

Class Struggle, Environment and the Corona Virus Pandemic

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The Corona virus threat has been declared a pandemic by the World Health Organisation. How not to respond to it from the left is easily seen, by apparently leftist posts circulating in social media (Facebook, WhatsApp, Twitter), which suddenly wake up to how many people die because of hunger, how many die due to dengue, or due to various other ailments. These are not serious responses, and usually by individuals who on other days seldom care about the collapse of public healthcare, or the causes of world hunger.

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We need to dispose of this fakery in the first paragraph above, because of the propaganda by keyboard warriors of the right, that leftists are making this their main argument. This is the kind of 'whataboutery' that the right does. But we also need to recognise that "not to do politics over everything" are calls that try to silence critical questions when many more active leftists, or health care practitioners, are coming under attack for raising just these necessary questions.

The Corona Virus Pandemic and Past Pandemics

The gravity of the Corona virus pandemic should not be understated, even while we should not panic or exaggerate. There have been other, significant pandemics in the late twentieth and the early twenty-first centuries. There was the Ebola virus pandemic, the SARS in 2003, the H1N1 influenza pandemic of 2009. The 2009 case is important for one particular reason. It started in North America. On June 11, 2009, the World Health Organization raised its pandemic level to the highest level, Phase 6, indicating widespread community transmission on at least two continents. The 2009 H1N1 virus contains a unique combination of gene segments from human, swine and avian influenza A viruses. [1] But it was never called 'the North American swine flu'. This bears stressing given the aggressive racist attacks on China in connection with the Corona virus.

But the gravity of the current case comes from other factors. The number of confirmed cases worldwide is at 2,588,864 (on 22 April) and is increasing hourly now—and many epidemiologists believe the real total of infections may be well over a million because testing and reporting are so incomplete. Covid-19 is transmitted much more readily between humans than its closest relation, SARS. The virus has caused severe respiratory disease in about 20 per cent of patients and killed more than 3 per cent of confirmed cases. While the death rate is lower than for SARS (up to 10 per cent), the spread contrary to official estimates appears much greater. Medical practitioners and specialists are warning of much more severe consequences. Ramanan Lakshminarayan (Director of the Center for Disease Dynamics, Economics and Policy, New Delhi), in several interviews, has suggested a top end of as many as 300 million to 500 million being affected in India. If even one per cent of them die, that would be a figure of 3 to 5 million. If the top end includes a huge number who are very lightly affected and never even tested, and if the official figure of those affected is shown as 100 million, even then we may end up with a million dead of Covid-19 in 2020.

To understand the gravity, you have to look back at the Spanish Flu of 1918-20. The plague, which had been a bacteria-induced pandemic, resulted in the death of 12 million people in the period 1896-1939. The Spanish Flu caused about the same number of deaths in India in three months in 1918 and an estimated 100 million deaths worldwide. So many people were dying that at one stage disposal of the bodies was proving impossible. The poet Suryakant Tripathi 'Nirala' wrote about bodies lying

along the Ganga riverside for lack of wood with which to burn them. Then too, the government had attempted ‘social distancing’, some stress on alternative medicine, and so forth. In other words, then, as now, certain dimensions were under stated. A key one was the social and economic dimensions of a pandemic. Fatality has to be measured not just in gross terms but also in terms of distinct social layers---the class spread, the gender spread, and in India, the caste spread.

But fatality rates are hard to estimate in the early stages of an epidemic and depend on the medical care given to patients. For example, ventilators save lives by enabling people with pneumonia to breathe. Most experts believe the current fatality rate is exaggerated by serious under-diagnosis of mild cases; the best current estimate is that Covid-19 will kill around 1 per cent of those infected in a population with good healthcare. Hypothetically, if Covid-19 affected half the world’s current population over the course of a year with a 1 per cent fatality rate, the death toll would be 35 million or three and a half crores —substantially increasing the number of deaths worldwide, which is around 60 million for all causes in a typical year.

This is where a key human intervention comes in. For the last three decades the world has been reeling under a deep righting economic offensive, which used to go under the name of Neoliberalism, but which under Trump, Modi, Johnson, Bolsonaro and others, may fairly be said to have gone beyond that.

Public Health and the Neo Liberal Offensive

India’s public health expenditure has been rising somewhat over the decade 2009-2018, in order to cater to its growing population. But this rise has been from a low base. In fiscal year 2018, the value of public health expenditure by states and union territories together amounted to around 1.58 trillion Indian rupees. This was estimated to be around 1.28 per cent of the GDP. If we simply take the average it means in 2018, India spent Rs. 1600 per head on healthcare. Apart from the generally low amount, there was wide disparity from state to state. In a study, Sanika Dewanji points out that the low public expenditure has also meant a sharp rise in private sector healthcare for profits. This is an author quite sympathetic to the Union government, so we read that “*Various programs like the Ayushman Bharat and the National Health Mission have already showed some success by providing the common man with an alternative to exorbitant healthcare costs and treatments*”. [2]

What is *Ayushman Bharat*? Even by Modi’s level of ‘fakespeak’, this takes the cake. *Ayushman Bharat* has two components. One is the creation of 150,000 “health and wellness centres”. The budget allocation for that in 2018-19 was Rs. 1,200 crores (12 billion), which means about Rs. 80,000 per centre. All that would do is repaint existing health centres, and decorate them with Modi’s picture. The other component was the *Pradhan Mantri Jan Arogya Yojana* (PMJAY). Budget allocation for this was Rs. 2000 crore (or 20 billion). As Jean Drèze pointed out in an angry note, the PMJAY incorporated the previous Medical Insurance scheme, so the actual hike was just Rs. 1000 crore (or 10 billion) . Here is what Drèze argued: “*The government claimed that PMJAY would provide a health insurance cover of Rs 5 lakh to 10 crore families (this is 100 million families and assuming five per family about 500 million persons). If the beneficiaries spend just one per cent of their Rs 5 lakh (or 500,000) quota in a year, on average, then the annual expenditure would amount to Rs 50,000 crore (or 500 billion). Where is the commitment to spending this kind of money*”? Drèze added that according to the media reports, NITI Aayog (this is the premier policy think tank of the government called the National Institute for Transforming India) experts anticipated the annual PMJAY budget to rise to Rs 10,000 crore (100 billion) or so in the next few years, or something in that range. “But Rs 10,000 crore is still chicken feed for the purpose of providing health insurance to 10 crore families. It comes to Rs 1,000 per family, or Rs 200 per person. For the whole year”. [3]

This is not the picture of India alone, but of the global South (the exploited, ex-colonial world). Several studies have examined how neoliberal policy instruments, such as privatisation, marketisation, commercialisation and deregulation, have led to the expansion of markets in the economic and social sectors. In the case of the health sector, this has meant the restructuring of the public sector by introducing market principles and reducing the barriers for movements of capital to invest in for-profit services. Several studies have identified the critical role played by global multilateral organisations like the World Bank and the International Monetary Fund (IMF) in furthering neoliberalism through their Structural Adjustment Programmes (SAPs). In the case of India, however, a significant aspect was government negotiation, not simply World Bank coercion. This means that in the case of India, one cannot pass the buck on to ‘imperialist exploiters’.

