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Research Article

COVID-19 Through the Lens of Risk and Bio Politics: A Peep into Indian Scenario

Bula Bhadra

Professor and Head, Department of Sociology, Sister Nivedita University, Kolkata & Prof. (Ret'd), Sociology, University of Calcutta
Email id: bhadrabula1990@gmail.com

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ABSTRACT

Corona virus pandemic is the biggest crisis that the world is facing today since post World War II. The main issue confronts us that how could progress virtually on all fronts of human endeavour also be accompanied by a society prone to more risk, more danger and more harm than ever before, that is, the paradoxical existence of both progress and risk. The episode of COVID-19 has shown how globalized modernity mediated through market relations and various social institutions are shaping the future-one dominated by the matrix of risk. The transition from the industrial to risk epoch of modernity occurs unintentionally in the course of a dynamics of modernization and reflects the happenstance of rather unintended consequences. In the global risk society (Beck 1996, 1999), no one any longer knows with certainty the extent of the risks we face through our collective technologies and innovations. For example, we don't know when COVID-19 will go away, whether it will at all go away forever, or it may reoccur, or if it reoccurs then what would be the timeframe, how much humanity as a whole will lose economically, socially and existentially and above all in terms of mortality as a nation or globally. The handling of this pandemic rather looks like a bio political dream, where governments, (in varying degrees) probably advised (?) by a group of physicians, impose pandemic dictatorship on entire populations. Getting rid of all democratic obstacles under the pretext of "health", even "survival", they are finally able to govern the population as they have, more or less openly, mostly done in modernity as pure "biomass", or as "bare life" to be exploited. The purpose of this article is to analytically explore and explain whether through this pandemic, biopower addresses the well-being of a population and is structured by decisions about "making live" and "letting die" (Foucault 1978), as most state responses to the SARS-CoV-19 virus have been justified in bio political

terms by a “re-biologization” (like young vs. old, less immunity vs. more immunity, issue of co morbidity etc.) of the population, and a perceived overarching imperative to keep as many people alive as possible. What we are experiencing is some of the most prominent means or familiar tools of state sovereignty (Foucault, 1977), that is orders and decrees forbidding certain activities, deploying in a broadly bio political sense, for making (rather than letting) live. The disciplinary character of some of these measures is likewise fairly clear, especially in the case of (total or partial) quarantine (Foucault, 1977). The paper focuses on the disavowal of official responsibility for decisions made is also underwritten by a hallmark of both disciplinary power and various forms of bio politics especially through “process of medicalization of politics’’ and a more recent “politicization of medicine”, invested with tasks of social control that do not belong to it. The paper empirically will highlight mostly the Indian scenario.

Keywords: Bio politics, Bio power, Disciplinary power, Pandemic, Risk society

INTRODUCTION

The 2011 sci-fi/ drama movie *Contagion* directed by Steven Soderbergh, is suddenly everywhere in the news. People across the world are renting it, trying to stream it online and binge-watching it... nine years after its release. ITunes has listed it the fourth-most rented movie now, after the US declared a state of emergency. It is also the second most-watched movie in Warner Bros.’ catalogue in 2020. But why? The events of the movie eerily, even prophetically, predict the outbreak of a deadly virus that causes a pandemic – and it is spread because a chef in Macao didn’t wash his hands after handling infected pork meat, and then shakes hands with Gwyneth Paltrow’s character! (Sunder, March 14, 2020).

A black screen! The sound of a harsh cough! We are already alert when, soon after, we see a bartender pick up a customer’s coin and then punch numbers into a cash register. Germs, we’re thinking. “Contagion” is a realistic, unsensational film about a global epidemic. It’s being marketed as a thriller, a frightening speculation about how a new airborne virus could enter the human species and spread relentlessly in very little time. (Roger Ebert September 07, 2011 https://www.rogerebert.com/reviews/contagion-2011).

Prologue

The present era of globalization is more appropriately viewed as a strengthening of trends that have occurred throughout history. Never before have so many people moved so quickly throughout the world, whether by choice or force. Never before has the

population density been higher, with everyday planned or unplanned spread of urbanization and quickly across political boundaries. And never before pathogens had such ample opportunity to hitch global rides on airplanes, people, and products. In our borderless world of globalization, with instant communication among different parts of the world in indifferent time zones, the time taken for some infectious diseases to spread across territorial space has become much quicker as a result of increased amount of frequency and speed of population mobility. In fact, "the speed, invisibility, and global reach of COVID-19 are unparalleled. We are more afraid of the danger we do not perceive directly, because it is colourless, odourless, invisible, but can strike us at any time. The speed of its spread creates a sense of inevitability" (Bozóki, July 13, 2020). The digital age, which was supposed to set us free, has brought this external tsunami and the dystopian nightmare of biological warfare knocking at our door and guns are no longer needed since drones will be good enough to spray humans. Taken together the factors like simultaneity, contagion, invisibility, globality, density, and incurability, non-compensability become the hallmark of COVID-19, which is the 'New Normal'. The future impact of this infection is uncertain because globalization is impacting on human societies and natural environment in ways hitherto not experienced. That is, the assessment of health risk associated with globalization must accommodate much unavoidable uncertainty. Coronavirus pandemic is the biggest crisis that the world is facing today since post World War II. The COVID-19 outbreak poses an unprecedented challenge for contemporary especially for democracies. Despite the global scale of the problem, the response has been mainly national, and global coordination has been so far extremely weak. All over the world governments are making use of exceptional powers to enforce lockdowns, often sacrificing civil liberties and profoundly altering the pre-existing power balance, which promotes fears of an authoritarian turn. Relief packages to attenuate the *economic consequences of the lockdowns are being deliberated upon, and there is little doubt that the forthcoming recession will have significant distributive consequences.*

Historically, pandemics, wars, and famines have led to the expansion of powers of the state at the expense of democratic rights and freedoms. These freedoms once lost, are not easily regained. And when it comes to downgrading democracy, the right to free speech tends to be the proverbial canary in the coal mine. Steven Soderbergh's film *Contagion* unfolds the scenario of a global flu that evolves into a pandemic. Soderbergh's film can be seen as a "thought experiment" where he traces how promptly the effects of such an epidemic impair the functionality of social institutions, how it leads to the lockdown of whole societies -in the film's case, the USA - and how the military is deployed against its own people to enforce curfews and the cordoning off whole cities like Chicago. He is also mapping the bio political agenda

applied in such a situation, its measures, rationale, and approach. In an extremely sober manner, Soderbergh shows how bio political measures are applied, and how society turns into a bio political regime close to Agamben's reading of the 'state of exception' (Agamben, 2004) or close to Foucault's bio politics (1978-79).

