former the organisation is for death, in the latter it is life. A war for life is a contradiction of terms. Yet like other paradoxes, this too is a paradox of our existence. A people’s war must be an all out effort for care.

As we know, long-term residential care like public healthcare organizations has been reeling under the impacts of neoliberal policies, reduction of public funds, and an all round failure to keep up with demand for public services. Everywhere new managerial policies are promoting part-time jobs, contract work, privatisation of health care facility, and shrinking of municipal services. All these have had impact on conditions of care. What happens then to 24 hour nursing services, which should be accessible based on need, not the ability to pay? How is the state to protect low middle class and poor homes that require nursing, food for the patients, and even medicare goods like injections? In long-term care, the pressure is on relatives and volunteers, most of whom are women. The contracted women perform the precarious work of caring and nursing. They are often the racialised migrant. Whether in hospitals or in nursing homes or in individual families the bulk of the work is carried out by personal care providers. There is no dedicated work-force for an aging population. The political economy of health has been never as paramount as in the battle against the virus. The ethics of care calls for a material structure. Till now we knew how economics influenced population health, now the pandemic makes us realise the ways in which population health impacts on economy. Banal statements have become crucial: importance of cleanliness, adequate food, social support for the sick and elderly, and we must not be surprised that these ordinary things call for greater public provision, governmental intervention, organisation of social support, and public arrangement of care. There is no doubt that the public power that will win this war, if it has to win, will promote more collective strategies of care and sharing of responsibilities. In this sense, this war calls for a new type of public power.

Migrant Worker and the Logistical Nightmares

For the State the migrant worker is a nightmare for the task of logistically organising the society. For the migrant worker the programme of logistical

reorganisation of society is a nightmare. This is true of the capitalist economy in general. It is true of India also.

We saw this in the wake of the sudden clamp down – without notice – of a 21 day closure of the country, which had no plan for hundreds and thousands of migrant workers working all over the country, no provision for their needs, no contingency measure for their food, shelter, health, their families, and life. Thousands upon thousands, evicted from their temporary shelters, without money and food, desperately tried to reach home – villages and small towns – from wherever they were working. Tens of thousands of migrant workers – mothers with children, young boys and girls, single women, husband and wife, young single workers - trekked hundreds of kilometres, some reports tell of workers walking five hundred kilometres to reach home, with some perishing on the roads. We do not know how many lost their ways, how many reached home in what condition, how many perished, but we know of savage incidents as the one when a group of workers was sprayed with disinfectants like dead animals to purify them of Covid-19. Migrant workers carrying their belongings and small children were beaten up, baton-charged and frog-marched on interstate highways because they had disturbed the lockdown measures and the disease containment plan. In the Indian city of Surat, *The Indian Express* reported on 30 March 2020, police fired tear gas shells to disperse an angry mob of textile factory workers who confronted the former when stopped from leaving for their homes in Uttar Pradesh, Bihar and other states the previous day. The police baton charged to drive them back to Pandesara, where they lived in colonies. The police also arrested 96 people on charges of rioting. The workers' crime was that they wanted to walk back to their native places in UP, Bihar, and elsewhere. Following the lockdown there was shortage of food in the textile labour colonies in Surat city. Thousands of workers left their rented rooms and started walking to the reach national highway around 20 km away. The police later told, "We did our best to convince them, but they had only one thing in mind: to walk back home."¹¹

The central government woke up late to the fact that the migrant workers had kept the most thriving sector of the economy running – construction, infrastructure, and other logistical services. Newspapers, television channels, administrators, government officials, and ministers tried to put the "blame" on the individuals, some governments, agencies... whoever they thought should be rightly blamed. Central and state governments vied with each other in blame game. And then the knowledgeable people realised that no one knew how many migrant workers were working in the country. Census, other data pools, information portals, with everything around in this information-led governance, the migrant worker was the invisible figure. Suddenly with tens of thousands defying the lock-down, walking, those who

¹¹ Kamal Saiyed, "Surat: Police Fire Tear Gas Shells as Textile Workers Turn Violent after Being Barred from Going Home", *The Indian Express*, 30 March 2020 – <https://indianexpress.com/article/coronavirus/surat-lockdown-police-migrant-labourers-violence-coronavirus-6338852/> (accessed on 3 April 2020)

could jumping on to whatever transportation had been made available by the Delhi or the UP government or other agencies, the political class woke up to the fact that the migrant worker as a person existed.

