Political Impact Of COVID 19 Lockdown

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Abstract

India's response to the COVID -19 pandemic was about in tough times. The response did not take in consider the Socio-economic impacts on lives of people in India who work in various informal sector and have shell diversity .The imposition of Lockdown nationwide was under the disaster management act 2005.India is a federal country while issue of health is included in state subject. Such an over bearing part lid to coordinated actions, some states had expressed their differences but eventually all of them had to follow the central guidelines.Covid-19 stuck in India as there was agitation in country on issue of citizenship Amendment Act. The Lockdown was imposed all of a sudden until 31st May. This led to humanitarian crises involving a large number of migration of domestic labor who were left the standerd with no income of survival and no trapped. Dissenting voices were silenced through arrest and detention for period of time. Victims included human Right activists, students, lawyers and some academics Power sharing and elections continued same but with addition of social distancing.India also got opportunity to flourish the pharmacy of world by supplying medical help all over the world. In second wave vaccine diplomacy used by the centre did cause a huge impact as thousands of deaths were by shortage of vaccines. This paper deals with the conflicts and contestations falling out on the pandemic with the focus on economic and socio-political aspects of pandemic management.

Introduction

 This paper broadly discusses on politics centered over COVID -19 pandemic in first second and third wave. It focuses on the aspects of domestic politics that emerged as was transformed on during the pandemic. Themes dealt here are problem of Migrants and poor, religious polarization delayed responses and power politics, union-state relation during pandemic and human right issues. It then deals with the vaccine diplomacy during the second wave of pandemic. This is followed up by International Relations of India during the true period. Then the concluding section. Paper seeks the answer of following questions.

1. How did Indian Government respond the COVID- 19 pandemic federal system characterized by poverty, Ethnic diversity and fragile health infrastructure?
2. How were the centre state relations during the pandemic especially to reference with party politics at centre and state level?
3. What was condition of India's International relations?
4. Was vaccine policy successful?

The paper is descriptive and analytical and is based on available literacy resources and official statements

Methodology

        The methodology used here in this paper is descriptive analytical paper based on available literacy resources previous studies analytical reports and reports by government agencies to collect needed data. Descriptive and analytical approach is followed in this paper.

Migrant Workers :

        India's domestic migrants are central to its urban economy. There are also a large number of beggars and homeless people. The existence of the migrant poor is a sign of structural inequality. The poor were subject to state repression during the pandemic, an example of the lack of social sensitivity in India's public health programs. Even though the pandemic makes no distinction between the rich and the poor, the people who cannot access health resources are predominantly the poor. Their ability to cope with the pandemicis affected by their living and working conditions, lack of sensitivity of the authorities to the cultural context in the provision of services, their limited local knowledge and networks, and their non-inclusion as fully documented citizens. There was absolutely no plan to address the problems of the urban migrants, employees in the unorganized sector (many ofwhom are

daily wage earners), and stranded students. The migrant workers suffered due to want of food, lack of shelter, loss of wages, fear of getting infected, and anxiety. Many migrants lost their lives during the exodus after the lockdown, possibly the biggest since the days of the partition in 1947. Many walked hundreds of miles, and when they reached their villages, the police and locals often harassed them, seeing them as sources of infection. There was also the case of some returning migrants being sprayed with chemicals to disinfect them, such as in the Indian state of Uttar Pradesh. In fact, it was the returning migrants who significantly contributed to the spread of the virus in northern Indian states. The migrants who returned were offered jobs under the Mahatma Gandhi National Rural Employment Act, India's flagship workfare program in the rural areas. But this led to some consternation among the already registered job cardholders, who saw the returning migrants as depriving them of jobs.

The migrants were also not entitled to benefits, such as rations, free public education, and health care facilities provided by the host state, due to a lack of the necessary documentation. The lockdown came when it was the harvesting season in India, and there was no plan to mitigate the sufferings of the labourers in the unorganized sector. Section 11 of the Disaster Management Act speaks about a national plan for pandemic containment, taking the state governments and other expert bodies into confidence, which was absent. Although the lockdown was swift and the most extensive globally, the country could not reap its benefits.Within months of the relaxation of lockdown rules, India became one of the most affected countries globally. In the initial stages, there were not enough personal protection equipment kits or ventilators. This led to protests by healthcare workers in places such as Srinagar, Punjab, and Delhi. Initially, the opposition parties cooperated with the Union Government. But soon, they attacked the government for failing to address the socio-economic fallout of the lockdown. Studies also showed that the pandemic and lockdown led to a greater burden for women in household work, child-rearing, and home-schooling duties, suggesting that the gendered division of labour in the family was actually reinforced during the lockdown. Even when fathers worked from home, they did not involve themselves much in household chores and child-rearing. There have also been reports of an increase in domestic violence. In addition, the maids and nannies, who used to work for middle-class families, lost their jobs due to social distancing norms.