The intelligentsia played an essential role in shaping policy by legitimising liberalisation and privatisation. Several influential academics, policy and media analysts actively promoted these ideas, just as now a lot of them are whitewashing the Modi regime and the RSS. Advocates of all out privatization held many key positions in finance, industry, education and health. Some of them had already held senior positions in the World Bank, IMF and WHO prior to occupying influential positions in government. Thus, there was a whole community of Indian experts including diaspora Indians, who were pushing neoliberalism even before 1991, and certainly during that period of formal changeover.

Changes in the health sector began with the introduction of user fees, public-private partnerships, and greater commercialisation. In the last three decades, health care, historically seen as a not-for-profit sector, has begun displaying a mindset and a form of activity meant for profit-making enterprises. This has meant a massive widening of inequalities in access between richer and poorer.

Health and health service inequities became global concerns a decade after the initial euphoria of neoliberalism. Several countries in Africa, Latin America and Asia that had taken loans under SAPs had implemented health sector reforms and were faced with the challenge of rising inequities in access. Even economists like Joseph Stiglitz, who was an advocate of neoliberalism, wrote on the discontents of globalisation and highlighted the fault lines of liberalisation and globalisation across and within the developing and developed countries.

The policies of the World Bank and IMF reconfigured the role of NGOs in the health sector. Greater importance was given to the role of NGOs as facilitators and interlocutors which supposedly represented the voice of the people. This shifted the role and responsibilities away from the state to the people whose interest it is above all else meant to represent. For example, public–private partnerships became an important element in national disease control programmes like HIV/AIDS, tuberculosis, malaria and leprosy. Kapilashrami and McPake [4], in their study of the role of the Global Fund to fight HIV, in India, observed that the funding made available through these global initiatives created many distortions and fissures within the NGO community. It led to unhealthy competition in getting access to resources. Two scholars, Rama V. Baru and Malu Mohan pointed out, that seemingly radical language employed by NGOs actually helped to delegitimise the role of the state, proving highly beneficial for the for-profit sector.

With the growing disengagement of the US from UN and WHO funding, a financial crisis developed in the more recent period. The void was partly filled up by a combination of big pharmaceutical corporations and philanthro-capitalist groups like the Bill and Melinda Gates Foundation (BMGF). Global public–private partnerships were forged for several disease control programmes and for the production of vaccines. The autonomy and normative role of WHO was compromised by the entry of big capital. [5] The BMGF, for example, spends more on global health than any government other than the US. WHO receive funding from the BMGF and as a result has had to modify its policies. Further, the BMGF played an important role in the formation of the H8, which is similar to the G8. The H8 consists of WHO, UNICEF, UNFPA (United Nations Population Fund), UNAIDS (United Nations Programme on HIV and AIDS), the World Bank, the BMGF, the GAVI Alliance (Global Alliance for Vaccines and Immunisation), and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The H8 holds closed door meetings which decide global health policies. [6]

The rise of neoliberalism has also fuelled the rise of the religious right---in some cases fascist-like, in other cases fundamentalist, but all sharing some similar traits while also being distinct from country to country. Neoliberalism has extracted a greater amount of the surplus from the working people for the well off. At the same time it has created aspirations, which turn to anxieties when they are not fulfilled. Moreover, the individualistic ideology of neoliberalism attempts to undercut all social solidarities. Consumerism increasingly displaces the ideas of democracy and social justice. This leads to the exclusion of socially weaker or marginalised groups---women, oppressed castes, religious minorities, sexual minorities, from both public and personal spheres.

Just one recent example will show how this plays out in today’s world. A key area where religious fundamentalisms operate through state policies to contribute to gender-based health inequities is in the area of women’s sexual and reproductive health. As the Corona virus threat forces us to prioritise various things, several US states have made abortions ‘non-essential’, i.e., abortions should be pushed back. In many cases they cannot be done at all.

A Public Health Crisis

Accordingly, I am arguing that the Corona virus pandemic is first of all a public health crisis which has been created by capitalism. As the crisis unfolds, we are being told, ‘now is not the time to do politics’. On the contrary, now is above all the time to do politics, since doing politics means fighting for alternative strategies. Anyone in India watching television, reading newspapers, getting messages on WhatsApp or Facebook, is aware that great stress is laid in pointing out that the aged (above 65), the very young (below 5) and the people in the medical profession are the most threatened, with special mention of certain categories like asthma patients and diabetics. Not a single commentator in the mainstream television or mainstream print media has talked about the class dimensions. But it is not just confined to India. The trends I mentioned about India can be seen in other Asian countries, in Africa, in Latin America. The IMF, the World Bank, regional agencies such as the African Development Bank, have all imposed cuts in health care spending over the decades. So there are fewer personnel in the public hospitals. If you are rich and have medical insurance for 10 lakh (one million) rupees a year or more, you can get medical assistance of a kind very different from that given if you are poor, 69 years old, and lack even a bare minimum pension. Remember that in India, the bulk of the working class is unorganised and does not have retirement benefits.

At the moment there is no vaccine or medical cure for the Corona virus. The majority who get infected will have fever, cough, and recover after some days. A minority will get it worse. They will develop serious respiratory trouble. Between 1 and 2 per cent will be even more acutely affected. Deaths will occur because their bodies will try to produce antibodies to the virus in such a manner that the body cannot cope. Also, the virus will push many affected to pneumonia.

Developing a vaccine takes time. Programmes to develop vaccines quickly to prevent Covid-19 infection are under way in dozens of academic and private labs around the world, some under the auspices of the Oslo-based Coalition for Epidemic Preparedness Innovations (CEPI). The first results are expected in the summer. But longer tests have to be carried out before they can be safely released for the general public. Otherwise a faulty vaccine can kill more than it cures. So no serious candidate is on the horizon till early 2021.

Meanwhile, therefore, treatment means supportive treatment, medical care, ICUs and ventilators when necessary, proper food. A doctor as reputed as Devi Shetty (Cardiologist and Chairman of the Narayana Health chain of 21 medical centres) went on record in late March to say that in Bengaluru alone, he was staring at 80,000 affected, of whom some 15,000 might need hospitalisation, some 2500 ICU care, and some 1000 ventilators.

How Governments and the Medical Profession are Responding

In the first place I will look at the 'medical'/ epidemiological dimension. At a later point, I hope to show that revolutionary Marxists cannot halt at providing critiques of the shortcomings of those approaches. However, we do need to begin with that. The Government of India responded in a terribly shabby way for the first two and a half months. The Corona virus was reported in January. As we know, much later, the Government called for all persons who had returned from abroad on or after 1 January to get their fitness checked. But in the meanwhile, there was no seriousness in tackling the problem.