What accounts then for the spectral presence of the migrant as a worker? We have here once again the question of border operating as a principle of the economy of life. In this case it is the border between visibility and invisibility – presence in economy, absence in the formal organisation of life in a time of war - the war against the epidemic. Yet, as Frederick Engels wrote nearly one hundred and fifty years back, workers become visible when they become a threat to public health. In his words, “Modern natural science has proved that the so-called ‘poor districts’ in which the workers are crowded together are the breeding places of all those epidemics which from time to time afflict our towns. Cholera, typhus, typhoid fever, small-pox and other ravaging diseases spread their germs in the pestilential air and the poisoned water of these working-class quarters. In these districts, the germs hardly ever die out completely, and as soon as circumstances permit it they develop into epidemics and then spread beyond their breeding places also into the more airy and healthy parts of the town inhabited by the capitalists. Capitalist rule cannot allow itself the pleasure of creating epidemic diseases among the working class with impunity; the consequences fall back on it and the angel of death rages in its ranks as ruthlessly as in the ranks of the workers.”¹² The political class should be worried, probably because it is one of the rare occasions when an epidemic starts not from the poorer classes, but from the relatively secure section of the population. But now that the disease has become an epidemic, the anxiety is: Will not the migrant workers spread the disease, with thousands of returning migrants being potential carriers? However as mysteriously as the migrants had emerged on the scene, they had vanished also in the same way few days later. The image of the migrant as an anomalous figure in a well planned strategy of managing the disease had been erased from the public gaze. The fight against the virus had shifted to other priorities. Workers trekking for miles in a time of virus and lockdown were an aberration.

Part of the answer as to why the migrant is a spectral figure in a public health crisis is of course in the state of the economy. After the global financial crisis of 2008, the looming shadow of US-China trade dispute became even more fearful for the global bourgeoisie with the globalization of the Corona virus sending out new shocks. It is now an unprecedented global recession. The international supply chains have been severely disrupted with Covid-19 shooting down GDP growth, capital profitability, capacity utilization, and volume of working hours. Initially the capitalists thought as US President Trump said, the Corona virus was little more than the regular flu, which also caused a limited number of people to die every year with a

¹² Frederick Engels, *The Housing Question*, Part II, “How the Bourgeoisie Solves the Housing Question” (1872) – <https://www.marxists.org/archive/marx/works/1872/housing-question/ch01.htm> (accessed on 2 April 2020)

mortality rate of 0.1 per cent. It was a dangerous neo-Malthusian game, where the only concern was with “productive” workers, and not people’s health at large. To Brazil’s Jair Bolsonaro the crisis was a fantasy, and the British Prime Minister Boris Johnson spoke of “herd immunity”, according to which the British population should be exposed and infected with the Corona virus all at once in order to “get it over with.” Migrant labour has no role in this milieu of a social-Darwinist experiment with potential death of hundreds of thousands of old people and people with pre-existing debilitating conditions, as one put it, “a veritable geronticide” (<https://twitter.com/hashtag/geronticide?lang=en>). Everywhere the rulers toyed with the idea of a utilitarian calculation that economically it would be more efficient to let 40,000 to 80,000 people die rather than to disrupt the economy through massive costly state measures including lockdowns. However, as soon as the reality of massive deaths dawned upon the leaders by mid-March, they forgot everything else but the measure of restricting mobility. The migrant labour became a question mark in that hour.