The paper focuses on how could progress virtually on all fronts of human endeavour also be accompanied by a society prone to more risk, more danger and more harm than ever before, that is, the paradoxical existence of both progress and risk. The article at the same time highlights on the disavowal of official responsibility for decisions made by a hallmark of both disciplinary power and various forms of bio politics especially through "process of medicalization of politics" (Narayan, 14 April, 2020) and a more recent "politicization of medicine" (Ujek, 30 July 2020), invested with tasks of social control that do not belong to it.

The paper empirically highlights mostly some selected aspects of the Indian scenario which provides an example of bio politics and implementation of disciplinary power for curtailing democratic space amidst the milieu of risk.

Section I: Explaining COVID-19 through Risk and Risk Society

Risk is defined by Ulrich Beck (1944-2015) (1992, p.21) as 'a systematic way of dealing with hazards and insecurities induced and introduced by modernisation itself'. Beck (2006, p.333) defined a risk society as 'an inescapable structural condition of advanced industrialisation'. Modernity was viewed as being brought about through changes and advances in technology and following from this the changes in society, power structures and peoples' perception of reality, or norms (Beck, 1992, p.50). Beck (1988, pp.120-121) distinguishes types of risk as: pre-industrial risks[1], industrial-age risks[2] and late modernity risks[3]. Beck (1992, p.19) posits that there has been a paradigm shift from modernity to the 'second modernity', no longer concerned with wealth and power but coping with risks. The wealth-distribution in a society of scarcity has changed to a risk society from the 'genuine material need' to the 'exponentially growing productive forces in the modernisation process' (Beck, 1992, p.19). Beck argued that man-made, yet unwanted side-effects of modernity challenge the very basis of its

[1]Pre-industrial risks were brought about by natural phenomena, extrinsic to society.

[2]Industrial risks were caused by social behaviour and human decisions. This kind of risk was spatially specific and society was responsible for them.

[3]Late modernity is a phrase coined by Beck in which he refers to the continuation of modernity. It dates from around the 1980s to the present day, a time of globalisation, consumerism and greater diversity. Beck discusses this period as a time when risks are inflicted on us from without. These risks are caused through reflexivity bringing about technological advancements which can have a worsening effect.

definition, producing growing societal uncertainties and thus leading to a new age where people must come to terms with the consequences of their actions. This ongoing process is called “reflexive modernization”. Reflexive does not mean “reflected” or “conscious” in this context: on the contrary, it refers to a “boomerang” effect, where mostly unplanned results of (production) processes in modern societies backfire on these societies and force them to change certainly not as a consciously planned chain of events. Consequently, society in the “second modernity” is no longer concerned with the distribution of power and wealth, but instead with the way it handles risks. Beck described in *The Risk Society*, problems like ecological risks are not distributed according to wealth, social milieus and strata but as they affect society as a whole. However, the ability to prevent risk is highly dependent on knowledge and information. The process of reflexive modernization challenges society and the individual alike. According to Beck, it changes the way we work, the concept of the nation state, as well as the economic basis of society. Overall, Beck sketches out second modernity as a non-linear, anti-determinist time with competing, sometimes seemingly paradoxical developments going on simultaneously (Wimmer and Quandt, Interview, 2007).

While technological innovation potentially helps overcome risk, in the short term, it only brings about new and larger risks in the long term, which detrimentally affects the biosphere of the planet (Beck, 1992, p.22). Development of new technologies within modernisation are surpassed by political management questioning the associated risks with governments and institutes overseeing and controlling and concealing hazards, while the public often unaware of the risks, yet being assured of security (Beck, 1992, p.20). Societies have always had risks such as the plague and famine but Beck (1992, p.27) sees contemporary, post-modern society as having non-calculable risks with potential spatial and temporal risk patterns that can elude perception. Ironically, while risk is a person’s perception of what is to come in the future, risks evade perception. Beck posits many contemporary risks are imperceptible and the hazards can go unnoticed to the victims, perhaps not taking effect during their lifetime (Beck, 1992, p.27). Imperceptible risks like nuclear and chemical contaminants, air and water pollutants, civilisation diseases and pollutants in food chains can threaten people without their direct perception and without them being hazardous to themselves but instead proving hazardous to subsequent generations. For instance, the Bhopal gas leakage in 1984, not only killed about 3,500 people but also affected second and third generation children with approximately 2,000 children diagnosed with congenital defects (Dixit, 2015). Risk assessment can therefore be said to be historically specific, in the sense that within particular historical periods social understandings of risk relate to circumstances specific to knowledge within a given cultural milieu. Beck draws attention to the global inequalities that interconnect through the boomerang effect -

the visible hazards and the imperceptible risks of health for instance. The boomerang effect, as Beck considers, eventually returns to strike the affluent states which had anticipated they could transfer their business overseas; side-effects of pesticides for tea and cocoa beans eventually returning.

The main issue confronts us now that how could progress virtually on all fronts of human endeavour also be accompanied by a society prone to more risk, more danger and more harm than ever before, that is, the enigmatic *paradoxical existence* demonstrates how progress is indubitably dominated by the *matrix of risk*. The transition from the industrial to risk epoch of modernity occurs unintentionally in the course of a dynamics of modernization and reflects the happenstance of rather unintended consequences. In the global risk society (Beck 1996, 1999), no one any longer knows with certainty the extent of the risks we face through our collective technologies and innovations. Ulrich Beck was one of the first Sociologists to recognize all these strange paradoxes. World risk society was premised on the fact that risk might in fact be increasing due to technology, science and industrialism rather than being abated by scientific and technological progress. Modern globalized societies are shaped by new kinds of risks, that their foundations are shaken by the global anticipation of global catastrophes. These global risks are the expression of a new form of global interdependence, which cannot be adequately addressed by way of national politics or by the available forms of international cooperation. Those global risks are characterized by three features: *De-localization, Incalculableness, and Non-compensability*. More obviously, COVID incident has tapped the cultural psyche of contemporary society and the elevated fears shared across national borders about risks as far ranging as degradations to the global ecology, global health pandemics such as AIDS and SARS, international terrorism, or the health consequences feared as a result of exposure to a myriad of technologies; GMOs (genetically modified organism), electromagnetic radiation, chemicals, industrial toxins and pollutants - to name but a few. Let me focus on the Genetically Modified Crops (GMC). GMCs in one country imported to another have circulatory effects impacting upon the victim as well as those who profited from the risk. In this way society has fundamentally shifted to a risk society made challenging by environmental hazards that affect traditional inequalities. The argument here is in a world risk society everybody is equally affected regardless of spatial location (Beck, 1992, p.36). The episode of COVID 19 has shown how globalized modernity mediated through market relations and various social institutions are shaping humanity's future especially, one dominated by the matrix of risk. In the global risk society, no one any longer knows with certainty the extent of the risks we face through our collective technologies and innovations.