Racism :

Since COVID-19 had first emerged in China, India's north-eastern people, who have Mongoloid features, were also targeted. They were seen as potential dangers and bore the brunt of xenophobic behaviour in the Indian cities. They were spat at, not allowed entry into grocery shops, and were even called the coronavirus. Such types of racial profiling
further alienates the people of Northeast India. If anti-Asian and Chinese sentiment was seen globally, its equivalent in India was racism against migrant communities from the northeastern region, living mainly in the major cities. The people of the northeast were already facing discrimination even before the pandemic. The necessary socialization to see them as Indian enough is yet to be undertaken in the mainland of India.

Religious Polarization:

The Tablighi Jamaat's (a transnational Islamic sect) international conference held in New Delhi's Nizamuddin was declared the first 'super-spreader' in India. This event attended by Muslims from all over India and from abroad came under the fire of the ruling party, who used it as a ploy to attack the Muslims. Such diversionary tactics allowed the government to distract public attention from its own failures in containing the pandemic.

Fake news to generate anti-Muslim feelings was also manufactured, deriding Muslims with names such as 'human corona bombs' and 'coronajihad' on social media. They became the scapegoats for the inaction of the government. The campaign glossed over the fact that it was the Union Home Ministry, which had permitted the event despite the World Health Organization's (WHO) warnings. In contrast, the Maharashtra government had refused permission for a similar Tablighi Jamaat event in Vasai.

Delayed Response and Power Politics: The Indian government was not very alert to the pandemic other than issuing an advise against travel to Wuhan in January 2020. The fact that the country shares a long border and intense trade-related interaction with China never figured in its calculation. Although Air India flights to evacuate Indian students from Wuhan took place, there was no attempt to suspend all flights to China. The airports were only asked to do thermal screening of passengers coming from China, oblivious that passengers from other countries could also be infected. The net result is India lost crucial weeks, even though the WHO had declared COVID-19 as a Public Health Emergency of International Concern.

India was in the thick of the CAA agitation in Delhi and the enthusiasm to host the visiting US president. It was only in March that the government started taking some action. On 3 March, the government withdrew all visas issued to passengers from Italy, Iran, South Korea, and Japan. A day later, thermal scanning was made mandatory for all passengers in international airports. Even on 13March, the Union government denied that it was a public health emergency. This was the time when the ruling party was engaged in plotting the downfall of the Kamal Nath-led Congress government inMadhya Pradesh and reinstating its own party leader as the ChiefMinister, which was accomplished on 20March. The fallout of the political coup was that there was no health minister inMadhya Pradesh for nearly a month. Politics trumped As these political games unfolded, the government realized the gravity of the health emergency and issued an advisory for social distancing until 31March. There were allegations that the Union Government did not behave responsibly in the weeks before it imposed the national lockdown. The parliament was scheduled as usual, and a roadshow involving President Trump and PrimeMinisterModi was held in Ahmedabad on 24 February, followed by a mass meeting at a cricket stadium attended by nearly one hundred thousand people. In the elections to the Bihar state legislative assembly, free COVID-19 vaccines were promised to the electorate by the PrimeMinister and several union ministers to secure an electoral victory.

Human Rights:

One issue that was highlighted during the pandemic was police behaviour. Police had a crucial role in enforcing lockdowns in all parts of the country, particularly during the first two months. In Tamil Nadu, a father and son died due to police brutality for keeping their shop open beyond the time allotted, leading to a national uproar. On such occasions, the state often tries to defend the police by playing down the seriousness of the offense. Verbal abuse, seizure of vehicles and other possessions, assaults, and arrests were normalized during the pandemic.

According to the Human Rights Watch, India's human rights record during the COVID-19 leaves much to be desired. The report blamed the Indian government for charges against human rights activists, student activists, intellectuals and detractors, and invoking sedition and terrorism laws. In addition, some elderly human rights activists were charged on counts of inciting communal violence in Delhi and caste-based violence in Bhima Koregaon in Maharashtra. These investigations are seen as measures aimed at silencing all dissent. Amendments also were made to the Foreign Contribution Regulation Act (FCRA), tightening governmental oversight, necessitating more paperwork and operational requirements, which would restrict access to foreign funding to many small nongovernmental organizations.