As already indicated in the previous section, healthcare workers were fast becoming the new precarious labour group as countries continuously cut on public health spending. Take Italy as an instance where thousands of tragic deaths have happened now. Already in Greece under the pressure of global financial system, healthcare expenditures had dropped by 22.4 per cent between 2011 and 2016. Now in Italy healthcare expenditure relative to GDP dropped from 9.0 to 8.8 per cent despite a growth in population from 59.2 million to 60.7 million people in the same period. In total, around 37 billion euro was taken from Italy’s public health system, the number of hospitals was cut by 15 per cent, the numbers of staff – doctors, nurses and social workers – heavily reduced and a total number of 70,000 hospital beds cut, i.e. 17 per cent of the total number of hospital beds. Reduction of hospital beds also included intensive-care beds. In a country of more than 60 million inhabitants and a generally aging population, the number was reduced to 5,200. Likewise in the US more than half of counties have no intensive care beds at their disposal, putting more than 7 million people who are 60 or older at risk. Budget cuts led to the closing of 20,000 hospital beds in the city of New York alone, where 29 million people have no health insurance and where losing one’s job mostly means losing healthcare coverage. The Corona virus crisis met the workers in this situation.¹³

The informal workers in supply services in India have found themselves in equally appalling condition. They include the supply workers in food items, or employed as maids, elderly caregivers, childcare providers, who

¹³ Figures taken from Ingar Soltý, “The Bio-Economic Pandemic and Western Working Classes”, *The Bullet*, 24 March 2020 – <https://socialistproject.ca/2020/03/bioeconomic-pandemic-and-western-working-classes/#more> (accessed on 30 March 2020); on this see also, Conn Hallinan, “How Austerity and Anti-Immigrant Politics Left Italy Exposed”, *Counterpunch*, 26 March 2020 – <https://www.counterpunch.org/2020/03/26/how-austerity-and-anti-immigrant-politics-left-italy-exposed/> (accessed on 28 March 2020)

are now made redundant by the closure of the country. At the same time self-help initiatives and supply workers' cooperatives are almost absent. Political parties have fallen silent. They are clueless about how to respond to the crisis of lives and livelihoods of the migrant workers. Even the All India Trade Union Congress (AITUC) with its hundred years' history of organising the workers is silent. In the time of crisis the traditional defence mechanisms of the society are all dead. One commentator has pointed out that the failure to assess how migrant daily-wage workers would react to a sudden closure of the entire country suggested that the government was without a logistical map of how to protect the groups especially vulnerable to a sudden lock down scenario. There were no inputs from bureaucracy, political parties, local governments, autonomous and semi-autonomous bodies, and other social forums, as neoliberal governance had cut itself off from all conduits between the market and the society. To it market was the society. There was no consultation with bigger states producing and receiving migrant workers, such as Maharashtra, Gujarat, Punjab, West Bengal, Haryana, Delhi, Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Andhra Pradesh, Chhattisgarh, Jharkhand and Orissa. Already there was hardly any social security measure for the migrant labour, and social organisations who worked for the unorganised labour were considered as "political", and potentially "anti-national".¹⁴

In neighbouring Bangladesh, garment workers, again a large chunk of them migrants from far away districts of the country, were in dire stress. The closure of garment factories with suspension or cancellation of GBP 2.4bn of existing orders left thousands of garment workers penniless. Thousands were sent home, in many cases without pay. Big retailers such as Primark and Edinburgh Woollen Mill suspended additional future commitment as they scrambled to minimise losses. The big brands offered no financial assistance in covering the cost of lay off of workers or help to pay severance costs. The garment supply chain meant that suppliers would take all the risk. They would buy cloth, hire the workers, and make the clothes but could raise the invoice only after the order was shipped. Some brands were exceptions; they said they would honour existing financial arrangements. One report estimated that 1 million garment workers had lost jobs in the Covid-19 fallout.¹⁵ Similar lay-offs happened in China, Cambodia, Indonesia, Vietnam, and Myanmar.