The assessment of risks is difficult because the discussion is being held almost exclusively in scientific categories and those affected by risks are mostly at the mercy of the experts' judgments, mistakes, and controversies. Risks and their consequences are therefore particularly open to interpretation. This is evident in the current crisis of COVID-19. Questions such as the actual danger of the virus, the interpretation of the death rate or the question of why the number of deaths is so high in one place than the other, compared to the infection rate can only be answered by experts. The average citizen is dependent on them for his or her assessment. Moreover, misinformation about the extent, origin and various other aspects of the disease thrive and the regimes provide no reasonable response. Like we don't know when the pandemic of COVID -19 will go away, whether it will at all go away, or how many waves will be there i.e. when it may reoccur, what would be the duration of each wave, or how much humanity as a whole will lose, economically, socially and existentially in terms of numbers of mortality and the impact in terms of differences nation wise and region wise. *Precisely put, when the 'new normal' will disappear and the 'normal' will be back?*

Section II: Why a biopolitical lens is indispensable to examine the pandemic?

For a long time, one of the characteristic privileges of sovereign power was the right to decide life and death. In a formal sense, it derived no doubt from the ancient patria potestas that granted the father of the Roman family the right to "dispose" of the life of his children and his slaves; just as he had given them life, so he could take it away (Foucault, 1976, p. 131).

The first philosopher of history to die from complications resulting from the acquired immunodeficiency virus left us with some of the most effective tools for considering the political management of the epidemic - ideas that, in this atmosphere of rampant and contagious disinformation, are like cognitive protective equipment. The most important thing we learned from Foucault is that the living (therefore mortal) body is the central object of all politics. There are no politics that are not body politics. ... Foucault's entire oeuvre can be understood as a historical analysis of different techniques by which power manages the life and death of populations (Preciado, May-June, 2020, https://biopoliticalphilosophy.com/2020/05/04/the-biopolitics-of-covid-19/ accessed on July 16, 2020).

For Foucault (1924-84), the body is not first a given biological organism on which power then acts because there are no politics that are not body politics. After publishing *Discipline and Punish* (1975) and *History of Sexuality, Vol. 1* (1976) Foucault used the notion of "biopolitics" to speak of the relationship that power establishes with the social body in modernity. He explains the transition from what he describes a sovereign

society, in which sovereignty is understood in terms of commanding the ritualization of death, to a “disciplinary society”, which supervises and exploits the life of populations as a function of national interest. For Foucault, the techniques of biopolitical government multiply as a network of power that goes beyond the juridical spheres to become a horizontal, all-pervasive force, traversing the whole territory of lived experience and penetrating each individual body (Ibid.). Seen through a Foucauldian lens, the current situation is clearly one example of a constellation in which elements of sovereignty, discipline, biopower and biopolitics, and governmentality are combined in uneven as well as geographically situated and rapidly shifting ways. One can begin with the basic rationality of biopower, and with Foucault’s “triangle” of sovereignty, discipline and governmentality that he introduced in his famous 1978 lecture (Foucault, 2007). If *biopower*[4] addresses the well-being of a population and is structured by decisions about “making live” and “letting die” (Foucault, 1978), most state responses to the SARS-CoV-2 virus have been justified in biopolitical terms by a “re-biologization” (like young vs. old, less immunity vs. more immunity, issue of comorbidity etc.) of the population, and a perceived overarching imperative to keep as many people alive as possible. Some of the most prominent means used to pursue this general end have been the familiar tools of state *sovereignty* (Foucault, 1977): orders and decrees forbidding certain activities, requiring others, and the passing (or suspending) of laws in order to ensure that these measures are legally and constitutionally legitimate or adequately funded. Police, national guards and in some cases even the military (and paramilitary units) have been called upon to enforce restrictions.[5] These sovereign tools are being deployed in a broadly biopolitical sense, that is, for *making* (rather than *letting*) live. In fact, until the Covid-19 pandemic, it had become commonplace to assert that state power is somewhat waning, and that the regulatory capacity of most states is in decline. The state seemed to be increasingly withdrawn from everyday life, effectively, hollowed out. State borders had started to seem increasingly porous as well, despite the efforts of some world leaders to counter the trend. In this context, one could have had justified doubts whether the state was still capable of engaging in the kind

[4]The terms “biopower” and “biopolitics” are not always used in strictly distinct ways (Rabinow and Rose 2006), but it is helpful to think of “biopower” as referring to this basic underlying rationality of cultivating the life of the population, and of “biopolitics” as a term for the diverse range of different specific measures and techniques that have been drawn upon in many different settings to pursue this larger project.

[5]Regarding the mobilization of the military see for instance https://www.fr.de/politik/coronavirus-sars-cov-2-daenemark-notfalls-militaer-13598503.html for Denmark and https://www.tagesschau.de/inland/coronavirus-bundeswehr-101.html and https://www.german-foreign-policy.com/news/detail/8231/ for Germany. Poland is among the states that have reportedly called upon paramilitary units https://www.moz.de/artikel-ansicht/dg/0/1/1793047/