On 3 March, Rahul Gandhi, Congress leader, had stated that he felt the Government was underestimating the Corona virus dangers. There was the immediate response, typical of the BJP, of trolling him on Twitter and Facebook. Even earlier, by 27 February, the WHO had issued guidelines. It stated, among other things: *“The current global stockpile of PPE is insufficient, particularly for medical masks and respirators; the supply of gowns and goggles is soon expected to be insufficient also. Surging global demand---driven not only by the number of COVID-19 cases but also by misinformation, panic buying and stockpiling---will result in further shortages of PPE globally.”* PPE, or personal protective equipment, means gloves, medical masks, gowns or coveralls, and respirators, such as the N95 masks. Yet, the Indian government waited till 19 March to issue a notification prohibiting the export of domestically manufactured PPEs and the raw materials for the same.

In fact, putting profits before people was the government's systematic approach, whereby political will overrode bureaucratic functioning. On 31 January 2020, soon after India's first COVID case was reported, the Directorate General of Foreign Trade issued an order prohibiting the export of all PPE. But on 8 February, the government amended that order, permitting the export of surgical masks and gloves. On 25 February, by which time there had been 11 reported deaths in Italy, further relaxation was ordered, eight more items being permitted for export. WHO had forecast the need for PPE kits. Clearly the Government of India was doing nothing to prepare them. Prime Minister Modi was saying in early March that small measures would be enough to tackle the virus. For the next one month, the government was busy with the Union Budget, and ignoring what was happening globally, except to welcome Trump, and to keep silent while BJP leaders organised the targeted pogrom in Delhi. After the price of masks and hand sanitizers spiked up as much as twenty times on online shopping platforms in 8 days, the Government finally notified these essential commodities to check further price rise till 30 June. As late as 29 March India had exported to Serbia a planeload of vital equipment (not a donation, but a sale).

In the period between late January and late March, the government's Health Ministry, Textile Ministry and the government owned HLL Lifecare Limited colluded in giving HLL a monopoly over the procurement of PPE. HLL then sold the PPEs at a very high rate. Since HLL does not at present manufacture PPE, giving it a monopoly over procurement was just a trading monopoly aimed at making profits out of an emerging crisis. Vidya Krishnan, a health and related issues writer, writes in Caravan magazine that real manufacturers tell her they could produce the PPE at Rs. 400-500, while HLL was selling them at Rs.1000. [7]

She also writes that there is a gross mismatch between the government's orders and the potential requirements. While the All India Drug Action Network estimated that real requirements of coveralls could be 500,000 per day by May, government orders are for a total of 750,000. Smriti Irani, the Textile Minister, spent the morning of 22 March on Twitter urging people to bang pots and pans, instead of looking at the contradiction between her ministry's recognition of the shortage of PPE in a meeting of 18 March, and its insistence on centralised procurement through HLL.

The reason for the projected shortage is, even when India stopped exporting masks etc., India did not call a halt to the export of the raw materials. In other words, India has been allowing a handful of exporters to make profits by selling abroad material that is running short in India. The price of components making three-ply masks went up from Rs. 250 per kg to Rs 3000 per kg. According to latest reports, India will be in a position to supply large numbers of PPEs only by late April.

Till 24th March, when the national lockdown was put in place, the government was allowing only USFDA (US Food and Drug Administration) or European CE (European Conformity) certified kits to be used by the labs. This stupefied doctors, since none of the Indian test kits currently being validated by the National Virology Institute (NIV) in Pune, can be used. Export of kits have been globally shut down, so India could expect no help from either the EU or even the US, where Trump is all for reducing lockdowns and going back to business as usual. Was this madness? Was this short sighted behaviour? It was none of those. Currently, there seems to be only one Indian manufacturer with USFDA approval, Cosara diagnostics, an Ahmedabad-based company, which has a tie up with a US firm. CoSara Diagnostics (a joint venture of Synbiotics, a wholly owned subsidiary of Ambalal Sarabhai Enterprises and a US firm CoDiagnostics) is a Gujarat-based molecular diagnostic company. Once more, it was a case of Modi favouring a Gujarati capitalist concern, even while testing was a major concern. The CEO of the company is Mohal Kartikeya Sarabhai, who was in the forefront with PM Modi while welcoming US President Donald Trump's visit to Sabarmati Ashram on February 25 this year.

The medical profession has reacted to this. As a result of the state imposed terrorism over the past few years, not all have been too vocal, but many have made the point that they feel let down by the government during the crisis. When Prime Minister Modi appealed to people to gather on their balconies on 22 March at 5 PM and bang metal plates, pots and pans, to show appreciation of the doctors, Dr. Manisha Bangar, wrote sharply in a Facebook post shared over 3200 times: *“Dear Indians! pay no heed to ‘ghantologygyan’ of Modi-BJP. Please don’t clap for me!!”* She also wrote: *“I have been attending to patients with severe contaminating infections for two decades and will continue to do so in times of Corona but I don’t want anyone to clap for me on 22nd March.*

Instead, as responsible citizens who possess fundamental rights I want you to demand and pressurise the Modi-led BJP government to do the needful:

- *Spell out the allocation of disaster relief funds and medical aid strategy for all.*
- *Get him to combat this by pushing at least double the amount of funds that was required for the statue of Sardar Patel.*
- *Get him to tell corporates and his industrialists whom he let escape or bailed out with your money, that now it's their turn to bail out the country from the crisis of their own making.*
- *Declare the tons of gold/silver/money looted hoarded and now accumulated in temples of Tirupati Padmanabhan, Shirdi Siddhivinayak, Puri and many more, as being state treasure to be used in times of such crisis."*

Bangar added: *"We need... massive efforts to deploy testing kits... conversion of schools and stadiums into hospitals with adequate ventilators, financial help for those who are losing jobs.... States like Maharashtra and Kerala are doing a much better job than the Centre and it seems the BJP government wants to wash its hands of this massive expense.... The PM could have at least come out and said that unscientific claims like gaumutra (cow urine) curing the Corona virus infection or the banging of plates chasing away the virus are false.... On the contrary, social media handles supportive of the BJP have put out antiquated, religion-coloured ignorant thinking."*

According to The Telegraph, she received three death call threats after the post. [\[8\]](#)

Government response also needs to be seen at another level. The Indian Council of Medical Research (ICMR) has claimed till 24 March at least, that there is no community transmission. Meanwhile, ministers and BJP leaders flouted all norms. Yogi Adityanath, Chief Minister of UP and one of the most aggressive faces of Hindutva in recent times, had been insisting even after the spread of Corona virus was known, on holding a large gathering at Ayodhya celebrating Ramnavami. In West Bengal, Dilip Ghosh, state BJP President, alleged that the West Bengal Chief Minister was unnecessarily exaggerating the problems, while the Governor, an appointee of the Central Government, demanded that the Chief Minister should not take an independent initiative but follow the Prime Minister. This was at a time when the Union government was sitting silent. We can multiply these examples manifold. Just one story should stand in for many. While the Shaheen Bagh protestors were being condemned, even though they had changed their mode of operation with just a small number of people in the sit-in and keeping safe distance from each other, in Madhya Pradesh, after the action which can only be called horse trading (if horses are to be insulted), the Congress government was toppled. Thereupon, the BJP organised a victory celebration. Huge numbers of supporters gathered outside their party office in Bhopal. The party's top leaders including former chief minister Shivraj Singh Chouhan, state chief VD Sharma, state in-charge Vinay Sahastrabuddhe, Leader of Opposition Gopal Bhargava, and national general secretary, Kailash Vijayavargiya among others gathered at the party office and were photographed offering sweets to each other and celebrating the event.