However one of the largest sections of unorganised workers – the farm workers – has been relatively lucky. In many parts of the world including India governments overnight realised that the farm workers were essential to life and declared that the latter were exempted from lock down. Many of these

¹⁴ Bharat Bhusan, "Migrant Disaster in Covid-19 Lockdown: Silencing NGOs has Proved Costly", *Business Standard*, 1 April 2020 - https://www.business-standard.com/article/opinion/migrant-disaster-in-covid-19-lockdown-silencing-ngos-has-proved-costly-120040100582_1.html (accessed on 3 April 2020)

¹⁵ Report by Lauren Frayer, *NPR*, 3 April 2020 – <https://www.npr.org/sections/coronavirus-live-updates/2020/04/03/826617334/1-million-bangladeshi-garment-workers-lose-jobs-amid-covid-19-economic-fallout> (accessed on 6 April 2020)

farm workers, mostly seasonal and undocumented, were declared “essential” during the pandemic. Migrant field workers were told to keep working despite stay-at-home directives, and were given letters of permit. They were critical to the supply of food chains. This has happened in the United States with undocumented Mexican immigrants after they have lived for years under the cloud of deportation. This is happening with farm workers in Europe too with berry picking, asparagus harvesting, tomato and potato cultivation, where east European and non-European farm workers do the job. In India also, farm workers are struggling to understand what the virus outbreak will mean for their safety, livelihood, and families. Yet many of them were sent back forcibly when the lockdown started. Many worry that the working conditions in fields, staying close to each other in densely packed night shelters, and crop transportation methods will put them at risk of contracting the virus. Wages of several warehouses, cold stores, and *mandis* (wholesale market of agricultural products like crops, vegetables, and flowers) workers suffer cuts as work-hours decrease with the warehouse, cold store, and *mandi* employers adjust to the shifting market. Agricultural workers in poultry plants and florists also are subject to double jeopardy. They have to work in close quarters, and are worried about cutbacks.

The absolute importance of agricultural workers, fishery workers, and transportation workers linked to deliverable agricultural products like food items or flowers tells us of the way the formal economy is subsuming informal modes in food production and consumption and horticulture. Agribusiness has extended beyond mere stripping localities of resources, and is taking a turn towards turning massive extractive operations into discontinuous networks of production and circulation across territories and at different scales. Specialised agriculture in zones in the country such as the Punjab, Maharashtra, Kerala, Himachal Pradesh, and Jammu and Kashmir are the “commodity regions” of India embedded in the national geography and producing a flexible migrant labour market, which has now produced challenge to the country’s government to manage its vast population in the time of an epidemic.

Discerning commentators have pointed out that this rush to go back home was not only a massive response of the workers to the absolute thoughtlessness of a government as the latter suddenly imposed a clamp down on the mobility of the workers, it was also a demonstration of the way in which the informal economy works in the country, in which circular migration between villages and cities has a prominent role to play. According to one study, circular migrants are to be found in large numbers in construction industry. Presently 35 million workers are registered under various construction welfare boards, a number which by itself is nearly 3% of the population. While some construction workers may not be migrants, many migrants are not registered with these boards, and we are speaking here of only one of several such employment sectors. Given the informal conditions in which workers live and work, they shuttle between their villages and cities. It is surprising that policymakers were not prepared for the speed and desperation with which the migrants would attempt to return home following

the lockdown order. The same study of 3,018 circular migrant construction workers in Delhi and Lucknow showed that migrants had little reasons to stay in their destination cities, and many reasons to leave. The majority of those surveyed (63%) had no family members living with them. In the city, they lived in cramped and usually illegally rented rooms (52%); or slept on footpaths (25%). Less than 3% held ration cards registered in the city. Finally, they earned low wages, and remitted most of their savings, leaving little to cushion them if work stopped. The study commented, “This precariousness is furthered by the hostile treatment they receive from urban authorities, especially the police since they sleep in public streets, squares, and footpaths.” Many had experienced violent police action within the past year in the city, while fewer than 5% had ever done so in their home villages. Equally significantly, the study revealed that on average, these migrants made 2.55 trips each year to their home village, spent on average of six months a year within the city, and over half had been engaging in circular migration for at least eight years.¹⁶ Perhaps the policymakers had never heard of a phrase familiar in migration literature, namely “safe return”.