of biopolitical ordering suggested by Foucault. *This all changed once the coronavirus struck.* In actuality, it has hit at a time when democracy was already under threat in many places, and it risks exacerbating democratic backsliding and authoritarian consolidation. Suddenly, state borders became a very hard and material reality once again, both literally (borders being closed for travel) and metaphorically (different regulations and strategies of Covid-19 containment manifesting themselves on either side of the border). The administrative orders clearly looked like a biopolitical dream: governments apparently advised by physicians, impose pandemic dictatorship on entire populations. Getting rid of all democratic obstacles under the pretext of "health," even "survival," they are finally able to govern the population as they have, more or less openly, always done in modernity: as pure "biomass," as "bare life" to be exploited (Sarasin, 2020). For Foucault, as its specific trait, '[b]iopolitics derives its knowledge from, and defines its power's field of interventions in terms of birth rate, various biological disabilities, and the effects of the environment', approaching 'the population as a political problem, as a problem that is at once scientific and political, as a biological problem and as power's problem' (Foucault, 1997, p. 245). With the advent of biopolitics, 'life has become increasingly dominated, controlled, and subjugated by the biological sciences', thereby undermining the political as '[t]he people (demos) becomes a biological population that must be managed, regulated, and controlled' (Bird and Lynch 2019, pp. 302). Indeed, from disease control to pesticides, the aim is to manage biological life in all its forms (Bird and Lynch, 2019, pp. 309), presumably on towards 'better extraction of the living forces', necessary for productive economic activity. Quite predictably, the halting of economic activity had been perhaps the most controversial aspect of lockdown policies, with a significant number of the people being withdrawn from their commonplace economic use. And the hopes to end such withdrawal have been characteristically associated with technological solutions, ranging from biotechnology (development of a vaccine) to digital technology (e.g. contact tracing apps). Science and technology must come to a powerful assembly in order to establish what is considered to be the 'normal' biological condition, and politics must subsequently jump in to mandate the observance of the norm, rendering biopolitics as 'the attempt [...] to rationalize the problems posed to governmental practice by phenomena characteristic of a set of living beings forming a population: heath, hygiene, birth rate, life expectancy, race' (Foucault, 2004, p. 317).

According to Foucault, The *disciplinary* character of some of these measures is likewise fairly clear, especially in the case of (total or partial) quarantine (1977). Disciplinary power functions at its core on the basis of awareness of one's own visibility to authorities. Many states have not imposed the kind of total lockdown that would take the form of a strict stay-at-home curfew with no exceptions. However, even the

partial restrictions already implied heightened surveillance and put in place the foreground-background structure at the heart of disciplinary power: dramatic reductions in public activity produce a background against which those who are still present in public stand out more clearly and can be required to justify their presence. The ability to control one's bodily movements and orientation in space, and the disposition to obey requests from authority figures to do so, are preconditions for the performance of "physical distancing", and are only acquired through long conditioning in schools and other disciplinary institutions (Foucault, 1977). Biopolitics, thus, operates through 'exclusion, normalization, disciplining, therapeutics, and optimization' (Lemke 2011: 15). Whilst aiming to become immune to threats to its own biopolitical flourishing, posed by the globalised world, the state 'faces increasing levels of risk from globalization and the transmission of harmful viruses, bacteria and infectious diseases across international border that are difficult to detect and police' (Peters and Besley, 2020, p. 9). This, in turn, necessitates vigorous surveillance and population control capacities. However, the state must be admitted to have a restricted mastery of such capacities and, as a result, has to periodically resort to private surveillance capacities. Hence, it makes sense to relate the biopolitical concerns of the state to the broad techno-social framework that we are faced with in these hey days of COVID-19. Most countries have restricted public gatherings and citizens' freedom of movement, and more than fifty countries have declared states of emergency. "Some governments are using the crisis to grant themselves more expansive powers than warranted by the health crisis, and using their expanded authority to crack down on opposition and tighten their grip on power" (Brown *et al.,* 6 April, 2020).

A further indicative sign that the logic of discipline informs some anti-coronavirus measures is the rhetoric some politicians and commentators have used (for example in India), and elsewhere to the effect that whether quarantine measures are tightened will depend on how well the public obeys the measures already in place. The notion, sometimes formulated explicitly, that "We are keeping an eye on you!" is a classic example of seeking to transfer all responsibility for punishments or restrictions onto those under surveillance. This denial of official responsibility for decisions made is also underwritten by a hallmark of both disciplinary power and various forms of bio politics: the rule of experts, which in the context of Covid-19 largely means epidemiologists and virologists. These experts have frequently been invoked as unquestioned authorities whose advice the government is "merely following" despite the fact that the experts themselves have routinely emphasized the limits of their own knowledge, and as the pandemic has unfolded it has increasingly become "clear that the expertise does not exist" (Ecks, 2020). Many experts in the current crisis thus cite the limits of their own knowledge as a reason not for refraining from action but,

on the contrary, for quarantine and the closing of borders. In the face of uncertainty and conflicting projections from experts, however, it is difficult to know where the precautionary principle becomes a "trans-precautionary" actions motivated by an urge to "do something". In this vein, some state leaders may decide to impose ever-stricter measures not only because the experts say they should, but also because of an emerging dynamic of international comparison. Most national publics are aware not only of what their own governments are doing but also of what governments elsewhere are doing. This has tended to heighten pressure upon decision-makers not to be seen as lagging behind or taking the threat less seriously than it is being taken elsewhere. During COVID-19, a bio political imperative for the protection of human life is being reasserted, through unusually interventionist means of discipline and sovereign power (partial quarantines and emergency decrees), resulting in a partial (and tension-ridden) curtailment of socio-economic freedoms enjoyed by 21st century neoliberal subjects, and in a fairly comprehensive suspension of democratic involvement in political decision-making. So, concurring with Foucault it can be said that "Pandemic may end up hardening repression in already closed political systems, accelerating democratic backsliding in flawed democracies, and further bolstering executive power in democratic countries" (Brown *et al.,* 6 April, 2020).

Section III: A Peep in to Indian Scenario[6]

Nobel Prize winning economist Joseph Stiglitz called India the "poster child of what not to do" during a session with Indian business leaders and economists. He said the country had not done well in handling the COVID-19 pandemic. Stiglitz criticised how India implemented the lockdown, saying the ensuing migrant crisis exacerbated the pandemic in the country. "It (India) picked up one idea that is important. Did not think about what it means in a poor country. How are people going to live, large number of people moving across the country? One could not have imagined anything worse for spreading the disease," he said (July 10, 2020).

Lockdown was declared in India without any preparation on the part of the economic or health infrastructure. In fact, it was announced on television Tuesday (24 march, 2020) night, with four hours' notice by India's prime minister that no one could leave home for 21 days - the most severe step taken anywhere in the world against the coronavirus. The breadth and depth of such a challenge for 1.3 billion people is staggering in a country where hundreds of millions of citizens are destitute and countless

[6]The analysis on India is incomplete as it excludes impact on many aspects of life during COVID Pandemic (e.g. Education, Economy, Mental health and Violence especially against women and children to mention a few) as it is not possible to focus on manifold aspects in one article.