A few state governments were much ahead of the BJP and the Central Government. They included the governments of Maharashtra (Mumbai is one of India's major international points of contact, so Maharashtra got a higher than average incidence), Kerala and West Bengal. Maharashtra is ruled by a non-BJP coalition. West Bengal is ruled by the rightwing populist Trinamul Congress. Kerala is ruled by a coalition, the Left-Democratic Front, headed by the major parliamentary left party, the Communist Party of India (Marxist) or CPI(M). The Kerala government with a limited budget nevertheless took some positive initiatives.

In February, when three of the first cases were being treated in Kerala, the government took prompt action. Daily hospitalisation of suspected cases led to a reduction in the rapidity of the spread. When the second wave hit, the government took further actions. A massive tracking exercise was undertaken. Route maps of the infected persons were sought to be plotted to identify others who might have been infected. A longer quarantine was imposed on the affected people, but they were kept in comfort. The state opened up several call centres to keep check on the mental health of people kept in quarantine. Kerala State Drugs and Pharmaceuticals Ltd, a public sector undertaking, went into mass production of sanitisers. Mid-day meals provided at *anganwadi* centres were promised when all classes were shut down from March 10. Awareness campaigns were launched, including among migrant workers who have language problems.

The Union government initially rejected offering any financial package in Parliament when the opposition demanded it. This was for two reasons. First, Modi loves to dramatize and keep the spotlight on himself. A parliamentary debate where the opposition had raised the demand would not allow that. So he made his announcement, not in Parliament but in one of his television speeches. Second, this enabled him to set the terms alone of what would be spent and how. The Union government, belatedly on March 24, finally prohibited the export of ventilators, sanitisers, and other ICU equipment with immediate effect.

As for funding, on 24 March, the Prime Minister in his televised speech announced a Rs. 15,000 crore (150 billion) fund to buy more testing kits, increasing the number of ventilators, and stocking hospitals with more equipment and beds. In the same speech, Modi announced a 21 day lockdown. Nobody can explain why 21 days, when earlier 14 days was the period mentioned. The most likely explanation is, that since before March 24 some 75 municipalities and four states including opposition-run governments in West Bengal and Kerala were already in some form of lockdown, to trump them Modi had to announce a greater number of days.

The financial measures announced by the Finance Minister on the same day had in mind capitalists and the upper percentiles of salary earners. The FM extended the deadline for filing of ITR and GST returns, and also modified regulations related to the Ministry of Corporate Affairs, company probations, insolvency and bankruptcy, fisheries, financial services, and commerce.

This needs to be contrasted with Kerala's Rs. 20,000 crore (200 billion) package, which included Rs 2,000 crore loans through Kudumbashree Mission to the families on soft interest. Under the Mahatma Gandhi Rural Employment Guarantee Scheme, another Rs 2,000 crore would be dispersed in April-May. All social security pensioners in the state would get a two-month



pension in March with an advance amount for April, and the state government has earmarked Rs 1,320 crore (13.2 billion). Another Rs 500 crore (5 billion) has been provided to Health Department to fight Covid-19.

The Union government finally announced some measures, as usual pumping up the figures. The government announced that each month 80 crore (800 million) people will get subsidized food at 7 kilogrammes per person. First, it should be noted that 5 kg per person was already being provided by schemes having no connection to the COVID scare or to policies of the Modi government. Second, news reports suggest that the Food Corporation of India's godowns are overstocked, and there is a need to get rid of some foodgrains before the monsoon, as quite a bit is being kept in the open. [9] Only later would the Finance Minister Sitharaman announce a bigger package of measures which will be discussed later.

This behaviour of the Union government needs to be contrasted not only with the Kerala state government, but also with West Bengal, where the government after announcing a lockdown also announced measures to convert a hospital in Kolkata into a Corona virus treatment hospital, moved in some measure to assist wage labourers, and took a series of other steps. One also needs to take note of another Union government action of March 19, when India signed and publicly announced the purchase of 16,479 light machine guns (LMGs) from an Israeli firm, at a cost of Rs 880 crores (8.8 billion). The budget for Non Performing Assets for Public Sector Banks which have lent money to big capital and is not getting it back is 2.5 lakh crore (2.5 trillion) rupees.

Interestingly there are some media articles that accept that the Chinese have been able to tackle the pandemic but say that it is only because China is authoritarian, and this model is not acceptable to 'democracies'. What was the tyrannical Chinese model? Extensive testing (something also done by South Korea), centralized quarantine even for mild cases which do not need hospitalization, full protective garb and accommodation for doctors and health care workers so that they stay safe and do not risk infecting their families. All this is about spending for people rather than for big banks and big capitalists. This is of course totally 'tyrannical'. China is no paragon, and is certainly not a communist country as it is labelled. But this model includes elements worth following along with elements, such as secrecy, which Modi is emulating, when it should be rejected.

Before ending this section, we need to take a closer look at some of the state governments and parties we have mentioned.

In the last week or more, West Bengal chief minister Mamata Banerjee has earned much applause for what she has done. There is absolutely no way to say that all her actions have been wrong. Far from it. A step by step lockdown gave people time to prepare. First there was the closure of schools, colleges and universities. Then came closure of cinema halls. There was an appeal to shopping malls, followed by a closure of everything apart from the places like Spencer's and Big Bazar in the Malls. There was an initial declaration of four days lockdown while assuring that basic services would be kept open and a demand that migrant workers should be looked after wherever they have gone to work. This was in contradiction to the Modi model, where people were given a four day warning to go out on the balconies and bang pots, but a four hour warning that there would be a 21 day lockdown with no assurance about maintaining supplies or any commitment to providing State aid. In fact Modi's latest call for voluntary aid by middle class people to the poor, laden with Hindu rhetoric ('Lakshman rekha', nine families to celebrate Ram Navami, etc), ignores the responsibilities of both the State and the rich.