Health and Vaccine Diplomacy:

As the pharmaceutical of the world, in the first wave, India sensed an opportunity to bolster its claims to be a global leader and to enhance its soft power credentials by gifting and selling vaccines, medicines, and medical equipment to countries across the world. This was particularly important in the light of the sole superpower, the United States, abdicating its responsibility to show leadership during a global crisis and later amassing far more vaccines than it required. The US, under Trump, instead of leading the world, left the World Health Organization. As the worst affected western countries, its inefficient and ineffective health system became the cynosure of all eyes. India's response has to be contextualized, as this was

a time when its willingness and ability to take on greater international responsibilities was being debated. India's initial response to the common challenge of defeating the pandemic could be its answer to these questions. India has the self-image of being a civilizational power, and it aspires to be a global power that contributes to global governance. It has long demanded a greater voice in international affairs. It wants to be accepted as a norm maker rather than a country that just follows the rules framed by other countries. However, its desire to be accepted as a global power has so far been thwarted by mutual rivalries with other Asian powers, lack of political will, resource capacity, and regional legitimacy.In fact, Acharya argues that "in the years immediately following the Second World War, India had high legitimacy in Asia and was more than willing to lead, but was unable to do so due to a lack of resources".

Today, as it has developed its economic and military prowess, it has the will and the resources, but it still lacks regional and global legitimacy.This is what India sought to overcome and acquire through its vaccine diplomacy or health diplomacy. India's wholehearted engagement with other countries, both at the regional and global level in the context of the pandemic, might be viewed as a "modest shift from defensive sovereignty to responsible sovereignty". So, in the pandemic, India saw an opportunity to bolster its credentials as a responsible stakeholder contributing to global governance, riding on the back of its pharmaceutical industry. Along with its IT industry, the pharmaceutical industry has been one of the best performing industries in post-liberalization India. The industry in India is the third largest in the world in terms of volume and14th largest in terms of value, contributing 3.5% of the total drugs and medicines exported globally. India is the largest provider of generic medicines (India meets 20% of the global exports in generic drugs) and one of the biggest suppliers of low-cost vaccines globally, exporting to over 200 countries, including the developed world.

India supplied around 45 tons and 400 million tablets of Hydroxychloroquine to about 114 countries globally during the pandemic. According to India's Economic Survey 2020–2021, a significant raw material base and availability of a skilled workforce have enabled India to emerge as an international manufacturing hub for generic medicines. Further, India is the only country with the largest number of US-FDA compliant pharma plants (more than 262, including Active Pharmaceutical Ingredients-APIs) outside the USA. As a result, there was an increase in the share of pharmaceuticals exports in India's total exports from 5.1% in April–October 2019 to 7.3% in April–October 2020, making it the third-largest exported commodity. The Indian pharma industry can produce quality drugs cheaply because of the R&D backup, cheap labour, availability of management and technical personnel, and local equipment's availability for manufacturing drugs. But the pandemic also exposed the excessive dependence of the Indian pharmaceutical industry on China for sourcing Active Pharmaceutical Ingredients (APIs) and Key Starting Materials (KSMs).

So, India exported vaccines, medicines, and medical supplies as grants and sales in the first wave. India sent Rapid Response Teams to Maldives, Kuwait, Mauritius and Comoros.India also supplied healthcare products to over 150 countries despite overwhelming logistical challenges. India launched 'Vaccine Maitri' or 'Vaccine Friendship' to send made-in-India vaccines to the rest of the world, starting with Bhutan. As of 4 July 2021, India had sent 66.36 million doses of vaccines to 95 countries, of which 10.7 million doses were sent as grants. South Asia has been the largest beneficiary, with Bangladesh being the single largest beneficiary, receiving 10.3 million doses.

India's leading pharmaceutical company, the Serum Institute, also promised 200 million doses to aWHO pool named COVAX for poorer countries, while China pledged 10 million.

At the Global Vaccines Summit on 4 June 2020, PM Modi pledged USD 15 million for theGavi (the vaccine alliance) 2021–2025 program.India's vaccine diplomacy was also meant to counter China's vaccine diplomacy, and the two were engaged in competitivevaccine diplomacy in countries such as Sri Lanka, where both have pledged vaccines But India's vaccine diplomacy faced a setback when South Africa

decided to sell vaccines made in India to other African countries after choosing not to use the vaccines as they had limited efficacy against the South African variant of the virus. India initially had an advantage over China because "the lack of transparency and efficacy data regarding China's vaccines has made many abroad wary".