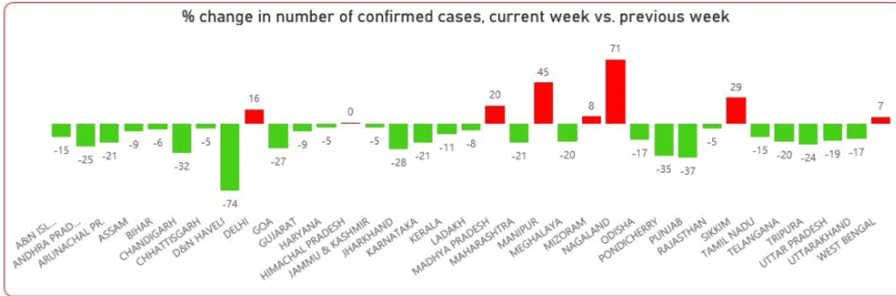
millions live in packed urban areas with poor sanitation and weak public health care. What was the health response given in the generally poor state of India's infrastructure for delivering health care? Different states have responded with varying levels of effectiveness, reflecting not just their resource levels but also their institutional capacities. The crisis has highlighted the importance of state and municipal administration in the delivery of public services, something that the national government consistently fails to acknowledge in its design of policies in this sphere. The country's first national survey brought out disconcerting results stating that India's Covid-19 cases are grossly under-reported due to selective testing in early stages. The results published in the Indian Journal of Medical Research showed that the range of undetected cases could be from 80-130 persons. 'The ICMR conducted a seroprevalence (the level of a pathogen in a population, as measured in blood serum) survey from May to June to check the level of a pathogen in the population. The survey showed that 40 percent of the Indian population is already exposed to the disease. As of September 14, the Worldometer records over 48 lakh coronavirus cases in India. Even with ICMR's lowest estimate, this means that the actual number of Covid-19 cases in the country could be many times the aforementioned figure. These missing cases include asymptomatic, mild or severe cases as well as deaths unknowingly caused by coronavirus. According to ICMR, this discrepancy is due to selective testing of only those people who had symptoms of severe and acute respiratory infection and presence of large variation in the testing methodology used by states (*DECCAN CHRONICLE* Sep 12, 2020). India's health infrastructure is run down at the best of times, with understaffed public hospitals, chronic shortages of hospital beds, low intensive-care capacity and poorly trained staff. India has 1.7 nurses per 1,000 people, 43% less than the World Health Organization recommends, and a dearth of doctors as well (Saxena, *The Economic times* report, Sept 11, 2020). The pandemic has certainly exposed the vulnerability of under-resourced health systems around the country. At the time of the outbreak of pandemic, understaffed and overcrowded hospitals had patients sleeping on the floor until beds were freed up and multiple patients being serviced by a single oxygen station. Limited transport during and after the lockdown also restricted people's access to primary health care centres and pharmacies, resulting in interrupted treatment and delayed diagnosis. The majority of healthcare providers in India – both public and private – do not have a robust antiseptic culture of wearing masks, gloves and sterile gowns, or even basic handwashing before and after touching ill patients or surface cleaning techniques. Very few private sector facilities monitor hospital-acquired infection rates. Very few understand the need to notify concerned authorities about communicable diseases, thereby shirking their fundamental responsibility to the public. So the outcome of a draconian lockdown overnight did

not produce any desired result in spite of the official claim in the myriad risk dominated space of India. Thus, India has witnessed continuing growth in the number of new infections, albeit at a moderate doubling time, despite the national lockdown. The current growth rate, coinciding with a graded exit from lockdown, means that the country is preparing itself for a new normal. "As we enter the new normal of living with Covid-19, until there are vaccines or drugs for Covid-19, people have to continue with non-pharmaceutical interventions (NPI), such as face masks, hand hygiene, physical distancing, and isolation. Hence, clinics and hospitals have to make necessary modifications in their facilities to screen and triage people as they enter, provide segregation facilities for suspected or proven Covid patients and others, provide adequate personal protection equipment (PPE) to healthcare workers as per scientific guidelines, train the staff in the new methods of managing patients, and assign at risk staff to non-frontline functions" (*The Private Sector Response in India*, May 13, 2020). While people, even those who can't afford private healthcare, have lost trust in public healthcare facilities, there is a growing disillusionment among people with private healthcare as well. Sensational media reports on hospital bills for dengue cases, suspicion of doctors' recommendations, high cost tests and procedures, fast rising bills that even the middle class is finding unaffordable have dented the public trust in private healthcare. There is a risk of that mistrust deepening further during times of Covid as they are either denied care or charged exorbitant prices for care. The world's strictest lockdown crippled both routine and critical health services. More than a million children have missed crucial immunizations and hospital births have shown a sharp decline, indicating many women may have gone through unsafe childbirth at home. Outpatient critical care for cancer plunged 80% from February levels, the latest government data show (Saxena, *The Economic Times* report, Sept 11, 2020). In fact, India's nationwide "lockdown" from March 25, 2020 till May 30, 2020 has been one of the most stringent; and yet Covid-19 cases have increased exponentially through this phase, from 606 cases on March 25 to 1,38,845 on May 24, the experts said. As of May 31, the death toll due to COVID-19 has risen to over 5,000 and there are 1,73,763 in the country (*The Wire*, 31 May, 2020). The result was abridgment of citizens' fundamental rights, heightened control over free expression and the media, under the guise of fighting "misinformation" about the virus, and an acceleration of governments' use of new surveillance technologies in Graph 1.

It is well known among historians of epidemics that the management of crises produced by epidemics have led to vast extensions of state power - for instance, plague regulations equipped states with draconian laws, and administrative techniques that still surface when new epidemics arise. It is by now well-known that it is extremely hard to say what the infection rate of Sars-CoV-2 is, and even more difficult to

INDIA SITUATION

As of 19 October 2020, Ministry of Health and Family Welfare, GoI has confirmed **7,597,063** COVID-19 cases and **115,197** deaths. Maharashtra state reported highest cases (>1.5 million) followed by Andhra Pradesh (779,146) and Karnataka (758,574). Maharashtra, Andhra Pradesh, Karnataka, Tamil Nadu and Uttar Pradesh contribute about 60% of total cases in India.