However, whatever the West Bengal, or even the Kerala government are doing, are expected of them. Fifty years back, when the welfare state model was much more widely accepted, nobody would have applauded them so much for this. The CM of Kerala has said he will not let anyone remain unfed in his province. Community kitchens alongside rationing will ensure that food will reach everyone. The West Bengal CM is providing free rations to the poor and providing Rs 1000 to workers in the unorganised sector (provided they have bank accounts, which due to MNREGA etc. a large part does have). Neither of them are doing it as an act of charity; they are using public funds. But the reason they are being praised to the skies is because the coming of neoliberalism has lowered expectations and the economic performance of the Modi government since 2014 has lowered expectations even more. Modi has shown how utterly inhuman he is, and how he can manipulate a pliant media to pass off his juggling of schemes to disguise government negligible spending as high spending for the people, while actually siphoning off money to cronies. But at this point, we need to go beyond such comparisons and look at wider dimensions of the class struggle.

The Pandemic and the Crisis and Opportunities of Capitalism

The Corona virus is a natural disaster caused by environmentally unsound practices of production and consumption under capitalism. How it is tackled is a matter of capitalism, and its priorities.

This essay, written over a number of days, saw changes in how the Government of India moved. We need to discuss its 'policy' moves since 19 March. On that day, PM Modi appeared on television, as discussed above, to appeal to people to bang pots and pans. Given the near total support for the current regime by the print media and television, and also the regime's use of all its powers to ensure that its views are the ones that are communicated, this meant that for every handful of people questioning the action, there would be far more hailing him for the "support" he was showing to the doctors.

There has been no explanation why the 21 days was chosen. "*Twenty one days of lockdown is a long time but it is important to save you and your family, this is the only way we have*," Modi said warning: "*This is as good as a curfew.*"

There were exemptions, certainly. Orders explained that essential services were exempted. They included power, banks, ATMs, groceries, medical stores, and of course hospitals. But public transport was halted. This meant a slowing down of supplies. In the case of many shops, lack of staff (unless a purely family run store) led to shops not being able to open. It also

meant a major blow to ordinary working people. As a result of globalisation, internal migration has grown by leaps and bounds in India. With work halted and utter confusion, often compounded by landlords and owners throwing out the migrant workers, there was a panic. Migrant workers attempted to walk back from where they worked to their homes, or to desperately rush to take trains, buses, trucks.

So when the government touted its success, or said that there was no alternative to save the people, it was becoming clear that some people did not count as people.

Caste and Class

Over March, the dominant narrative in India has been either about the state enforcing lockdown (and after Modi did it at the all India level it is constantly argued that this was the ONLY way to halt the progress of Corona virus), or about ‘social distancing’ meaning---do not go out, do not mix closely with others, keep a six feet distance, work from home, etc.

However, social distancing is not a value free term. In India it has a firm casteist implication. *Brahmins* in India have practised social distancing for thousands of years, in a culture where even now a Dalit taking water from a well used by upper castes can lead to lynching.

Writing from Jhargram area, Mrinal Kotal, nephew of the late Chuni Kotal (the first woman graduate from the *Adivasi* (“tribal”) community of Lodha Shabars who was forced into suicide by her unpunished University teachers) appealed for help because *Adivasis* were not even getting one full meal a day. How does one tell people of such an area that their priority should be hand sanitizers and washing with soap for twenty seconds?

It has taken over a century of struggles by Dalit leaders and activists to generate a degree of awareness about how oppressed the Dalits are and why there is a need to make that a sustained battle. But at each opportunity it gets, the upper castes, which are also dominant within the ruling class, ensure that Dalit rights are pushed back. The whole strategy adopted by India ignores the class-caste dynamics of its population.

How can it be addressed? To start with, there was a need to recognise that so-called social distancing cannot function for the vast mass of people. We are not counterposing Corona virus to existing diseases; we are not saying that since so many people die of numerous other diseases why focus on Corona virus. But we are saying that existing diseases cannot be written off when planning how to tackle the emergency.

Health systems capacity, including diagnostics, must be augmented to make it accessible for the last mile. The reality in India is likely to be very different from the data put out, because testing has been so limited. As the Government admitted very late, some 15 lakh (1.5 million) people entered India from outside since 1 January. No one was tested, let alone hosed down with diluted bleaching powder as was done to migrant labourers in UP. So the real spread is in all likelihood far above the figures being circulated. As a result, there will be health issues for the poor. Corona virus will kill some, perhaps many but will make even more, ill. Along with that there will be other health issues. So temporary “Corona treatment units”, modelled along the lines of the Ebola treatment units in West Africa, must be built at block levels. Accredited social health activists; practitioners of alternative medicine (whom many of the poor will go to, having no other option) as well as nurses, should be trained in triaging or deciding the order of treatment for Covid-19; in wearing and removing personal protective equipment, and for emergency management of the disease.

Considering the ecology of urban India, there must be decentralisation with authority and funding moving downwards. Municipalities, block level institutions, District and middle level Panchayat bodies, must be empowered to design locally suitable strategies for the heavily crowded poor and lower middle class neighbourhoods; for homeless shelters; and for prisons. What did we have instead in India? Kerala with its Social Democratic leadership has shown what can be done even within a bourgeois set-up. In terms of being relatively inclusive it invited diverse religious leaders, local bodies, civil society activists, and NGOs. It also ensured, as discussed earlier, that the preferred languages of the people were used for communication. Notices were also put up in Hindi and Bangla. Prisoners were engaged in the production of masks.

This has to be contrasted with the full range of activities of the Central government. The lockdown was announced with the masses of people not prepared. This came after a sustained neglect of advance preparation. The lockdown led immediately to the well-to-do and the middle class rushing to stock up as far as possible. Many local stores ran out of oil, salt, and liquid hand wash of all kinds within a few days. There was a run on the supermarkets as well. Obviously, neither the unorganised sector workers (the overwhelming majority of India’s workers) nor the lower middle class were in any position to gather such stockpiles.

On 26th March came an announcement by Finance Minister Nirmala Sitharaman, offering what was touted as a huge package for the poor. Since this has been now constantly tom-tomed by the BJP IT cell and its followers, we need a clearer analysis.

The Sitharaman 1.7 Lakh Crore Package

The Finance Minister claimed she was rolling out a Rs. 1.7 lakh crore (1.7 trillion) package. In dollar terms it means about 22.5 billion. But what are its components and how does it measure up on closer scrutiny?

If we start by looking at the different items, the first is an insurance cover for health workers, for up to Rs. 50 lakh for each

worker, incorporating 22 lakh (2.2 million) such people. The government announced its intention of spending up to Rs. 1100 crores (11 billion) under this scheme. This is a positive announcement. But the actual spending depends on how many fall ill. The principal beneficiary will be the insurance companies to whom the premia will be paid. The determined withdrawal from decent public healthcare, the avid running after the US model, which is among the most retrograde, now means that there is no countrywide health care network under state regulation and control.