In the all round atmosphere of neoliberalism where the state had retreated from public education and public health, the priority for migrant workers was found to be absent. We have to remember, India spends less than 1.2 per cent of its GDP on public health; it has 0.7 beds per 1,000 inhabitants; and private hospitals now account for 51 per cent of the hospital beds in the country, which in any case are not affordable for the poor. The relief package announced by the government was a mere 0.8 per cent of the GDP, while the small and medium-sized enterprises employing nearly 40 per cent of the workforce were probably the biggest hit due to the lockdown.¹⁷ The relief package did not address their issues properly. All these had cascading impact on workers. They had to leave their jobs and finally the places of stay as they were told by landowners that they posed a health hazard.

Therefore as to the question, why does any major logistical step by the state become a nightmare for the workers, the answer is in the nature of a logistical exercise, which will not have the workers as its main object of attention. Workers are the cogs and wheels, but never the main object. This had happened to the tea garden workers and other workers in small and medium units following demonetisation, which devastated them. Within three and half years this happened again.

¹⁶ Tariq Thachil, “Despite Covid-19, Why did Migrant Workers Go Back?”, *Hindustan Times*, 3 April 2020 - <https://www.hindustantimes.com/analysis/despite-covid-19-why-did-migrant-workers-go-back/story-NPhLzTd4joLSovjMDxCtaM.html> (accessed on 4 April 2020)

¹⁷ Christophe Jaffrelot and Utsav Shah, “Keeping Poor Safe in Lockdown is State Responsibility, not an Act of Charity”, *The Indian Express*, 30 March 2020 - <https://indianexpress.com/article/opinion/columns/coronavirus-india-lockdown-migrant-workers-labourers-exodus-modi-govt-6337630/> (accessed on 4 April 2020)

An All Round Crisis

It is clear that the official story of Corona virus hides a systemic chaos and possibly an irremediable hole in country's life, also a global crisis. Corona virus is no doubt a serious health problem, but not the deadliest one, yet why then the all round sense of gloom and death? In case of Covid-19, fatality rate is estimated at 3.5 per cent, in case of SARS (Severe Acute Respiratory Syndrome) it was 11 per cent, and for MERS (Middle East Respiratory Syndrome) 34 per cent. And yet, Covid-19 has exposed the malaise of global economy and as its part the system of public health, and the overall state of social vulnerability under capitalism as nothing else before in recent time. From the social point of view, the striking aspect is that till now the poorer countries were at the receiving ends, whereas rich liberal democracies are now victims of an epidemic, creating panic and uncertainty in the mass media. The only way out for liberal politics, it seems, is to create racist and xenophobic responses to the crisis, blame others to hide its own systemic incompetence, and for that as a beginning shower abuses on an "authoritarian" framework of containing the disease. The response is neo-Malthusian in its essence. People are the victims of the neo-Malthusian game.

What will be the response to the resurgence of neo-Malthusianism in global politics? In this article we have already referred to the new politics of life and the importance of care in a transformed politics. We have also suggested that this calls for a new type of public power which values care as the guiding principle of organising society. Sandro Mezzadra calls for a "care of the common". In his words, "Corona virus is a threat to something essential, to 'the common'. The ongoing epidemic shows the fragility and precarity of such a common (as well as our very lives), together with the need of 'care' - something highlighted in particular by feminist debates of the past few years. But, without forgetting the heightened control of the present situation, it is this latter, equally essential, perspective that I want to develop in order to think about what is currently happening in Italy, Europe, and the World."¹⁸ This is an important response to the time, and I want to add to this perspective the fact that care needs appropriate political organisation of society, and that we must not shrink away from the kind of power we need and the society has to struggle for. We have to consider the questions: What kind of power will guard the society that emerges as the common? What kind of power will nourish the world of care, which would mean protection and a consequent norm of responsibility – precisely the principles which have been central to care of the self and manipulated by modern bourgeois democracies? What kind of state shall we require, and for an answer the further thought as to why some states have failed in protecting the people and some have