Source: Calculated by WHO Country Office based on MoHFW data available on https://www.mohfw.gov.in/

Graph 1: India Situation

ascertain infection fatality rate. Confirmed cases of Covid-19 have been measured by rates of positive finding among people who have been tested for infection. Data are missing for those who have not been tested. The profile of the disease is highly variable, and we know that a very small fraction of the total population of a city, or a nation, has been tested. This is exactly what Beck told about the global risks characterized by these three features: *De-localization, Incalculableness,* and *Non-compensability*. No discourse took birth in these last seven months regarding compensation due to COVID-19 as it is impossible to calculate the loss due to COVID-19 in any precise terms. It is not difficult to understand why lockdown was declared in India only giving four hours time suddenly without any preparation on the part of the economic or health infrastructure. For the government, the lockdown has proved one of the most profitable modes of controlling recalcitrant populations, and gagging protests against CAA, NRC agitations (notably JNU and Shaheen Bagh). Into the political vacuum stepped the coercive arm of the Indian state: the police, the National Intelligence Agency, and the Central Bureau of Investigation among others. It is also surprising that the authorities had no clue that keeping physical distance might be a matter of compliance for those in their comfortable apartments with enough food to go around but that the poor cannot live like this and years and years of neglect of urban slums, indifference to improvement of health infrastructure and a government focused entirely on CAA and NRC and on creating social violence to intensify their own support have not left any place for the poor to find the means to keep social distance. The following actual images are classic examples of bio power and bio politics in Figure 1 to 7.

Figure 1: HARD KNOCKS: Policemen use lathis to disperse a crowd of migrant labourers gathered outside a Mumbai railway station hoping to get a seat on one of the special service trains. INDRANIL MUKHERJEE/ Getty Images

Figure 2: The migrants were sprayed with chemicals (31 March, 2020, https://www.bbc.com/news/world-asia-india-52093220)

What could have the priorities for the Central Government during the first phase of lockdown during Pandemic? By using the time it had to slow the pandemic by doing cluster testing, concentrating on building up supply chains for medical equipment, using the excess capacities of the PHCs and the existing providers in rural and urban markets to do massive testing, isolating and treating those who tested positive and quarantining their contacts by giving governmental support, should have been prioritised. No one

can be sure that they have the right answers but one needs a vast amount of ineptitude to create the conditions in which we landed. To those within the government who still have a modicum of care - should redirect the massive structure of surveillance which has been built to the tasks of providing services to the poor right away and do not leave it to the local philanthropists to do what they cannot possibly do.

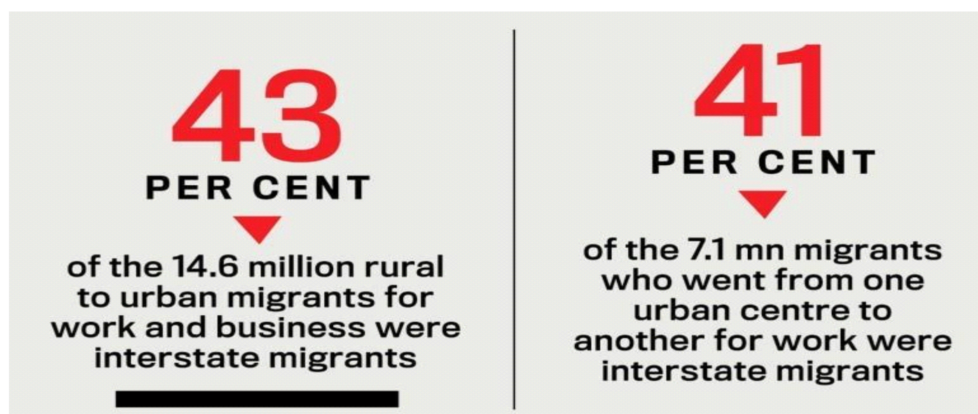
A group of leading medical experts have said in a report to the prime minister that the current situation in India with regard to COVID-19 cases could have been avoided had migrant workers been allowed to go home before a lockdown was imposed. In a statement, the Indian Public Health Association (IPHA), Indian Association of Preventive and Social Medicine (IAPSM) and Indian Association of Epidemiologists (IAE) Joint COVID-19 Task Force says: "The returning migrants are now taking the infection to each and every corner of the country, mostly to rural and peri-urban areas, in districts which had minimal cases and have relatively weak public health systems (including clinical care)" (*The Wire*, 31 May, 2020).

Interestingly, in late January 2020, the WHO declared COVID-19 as a Public Health Emergency of International Concern as cases were reported in countries neighbouring China. This prompted no reaction from the Indian State. Even as the virus commenced its westward march with cases emerging in Europe and the US, the Indian State remained nonchalant. Alongside celebrations arranged for the visit of the United States President Trump in February, the Indian State was occupied with crackdowns on protests against the discriminatory Citizenship Amendment Act (CAA), National Registry of Citizens (NRC) and the National Population Register (NPR). In the days that followed, besides some half-hearted attempts to screen at International Airports and self-quarantine measures whose laxity, ease of circumvention and blatant violation saw wide coverage in the press, little was done regarding COVID-19. In fact, when the World Health Organisation (WHO) declared the COVID-19 virus a pandemic on 11 March 2020, the Indian State remained notably unfazed with the Ministry of Health and Family Welfare declaring two days later that the country was *not* in the midst of a national health emergency.

After the March 24, 2020 announcement, migrant workers everywhere began their long march home. Next, those the police could not beat back into their urban ghettos were intercepted at state borders. They sprayed people with disinfectant. Many went into 'relief camps', a relief for whom it is hard to say. The Mumbai-Nashik highway seemed busier under lockdown than in normal times. "It took a pandemic and a subsequent lockdown to thrust them into the national consciousness and shake our collective conscience. As national television played out images of desperate migrants on a loop, an exhausted child asleep on his mother's suitcase as she drags it along, a

young man cradling his friend who died of exhaustion as they set out from Surat to their home in Uttar Pradesh, and a 15-year-old girl cycling her disabled father 1,200 km back home unfolded, India came face to face with a tragedy of an unimaginable scale" (Deka, June 8, 2020). The sudden announcement of lockdown left daily wage-earning migrants no time to prepare for days without work. It is not at all possible to believe or accept that the government had no data about numbers of migrant workers. According to the Economic Survey of India, 2017, nine million people move between states every year. That's almost double the inter-state migration recorded in 2001-2011 and captured by Census 2011. The survey clearly pronounced that "Portability of food security benefits, healthcare, and a basic social security framework for the migrant are crucial – potentially through an interstate self registration process", (Kapoor, 1 February, 2017). In fact, their vulnerability was discussed threadbare in the Survey as well as in the report of the working group on migration by the Union ministry of housing and urban poverty alleviation the same year, but little heed was paid to their recommendations. As the central government kept extending the lockdown, migrant workers, mainly daily wagers, became desperate to return home. With jobs and income drying up and no social security net to help them tide over the crisis, they no longer had money to buy food or pay rent. Living in cities became untenable. The extension of lockdown increased the perils of migrants all around caught most of the government Officials off-guard. The uncertainty over the length of the lockdown further exacerbated insecurities.