The biggest hoax is the announcement about the MNREGA wage hike. The MNREGA scheme hires one person for each poor family for 100 days, notionally. In practice the figure is less---not all the poor are covered, and not all get a full 100 days work and wages. Sitharaman announced a hike in MNREGA rates from Rs. 182 to Rs. 202 per day. Every year, the MNREGA rates are in any case supposed to be revised. The wages were scheduled to be linked to the consumer price index-rural (CPI-R) from consumer price index for agricultural labour (CPI-AL) this year. Hence the increase in wages was already budgeted in the allocation for the scheme. So she simply co-opted that hike within her 'package'. This is therefore not an extra helping hand from the government. Moreover, with a lockdown, large numbers of workers are actually thrown out of jobs. What work will various state governments give to MNREGA job recipients right now? This is therefore a fraudulent promissory note for the future.

Moreover, MNREGA wages are below the minimum wages, making this increase a bitter hoax. And on top of that, on average the Centre delays payment by about 50 days. So all this is a lot of hot air.

Similarly, the Rs 2,000 pay-out to 8.7 crore (80.7 million) farmers amounting to Rs 17,400 crore (174 billion) under the PM Kisan scheme is part of the annual Rs 6,000 paid to the farmers and has only been front loaded to be disbursed in April. While it will put a bit of cash in their hands, it is not any additional help. Rs. 750 billion were already earmarked for the total annual payment.

The announcement of additional provision of free cereals and pulses under the 'Garib Kalyan Yojana' merely monetizes the value of a part of the huge food stock buffer already lying with the Food Corporation of India. It is widely reported that some of it is not even in godowns but is in the open due to lack of space, since the production was good last year. On 1 February the stockpile was supposed to be 75.3 million tonnes. In 2020-2021 the FCI will have to procure grain again as part of the support given to farmers. So the FCI needs to offload a good bit of its stockpile.

A few proposals will commit the government to some spending. But some of that is uncertain, as I explain below. There is a proposal to provide free gas cylinders to about 8 crore poor families, the benefit going for three months, and for this a provision of Rs. 13,000 crores (130 billion) has been made. It is however uncertain how effective this will be, since in a lockdown situation, it is questionable how productive the LPG producers can be.

Another offer made is that for businesses with less than 100 workers, where 90 per cent get less than 15,000 rupees a month, the Provident Fund contribution of both employer and employee will be paid by the government, with each worker getting 24 per cent of monthly wage paid into the PF for three months. A provision of Rs. 5000 crores (50 billion) has been made. It is not clear how companies will be identified and whether the government has the data.

A bigger outlay where some money may be paid is the cash transfer to women holding Jan Dhan accounts. Ex-gratia of Rs. 500 is to be paid for three months. Given the lockdown and the problems regarding transportation, despite the Finance Minister's subsequent stress that all banks must keep open and ATMs kept supplied, some problems may arise, especially for women in distant non-urban branches. Nonetheless, this is one component that will need some additional funding.

There are two issues that need to be noted. First of all, all this has been done without any Parliamentary sanction. When the opposition parties demanded a Covid-19 related package in Parliament the government refused. In other words, every social, economic crisis is seen by the present government as an opportunity to whittle away at the powers of Parliament. The second, partly related to the first is that for Modi, every event is seen primarily as an opportunity to build up his own cult. Thus, no discussion in Parliament. The periodic speeches by the Prime Minister through television---never a public and open press conference (the joint one with Trump was a farce)---serve only to focus attention on him personally, not on Parliament. This is connected to how the BJP-RSS has been stepping up the hollowing out of Parliament as an institution. Repeatedly, Bills have been passed just by vote, without referring them to Select Committees, without taking into account inputs from numerous social organisations as well as from opposition parties.

One of the grossest ways in which the attempt to gain mileage was done came out recently. The BJP has been distributing food packets. Nothing wrong with that, people might say. It is good that parties are doing this. Except that the packets have Modi Tiffin printed on them. If this was printed, how was that done? Such printing is not outside the lockdown. So the other, likely alternative is, these were printed beforehand, that is, before the lockdown was announced.

Add to this certain other factors and you start getting a far more horrifying picture. On 24th, as we noted, Modi announced the lockdown, with four hours of notice. This was at a time when Delhi CM Kejriwal had already announced a local lockdown. In effect, this meant that people were stuck. There was a panic, especially when from the next day migrant workers found landlords driving them out or felt they would not be able to sustain themselves. As huge masses thronged to the Anand Vihar Bus Terminus, and as others in different parts of the country in sheer desperation tried to walk back home, what was the response? On the 28th morning, the Prime Minister again went on the air, to express his sorrow that some people faced difficulties, but he claimed there was no option. On the evening of that same day, it was evident that orders had been sent to

block people trying to get back home.

The class approach has to be fully understood. In India, the coming of the Corona virus was primarily through the rich, travelling back from jaunts abroad, or people from other countries flying in for tourism in India. But the government bent over backwards to make the well-to-do comfortable. Flights were cancelled much after trains and long distance buses. There were special flights, exceptions made to allow flights to land despite announced closures, and even special dispensation visas issued. These were people bringing more of the contagion into India. But they were Indian citizens, or families of Indian citizens, and they had a right to be home with their own.

The working people, the people who clean cities, who work in the unorganised sectors, who travel hundreds of miles to work in some big city or other, they were not in the vision of the Prime Minister, the Home Minister, or any of their minions.

In his second speech (24 March) Modi effectively said to people to stay where they were. For thousands this meant staying at bus stations for buses that would not be plying their routes or in empty railway stations, or on highways. Shrugging off government responsibility, the Prime Minister said that civil society organisations were taking care of the poor. Clearly, he sees these people as not being part of the citizenry, since they cannot afford an airplane ticket.

Migrant workers in India always head home when they have no prospect of work, for at home they can hope for kin support, or survive better. This has been a pattern during any disruption, natural or man-made. In Narendra Modi's tenure, migrant workers have left their place of work in droves more than once, most memorably when he announced the demonetisation of Rs 1,000 and Rs 500 notes. Establishments closed, construction activities ground to a halt, vendors and stall holders found that their customers did not have the cash to keep them in business. So, they headed back to their towns and villages, in the poorer states of the north and east.

This time, there was the added threat, that staying put might cost them their lives. But they were to be halted. An order went out to states to look after them. Once again, the Centre was not going to use its far greater resources to feed and shelter these people. Then came the order of the 29th of March. The Director General of Police, Haryana, in an order to all high ranking Police officers (Commissioners, District SPs, DCP, ADGP/CID Haryana, etc, informed that through a video conference the Union Cabinet Secretary and the Union Home Secretary had told the Chief Secretaries and DGPs of Punjab, Haryana, Maharashtra, Gujarat and Delhi that under the Disaster Management Act, there must be no movement of people along the roads. Among other measures large indoor stadiums and other such buildings should be turned into temporary jails.