However, it turns out that vaccines were being sent abroad even as India struggled to vaccinate its own citizens. In March, when the second wave hit India, restrictions were put on exports of vaccines and medicines. The second wave led to an official death count of over 389,000 deaths as of 22 June 2021.India's handling of the second wave dissipated much of the soft power which it had accumulated through its handling of the first wave and its vaccine diplomacy. The second wave exposed the limitations of India's health infrastructure (the result of years of inadequate allocation by successive governments), raising questions about the domestic capabilities of the 'aspiring great power'. India's restrictions on exports of vaccines and medicines meant that other countries faced shortfalls in their supplies, and India would be seen as an undependable supplier. German Chancellor Angela Merkel's statement that the European Union 'allowed' (quoted in India to become such a large pharmaceutical producer and her concern about what could happen if supplies do not reach theWest reflected the unhappiness of countries that had so far relied on Indian supplies. India's neighbours, such as Bhutan, which depended entirely on Indian vaccines, were left in the lurch and had to ask other countries, such as China, to fill the void. India's reputation as a free-wheeling democracy could also be affected by the government's order to remove content critical of its handling of the pandemic on social media and India's High Commission's angry response to an article in The Australian newspaper (X). The statement by the White House Spokesman Jen Psaki that this "certainly wouldn't be aligned with our view of freedom of speech around the world" said as much Indian diplomacy's focus shifted to getting more medicines, oxygen concentrators, and vaccines from abroad, with even Kenya sending food supplies to India.

Evacuation:

India's ability to evacuate its citizens stuck on foreign shores was also on display during the pandemic. India brought back Indians fromWuhan and the crew and passengers of a cruise ship off Japan that was affected by COVID-19 in February 2020. While the need to bring home Indians trapped abroad was not contemplated in the first weeks by the Centre, the Kerala Chief Minister took up the issue in early April itself, culminating in the 'Vande Bharat' mission, which started on 7 May 2020. Bringing Indians back from the Gulf countries was a priority, and the evacuation started in May through Navy vessels and later through the Vande Bharat flights. The mission brought back 7.16 million Indians, according to a tweet by the Civil Aviation Minister as of 31 March 2021, though the passengers themselves paid for tickets. The pandemic paid off initially for India as it used its pharmaceutical industry to provide medical supplies as well vaccines to many countries. However, the second wave forced it to stop such supplies due to domestic opposition, which exposed the glaring gap between India's domestic capabilities and its global ambitions.

Conclusions:

The research questions that this paper sought to answer were related to themes centred around the government's response to the pandemic, domestic contestations over the containment measures, consolidation of power by the Union Government and international status-seeking, the effect of the pandemic on India's foreign policy, and its vaccine diplomacy.

In India, the ruling party at the Centre used the pandemic as an occasion to reinforce the idea of centralization, topple opposition-led state governments, and build the organization in places such asWest Bengal, by weaning scores of leaders from the ruling party in that state. It formed new alliances in states such as Tamil Nadu. The pandemic led to a strengthening of the police and the bureaucracy, intrusions into press freedom, and arrest of rights activists and intellectuals ostensibly on the grounds of anti-national activities. Any criticism of the national government also came to be suspect and dubbed as anti-national. COVID-19 provided a safety valve to the Centre to wriggle out of the CAA agitation and

downplay the Kashmir situation. This period further strengthened the Prime Minister's hands, and he has now become synonymous with the party. Although the Prime Minister's handling of the crisis was lacklustre, the rhetoric he employed only enhanced his popularity. Even during the Bihar elections, the party could improve its tally significantly and emerge as the senior partner in the coalition government. In other words, the migrant crisis and other pitfalls did not impact decisively on the voters. Although the Union was late in coming to grips with the pandemic, it abrogated to itself powers, without taking the states into confidence. This led to panic among the migrants and the creation of a humanitarian situation, the amelioration of which fell squarely into the realm of responsibility of the states. In such a situation, the Union Government got into conflict with the states ruled by the opposition parties. A certain degree of premature triumphalism and complacency, on the part of the both the Union and several state governments and the relaxing of lockdown rules, led to a total collapse of the health system during the second wave in most states, particularly the North Indian states, exposing all the vulnerabilities and lack of preparedness of the health system. On the whole, the federal system in the country tilted more in the direction of the Union. Thus, the pandemic has been a mixed bag for India.

References:

• Acharya, Amitav. 2011. Can Asia lead? Power ambitions and global governance in the twenty-first century. International Affairs 87: 851–69. [CrossRef]

• Agrawal, Pankhuri. 2020. COVID-19 and Dwindling Indian Federalism. Economic and Political Weekly lV: 16–19.

• Ananthakrishnan, G. 2021. Changes in vaccine policy for COVID-19. The Hindu, June 13.Baru, Rama. 2021. Politics of Expert Advice: Constraining Debate in India's Management of COVID-19. The New School, India-China

• Institute.   March   16.   Available   online: https://www.indiachinainstitute.org/2021/03/16/politics-of-expert-advice-constrainingdebate-in-indias-management-of-covid-19/ (accessed on 22 March 2021) .

• BBCWorld News. 2021. March 27. Available online: https://www.bbc.com/news/world-asia-india-56345591 (accessed on 30March 2021).