In this entire tragedy the average age of the majority of the migrants were between 18 to 35 or so. Most of them have migrated all the way from their home state means these people must be school drop outs from 4th standard to 12th standard. With our



Graph 2: The number of interstate migrants from rural and urban areas
Source: Deka K, 2020. The migrant mess, https://www.indiatoday.in/magazine/cover-story/story/20200608-the-migrant-mess-1683244-2020-05-30

Figure 3: Interminable wait: Migrants gather at Wadala, Mumbai, to board buses that can take them to the railway station where they can catch a train to UP. Photo: Mandar Deodhar

education system these poor people have not been able to acquire either much knowledge or any specific skills for any better paying jobs. Here goes the "*Demographic Dividend*" about which we have been boasting for quite some time now. With total number of migrant workers in the region of 35 crores plus, a generation of young Indians is lost to fend for themselves and their families, a semi-permanent marginal existence without much hope of coming out of the rut and for no fault of theirs (Kulkarni, 31 May, 2020). In a way, the COVID crisis has exposed the systemic indifference of governments, central and state, toward migrants. Come elections, emotional political narratives will be built around them, but migrants have rarely been the driving force of any government policy. "Migrants have almost no political voice as they are not allowed to vote at their destination and typically miss out on elections back at home. They are not stakeholders in making decisions that affect them,"(quoted in Deka, (2020), op.cit. The millions of migrants help drive the engine of the Indian economy, yet when an extraordinary situation warranted extraordinary measures, the government demonstrated little regard for the impact on their lives and livelihoods. *The pandemic has opened our eyes to the plight of this invisible population.* Both the central and state governments need to create a roadmap to make cities more welcoming for migrants by providing affordable transport and housing, extending social security cover and pushing employers to comply with labour laws.

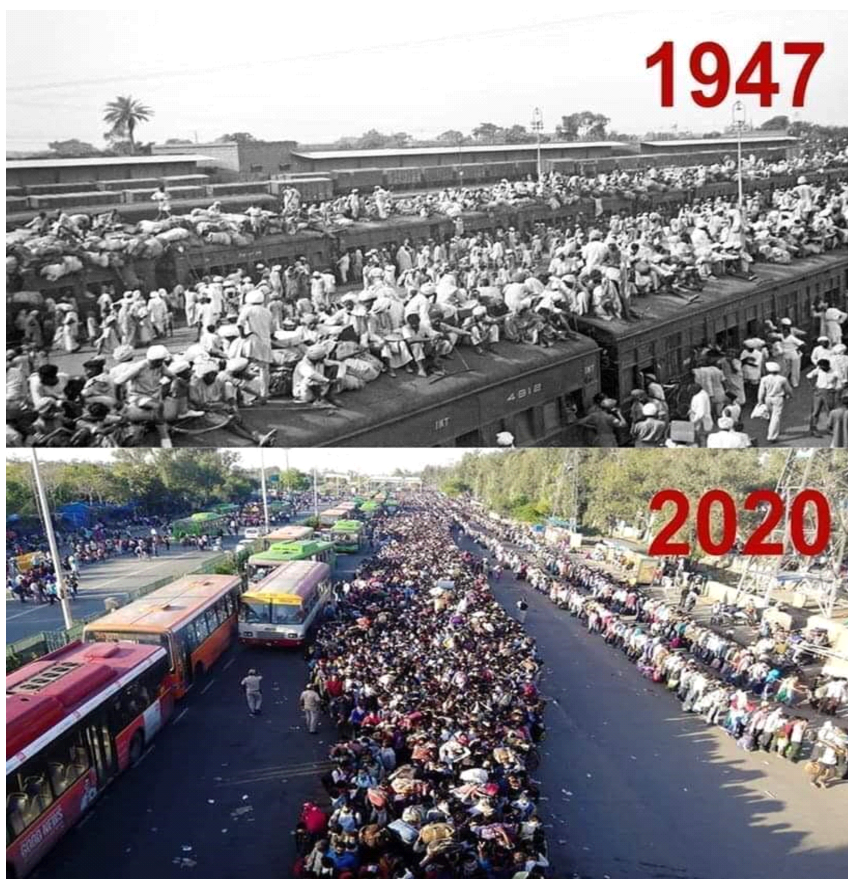


Figure 4: Has anything changed for the poor and marginalized in Independent India in last 74 years?

> *Their plight is a real national shame which bio power and bio politics of contemporary Indian state and Risk society of India decided to pay no heed by declaring that "there is no data on migrant deaths so the "question does not arise" of compensation"*

(Union labour minister, 14 September, 2020). One picture is more than a thousand words. These pictures testify the worst of independent India and comparable with the dreadful memories of partition of the country.

Section IV: Epilogue

Geography and identity will be the same but politics all over the world may change forever because of the novel coronavirus pandemic. What we are observing is the

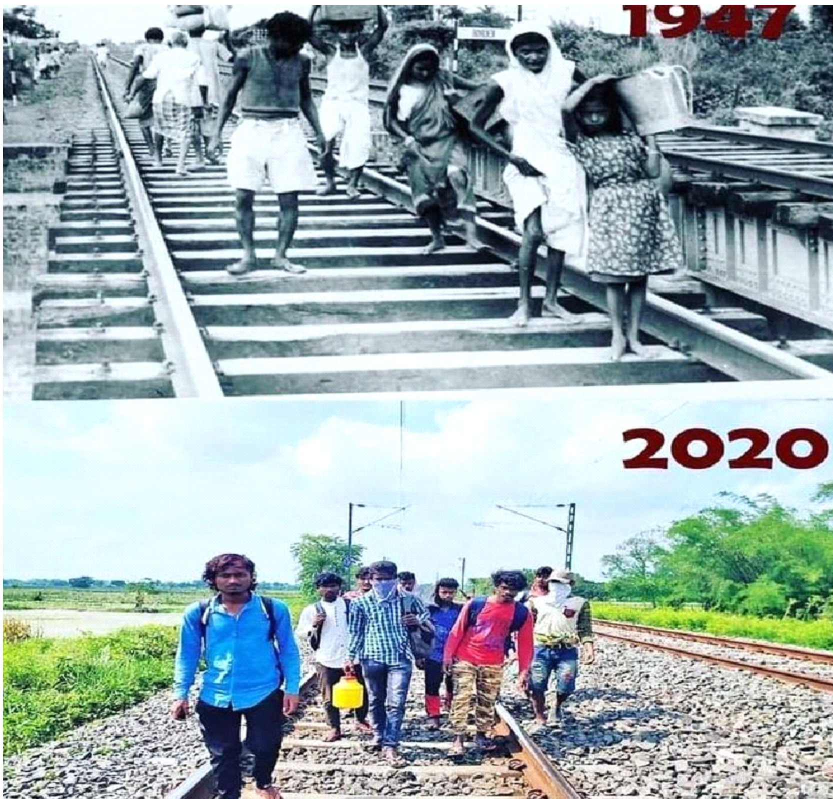


Figure 5: Those who cannot afford walked in partition of 1947 and are still walking in 2020