The Class struggle on the Political Plane

This brings me to the final part of this rather long essay. The Corona virus is an ecological disaster created under conditions of aggressive global capitalism. This global capitalism seeks opportunities everywhere---the opportunity to make money but also the opportunity to carry out its political projects. Right now, it is the case that in numerous countries, an ultra-right, chauvinist, nationalist force is on the rise. They are pursuing all aspects of their agenda at the same time, and to treat the Corona virus crisis as a purely public health issue is to miss out on this dimension.

Right from the start, the Corona virus crisis has been linked to specific political projects in different countries. One dimension in India has been the increasing use of police and the legitimisation of police violence in the name of disaster management. The West Bengal Chief Minister has earned much applause for her populist ways, 'leading from the front', going out on the streets to draw the chalk lines to show where people should stand if they have to go shopping, etc. In that same West Bengal, police treated the lockdown, not as a medical issue but as a kind of curfew. One young man was beaten to death when he went out to buy milk for his young child. There was violence in a prison. Due to the Corona scare, courts had been closed till 31 March (with the lockdown the dates are likely to be extended). As a result, bail petitions of under trials were not being heard. From 20th March they were not being allowed to meet their relatives either. As a result, in the Dum Dum Central Prison violence broke out on Saturday, 21 March. Angry prisoners apparently set parts of the prison on fire. According to human rights activists like Ranjit Sur, police fired on them, and different figures about the number of dead are being mentioned. The police, as usual in such cases, have denied that there was any firing, and that only tear gas was used. Since the attempt by Human Rights activists in court to get some court action failed, the government is sitting pretty.

Human Rights activists also moved for the parole of prisoners in several overcrowded jails. In independent India most of the time political prisoners are not treated as 'political'. But as Ranjit Sur has written, there are quite a few people who are in fact political prisoners, charged with antiquated charges like sedition, or simply accused of being members of the banned CPI(Maoist). While the government has decided to release on parole some 3018 prisoners, not one political prisoner is included. According to the Association for the Protection of Democratic Rights (the oldest functioning civil rights organisation in West Bengal) there are currently 71 persons in West Bengal prisons, either accused or sentenced. Trials are moving very slowly. People arrested since 2010 are still under trial. Sudip Chongdar, a former State Secretary of the CPI(Maoist) died in prison. Patitpaban Halder died a few days after being released. Others too have died while in prison. Currently there are at least seven such political prisoners who are above sixty. There are others who are quite critically ill. Spondylitis, Uric Acid, Diabetes, Glaucoma, Depression and various skin diseases are common. The state government's opposition meant that attempts to get any of these prisoners released even under current conditions failed.

This is worth mentioning, because here there is no difference with the Central Government. The Elgar Parishad Case, a major case of cooked up charges on activists by accusing them of being CPI(Maoist) and of planning to kill PM Modi, has been

dragging on for a couple of years. In January 2020, the Central Government, fearful that the Maharashtra government might reconsider continuing the case, abruptly transferred the inquiry from the Pune police to the National Investigation Agency (NIA), a Central agency. The move has been sharply criticised by human rights activists. It has also raised serious questions about the course of the investigations. Bail applications have been repeatedly rejected. Despite the ill health and advanced age of some of them like Varavara Rao, no bail, no release on parole, is accepted by the government.

For the BJP-RSS, an added dimension is the communal dimension. Making Muslims the target has not stopped. As the news of the conditions of migrant workers percolated, public opinion began to swing. One evidence was that for a day and a half, the aggressive BJP IT Cell was relatively muted on Facebook, Twitter and WhatsApp. On the 30th the BJP struck back. By 31st morning every TV channel was making it the major story. Apparently the number of affected had gone up in leaps and bounds on one day due to Muslims gathering illegally. The Kejriwal government of Delhi, which has repeatedly been accused in recent times of being a different kind of Hindutva brand, even asked the Delhi police to file an FIR against the concerned Muslim cleric.

Now the actual chronology was this. On 13 March a Ministry of Health circular asserted that Corona virus was not a health emergency. From 13 to 15 March there was a Jamaat (religious congregation) of about 4000 people at Nizamuddin Markaz. On the 26th the Hindu Mahasabha organised a gaumutra party (drinking cow urine) to end the Covid. On 16 March the Delhi government ordered a closure of religious institutions. On 17 and 18 March there were still 40,000 visitors at the famous Tirupati shrine in South India. Tirupati was closed only on 19 March. On 22 March, 5pm to 6 pm, people gathered in many places in mini-celebratory mode to ring bells, bang pots and pans. On 24 March midnight the all India lockdown began. On 30 March, seven of the participants in the Jamaat of 13 March died. So far they had not been separately identified. Now, upon their death, it all became a story of how Muslim irresponsibility was the cause. Forgetting Italy, the USA, there were also claims that not just in India but everywhere it was due to Muslims that there was the spread. But more important was the India focus. All news of migrant workers disappeared, while electronic media had reported, by the evening of 30 March that 29 of them had died, making deaths due to the state imposed violence on the working class more significant at that point than Covid deaths in India. So communalism was called in once more to silence the faint murmurs about class that had begun even among the relatively better off.

Not a Local but a global trend

This is not an India specific thing. Globally, the environmental crisis is linked to capital. The rapid industrial growth in India and China have both contributed to increasing pollution, for capitalism sees the ecology as external, and something that has to ‘adjust’ with the needs of growth. Studies done by the World Health Organization in 2016 found that approximately 98 per cent of cities in middle to low-income countries---have air quality that doesn’t meet the recognized WHO standards. In Delhi levels of dangerous particles in the air are far higher than recommended and about seven times higher than in Beijing. [\[10\]](#)

Across the world, some members of the ruling classes are concerned with how to exploit the Covid crisis for their goals. For Donald Trump, it was to go on a drive of anti-China propaganda. At the same time, Trump attempted to minimise the Covid threat, since keeping business running was a major part of his goal.

Having made slow initial responses, the capitalist class is everywhere being compelled to take some measures. But these are measures taken by capitalist states. They start by putting pressure on the working classes. Trump has suspended union elections, and has continued ICE (Immigration and Customs enforcement) raids under the banner of fighting the pandemic. Israel and Singapore have refined their already well developed internal espionage systems. Taking into account the specific ideological-political contexts, each country is tending to move to cut down civil liberties and democratic rights of working people, and to extend so called ‘anti-terrorist’ measures. While this orientation to authoritarianism does nothing to slow down the virus, it gives an impression of a government hard at work. It also responds to a standard middle class reaction demanding ‘firm action’. At the same time, the capitalist state is concerned with the profits of the capitalist class. In Italy, the working class struck after seeing that despite the massive spread of the virus, industrial production was being continued. In the USA, Amazon workers have struck work demanding better health protection.

