Indian prime minister’s coronavirus lockdown threatens social disaster for millions

By Wasantha Rupasinghe
26 March 2020

The day after the World Health Organisation (WHO) warned that India’s swiftness in dealing with COVID-19 was vital to prevent the global spread of the disease, Prime Minister Narendra Modi declared a nation-wide three week lockdown starting from midnight on March 24.

Referring to India’s large population, WHO emergencies program director Mike Ryan stated on March 23: “The future of this pandemic will be determined by what happens to densely-populated countries. It’s important that India takes aggressive action at the public health level, and at the level of society to control and suppress this disease.”

Modi’s imposition of the lockdown came almost two precious months after India reported its first positive case of COVID-19. While the official figures of positive cases currently stands at 606, with 12 deaths, it is not clear how many of the country’s 1.3 billion people are infected, because barely 20,000 tests have been carried out.

Along with WHO, a series of medical experts warned of a looming incoming disaster. Modi and Indian authorities, however, repeatedly declared their intention “not to panic,” on the basis of claims that no communal transmission had taken place. Modi’s rush now to enforce a total national lockdown only indicates how potentially severe the situation has become.

India’s Economic Times reported on March 23 how the Indian government did not paid heed to the WHO’s demand in February for industry and governments to increase production of health care equipment by 40 percent, in preparation for an exponential rise in global demand. “But the government failed to make any forecast,” the Times commented, adding that “the resultant ‘last minute rush’ by the government is inadequate, feel industry experts.”

Sanjiiiv Relhan, chairman of the Preventive Wear Manufacturer Association of India, stated: “Despite us reaching out to the ministry and requesting for anti-profiteering measures to be imposed, as early as February 7, the Indian government did not do that. The price of components used to make the three ply face masks have gone from 250 per kilogram to 3,000 per kilogram. Elastics are not available at any price. We are now facing a crisis which is of our own making…. We also repeatedly raised the need for creating stockpiles of protective gear, which were ignored.”

Modi, in his address, repeatedly asserted that social distancing was essential to stem the spread of infection. He declared that it was “the only way before us” and that “there is no other method or way to escape” the coronavirus.

While social distancing is an important part of preventing the spread of coronavirus, it is not, as Modi asserted, the “only” step. International experience has proven the essential role of large-scale testing to identify all positive cases combined with systematic “tracing” to identify and rapidly isolate and test those with whom an infected person has been in close contact. No less essential is sufficient protective clothing for workers who cannot “isolate,” especially in the health sector.

While declaring the Indian population “must not step outside our home,” Modi did not outline a comprehensive program to deal with enormous difficulties that millions of workers and the oppressed will face under the lockdown, including accessing the most basic food necessities.

A BBC report on March 25 noted: “At least 90 percent of India’s workforce is employed in the informal sector, according to the International Labour Organisation, working in roles like security guards,
cleaners, rickshaw pullers, streets vendors, garbage collectors and domestic help.”

This vast section of the population, some 520 million workers in 2019, stand to lose their wages for the whole three-week lockdown period, as they are not guaranteed any salary.

Ramesh Kumar, a construction worker from Banda district in Utter Pradesh, told the BBC: “There won’t be anybody to hire us, but we still took our chances… I earn 600 rupees ($US8) every day and I have five people to feed. We will run out food in a few days. I know the risk of coronavirus, but I can’t see my children hungry.”

Mohammed Sabir, a street vendor, aptly summed up to the BBC the social disaster that faces millions: “I feel so helpless. I fear that hunger may kill many like us before coronavirus.”

Reports suggest that a third of all restaurants could be shut down, shedding more than two million jobs over the coming weeks. Meanwhile, the entire automotive sector is mothballing its factories, putting at risk the incomes of a million people employed in this area.

Modi loudly announced a provision of 150 billion rupees ($US1.9 billion) for “treating the coronavirus patients and strengthening the medical infrastructure of the country.” Given the dimensions of the incoming disaster, this is a drop in the ocean and reflects the negligence and indifference for human lives of the ruling class.

Just weeks ago, the Modi government allocated $66 billion to the defence budget—more than 30 times the outlay on combating the virus. The amount is less than what Modi agreed to spend to buy American-made military helicopters during US President Donald Trump’s visit on February 24-25.

One coronavirus test kit costs the government about 5,000 rupees ($67). If the entire $1.9 billion was spent on testing alone, it would pay for only 29 million tests within a population of 1.3 billion.

However, Modi’s $1.9 grant is not merely for testing, but as he boasted, to improve the severely deficient health infrastructure in country, which has just 2.3 intensive care unit (ICU) beds per 100,000 people. When this figure is compared with Iran, which has 4.6 ICU beds per 100,000 and has been overwhelmed with COVID-19 cases, it brings into stark focus the dire situation that is developing in India over the coming weeks.

As of 2016, the Indian Medical Association reported a shortage of tens of thousands of critical-care specialists. Meanwhile, the majority of doctors and hospital beds are in the private healthcare, which is not affordable for the vast majority of the population, the working class and the rural poor.