¹⁸ Sandro Mezzadra, "Politics of Struggles in the Time of Pandemic", Verso blog, 17 March 2020 - <https://www.versobooks.com/blogs/4598-politics-of-struggles-in-the-time-of-pandemic?fbclid=IwAR3NHs7yzB1pLGfRcTzEPDaYYTFloSYa2QpBJmmzm2V-BdwfvA75bgG8LU> (accessed on 5 April 2020)

succeeded? Why some states only tried to “get them through the crisis” and in the process accumulated vulnerabilities now brought out in the open by the virus, and why some other states manage to cope with the virus in a more competent manner as to be able to save lives? What relevance do we make of the old distinction between “authoritarianism” and “democracy”? Remember, viruses are part of nature. They attacked human beings in the past. In 1918, the Spanish Flu killed millions worldwide including India which suffered 18 million casualties – 6 percent of the population at that time. The colonial state was responsible in a big way for the deaths of thousands upon thousands of Indians. So, the question is: Does the state build up public health properly to strengthen society’s preparedness: stockpiled test kits, masks, ventilators, hospital beds, trained personnel, medical research, drugs, etc.? The historical-political analyses of these questions have to take the place of largely ineffective ethico-philosophical debates. This is because while this too shall pass with tragic casualties all over the world, the question politics will face is what kind of society will be able prevent the outbreak of another epidemic in a better manner? What will be the new policies and new modes to reinforce and widen the social bases of care and protection? What will be the new politics of responsibility?

The more we think of these questions the more we shall see that these are issues of how to imagine self-rule in a different way, which will learn from the histories of fighting diseases and war in the past and yet infused with an order of a new imaginary of a state that runs things differently, assures protection to its people, discharges responsibility for the safety, security, and well being of its people – in short a new combination of autonomy, history, and politics. In many countries local governments, communities, and in many states different tactics are being followed in this war against the virus. The response is not, unlike what the media tells, even. In India again various states have followed different innovative strategies – West Bengal, Kerala, Orissa, Delhi, to name a few. Perhaps its federal set up or whatever remains of that enabled a range of variegated responses. The poor and the migrant labour, the aged and the vulnerable, the assembly chain workers in a plant that produces ventilators and the mechanics in a small shop producing test kits, or the vigilant guards of a village and an urban slum – all are playing roles in this war. The closer a government will pay attention to how people respond to this danger and mobilise its resources - which would mean the people, the country, the nation, the less costly will this war be. This war is also an extension of politics. Only a politics that is organic to people will be able to wage such a war.

The history of the knowledge of borders and boundary making exercises, crucial to making a war, will be also crucial to keep the people safe. Covid-19 has brought to fore the forgotten knowledge of bordering exercises of containment, isolation, mass scale nursing and treatment, rapid evacuation, zoning, erecting corridors, guarding, respecting the implications of age differences, guarding vulnerabilities, and getting on top of the enemy. Bordering will also mean border managing – borders of jobs, spaces, economy, and life. To wage a war of this kind, perhaps like all other major

wars, people have to repose trust on their state, and the conduct of the state has to be such as to induce trust of the people. The legitimacy of the new power rests on this capacity. The capacity is to guard the common, which the society is. This means that the people not only need to be reassured of essential supplies, but must be given back their self-confidence.

Although this is a crude sketch of the new type of general power that the post epidemic scenario will call for reminding us of a post world war scenario, I think it provides a starting point to reconstruct and characterise what is specific about this “war”, the other conflicts it will unleash, and confrontations it will provoke. In some sense it is a counter-history based on elements that the given history of sovereignty and state provides.

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