For a Working Class Fight Back

Of course, it will be argued that we are all in the same boat. But that is not how the ruling class sees it; and that cannot be the working class response. Given the political blows struck at the working class in many countries, including in India, to talk of a fight back is easier said than done.

But this is essential. Unless militant actions are undertaken, workers will find more and more of their rights trampled in the name of fighting the Corona virus. Parties, trade unions, and social movement organisations and networks of the working class and poor peasants have to try to understand and demarcate between what is really, scientifically necessary to fight the threat, and what is an attack by capital to extract more surplus value. We must not give up struggles for better wages, living conditions, better public health care, in the name of national unity.

We have to fight for international collaboration for better research to develop treatments. At the same time we have to fight for immediate state regulation of hospitals so that far greater numbers can be treated at low cost.

In place of the actions of regimes that look at profits first, we must demand:

- Immediate imposition of tax on the rich. In India, an Oxfam report of January 2020 said that the top 1 per cent own four times more wealth than the bottom 70 per cent. So the crisis calls for a tax on the top 1 per cent. Arundhati Bhattacharya, former State Bank of India chief and now Salesforce's India operations chief, has only one recommendation---to print more money to tackle the crisis. The key action however is one she will not recommend.
- The income share of India's top 1 per cent rose from approximately 6 per cent in 1982–1983 to above 10 per cent a decade after, 15 per cent by 2000 and to around 23 per cent by 2014, according to the World Inequality Report 2018. It makes sense therefore to call for a flat tax on this 1 per cent---not a voluntary donation, not getting out of even that by the fraudulent PMCare fund which shows 'corporate responsibility' while gathering donations from ordinary Indians.
- The government must move for production of large numbers of ventilators and even larger numbers of PPEs. It is the historic experience of World War II that shows how quickly necessity can compel companies to change their lines of production. If the Government claims to be serious it must put the pressure on the capitalists, not the workers. This has to be the line of argument to be taken to the ordinary masses of people, including those who still support the Modi government.

Since a whole range of things have to be produced (medicine, basic food) and a range of services must be provided, the government must ensure better rationing for all and work out how workers in all those production and service sectors are to be protected. This breaks down into a set of demands.

- Restore a functioning Public Distribution System for all. Provide cereals, pulses, edible oils, soap, hand wash, basic spices, for all through the PDS.
- Stop bottling of water for aerated drinks. Ensure drinking water for all. Let us not forget that there exist even now long queues for drinking water. If we are serious about maintaining distance the poor have to be protected from that.
- Owners must be responsible for the health care of employed workers if production units are open. Owners and the State must ensure pay if units are temporarily closed.
- Decrease hours without a decrease in pay for all who must work! All necessities provided for those who are not working!
- Free housing for all the poor during the crisis, funded by cuts in the military budget and taxes on the rich. (We have seen that LMGs were bought recently from Israel. We submit that these are for more ruthless internal policing purposes which must stop).
- Free all prisoners with low terms. Free all non-violent, immunity compromised and elderly prisoners. Free all who are long term under trials regardless of charges, for it is the State that has endlessly delayed the trials.
- Women face multiple problems. The UN estimates that about 70 per cent of front line health care workers are women. Special attention must be paid to their health.
- Lockdowns increase chances of domestic violence. Domestic violence must be tackled as seriously as the Covid itself.

These are all demands that have to be tied up with the struggle for restoring and widening democratic rights.

- No curb on the right to strike
- Abolish the AFSPA [11]
- Abolish the UAPA [12]
- Abolish the NIA [13]

Footnotes :

[1] Sami Al Hajjar and Kenneth McIntosh, 'The First influenza pandemic of the 21st Century', Annals of Saudi Medicine, 2010, Jan-Feb., 30(1): 1-10.

[2] 'Value of public health expenditure in India 2013-2018' Published by Sanika Diwanji, Sep 23, 2019, <https://www.statista.com/statistics/684924/india-public-health-expenditure/>

[3] Jean Drèze, 'Ayushman Bharat trivialises India's quest for universal health care', https://idronline.org/ayushman-bharat-trivialises-indias-quest-for-universal-health-care/?gclid=CjwKCAjwvOHZBRBoEiwA48i6Avv-ttSq4rPZd6DIql9xjnaeLLI4aqtEM4ZKtHxtFIqPX0-j7SFKhhoCqG4QAvD_BwE

[4] A. Kapilashrami and B. McPake, 'Transforming governance or reinforcing hierarchies and competition: examining the public and hidden transcripts of the Global Fund and HIV in India', Health Policy and Planning, 2013 Sep;28(6):626-35. doi:

- [5] Baru, R.V., Mohan, M. Globalisation and neoliberalism as structural drivers of health inequities. Health Res Policy Sys 16, 91 (2018). <https://doi.org/10.1186/s12961-018-0365-2>
- [6] Birn AE. Philanthrocapitalism, past and present: the Rockefeller Foundation, the Gates Foundation, and the setting(s) of the international/global health agenda. Hypothesis. 2014;12(1):e8. <https://doi.org/10.5779/hypothesis.v12i1.229>.
- [7] Vidya Krishnan, 'India did not stockpile COVID protective equipment for health workers despite clear WHO guidelines', The Caravan, 22 March 2020. https://caravanmagazine.in/health/india-did-not-stockpile-covid-protective-equipment-health-workers-despite-clear-who-guidelines?fbclid=IwAR1uViOoQz_KSOMwlMb5LXR2HpZ0X5RxB8-RyaQdrDekfO0N6sd2PjA0fxs
- [8] The Telegraph, Kolkata, 23/03/2020
- [9] Coronavirus Lockdown: Govt to provide wheat at Rs 2/kg, rice at Rs 3/kg to 80 crore people, <https://english.jagran.com/india/coronavirus-lockdown-govt-to-provide-wheat-at-rs-2kg-rice-at-rs-3kg-to-80-crore-people-10010044>
- [10] <https://cleanair.camfil.us/2018/03/14/developing-countries-struggling-air-pollution-can-reduce-emissions/>; and <https://abcmundial.com/en/2019/11/03/india/society/india-air-pollution-at-unbearable-levels-delhi-minister-says>
- [11] The collective and common acronym for the Armed Forces (Jammu & Kashmir) Special Powers Act, 1990, and its equally notorious parent, the Armed Forces (Special Powers) Act, 1958, created for application in north-east India.
- [12] Unlawful Activities (Prevention) Act is an Indian law aimed at effective prevention of unlawful activities associations in India.
- [13] The National Investigation Agency (NIA) is a state agency established by the Indian Government to combat terror in India. It acts as the Central Counter Terrorism Law Enforcement Agency. The agency is empowered to deal with terror related crimes across states without special permission from the states.



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