medicalisation of politics and politicisation of medicine emerging all over the globe and deforming our classical politics. For instance, demand, pressure, negotiation, and threat politics is going on around hydroxychloroquine, seen as a possible coronavirus medicine.... The attainment of the drug has formed the nucleus of international relations amid the pandemic and has also emerged as an opportunity for leaders to gain popularity in their own countries. Hydroxychloroquine is the political capital at this moment in all many parts of the world. Medicalisation of Indian politics too appears inevitable. We are rating our leaders based on their performance in controlling this pandemic: their efforts to save the people, their attempts to enhance and reshape medical facilities and develop quarantine centres in their states (Narayan, 14 April, 2020).

Coronavirus may change our image of heroes and icons in our society and politics as instead of retired military personnel patriotic leaders or film heroes/heroines, we find doctors, nurses, pharmacists, food providers emerge as heroes and icons at least in the first phase. But as days pass by the ordinary people fill the stronghold of never dying Coronavirus, the limits of Clinical, epidemiological and laboratory knowledge

for control of the novel coronavirus become crystal clear. It indicates that humankind will have to "live with the virus" and operational strategies rapidly need to recalibrate from containment to mitigation.

Since the truth is, nobody can predict with accuracy and the emerging evidence unequivocally indicates that Covid-19 worsened the health inequities, and public health measures need to make that concern central. There is no doubt that the condition of extreme uncertainty produced by the coronavirus in terms of a trade-off between saving lives and saving jobs.

One pertinent question is what would an honest portrayal of partial knowledge entail for governing under crisis, especially for democratic societies?

The assumption is that it is more feasible to impose stay-at-place orders for all rather than think of containment in terms of risk assessment taking into account the fact that there have been unexplained differences in the infection rates, the infection fatality ratios, and the proportion of people in a population who are infected but asymptomatic. Further, no attempts were made in these models to assess the feasibility of people living in slums in crowded conditions to observe physical distance or to predict how total lockdown orders would mean that certain categories of the poor such as migrant labour would try to return to their villages in large numbers. The principal beneficiaries of the lockdown-shutdown appear to be middle- and upper-class Indians who have the resources to shelter in private homes. Given the uncertain trajectories of this pandemic and the complexity of the social realities we should realise that people are not easily panicked by acknowledgements of uncertainty in scientific knowledge but they are crushed by the uncertainty generated by the kind of government orders that leave no room for them to sustain their already fragile arrangements for provisioning and social support. It has been said that the spread of COVID-19 is socio-economically non-discriminatory and capable of affecting both the rich and the poor. But, tragically, the virus was brought to the Indian shores by persons returning from Europe and the Far-East, neither being regions of off-shore migration for the Indian working masses. The vector, at least from the Indian perspective, comes from among the affluent and globally mobile who also constituted the largest section of the infected during the initial stages of the pandemic. The class nature of the infected has shaped the response in India. Additionally, in Indian towns and cities, workers, be they migrant or permanent residents, live in cramped, congested and unventilated dwellings which often lack sanitation facilities or running water. This negates any possibility of physical distancing or preventive measures like regular hand washing. Confinements in such dwellings for long durations are bound to have disastrous physical and mental health implications.

Figure 6: Final destination: Migrant workers arrive in Lucknow on a special train from Nashik, Maharashtra. Photo: Maneesh Agnihotri
Source: Deka K, 2020. The migrant mess**,** https://www.indiatoday.in/magazine/cover-story/story/20200608-the-migrant-mess-1683244-2020-05-30

Figure 7: Blue-collar blueprint: perennial crisis of migrants
Source: Deka K, 2020. The migrant mess, https://www.indiatoday.in/magazine/cover-story/story/20200608-the-migrant-mess-1683244-2020-05-30

As Krithika Srinvasan from Department of Human Geography of University of Edinburgh reminds,

> *“a ‘non-discriminatory’ virus is very quickly evolving into a disease of the poor because of the response of lockdown and social distancing. Lockdown flattens the curve, but in the process skews the curve in terms of who is affected…… So, when the lockdown is finally lifted, COVID-19 will become firmly established as a disease of the poor, like so many other infectious diseases already are. This is how a pathogen becomes political. This is how health inequalities are created” (18 April, 2020)*.

And so, there is more than meets the eye when we hear the slogan “there is no alternative”. It is clear that alternatives are lacking only for the hegemonic block, who justifies their interests **as the only alternative available to the world at large.**

Finally, with the help of lockdown, “most countries have restricted public gatherings and citizens’ freedom of movement, and more than fifty countries have declared states of emergency”, and accelerated “governments’ use of new surveillance technologies’ along with restrictions on “public gatherings as a pretext to crack down on the wave of anti-government protests” (Brown *et al.,* 6 April 2020*) making the nightmare of biopolitical dream a reality*. For example, *Aarogya Setu* has become one of the most downloaded apps since its launch within two weeks. Though it is voluntary to use but “MIT also claims that India is the only democratic nation in the world that has made it mandatory for the citizens to use the app” (*The Firstpost*, 11 May, 2020) but curiously enough, “The National Informatics Centre, which designs government websites, has said that it has no information about who has created the Aarogya Setu app and how it has been created and the Commission directs the CPIO, NIC to explain this matter in writing as to how the website https://aarogyasetu.gov.in/ was created with the domain name gov.in, if they do not have any information about it” (*Hindustan Times*, 29 October, 2020).

> *Thus, what is needed is on the one hand, open and transparent data sharing with scientists, public health professionals and indeed the public at large, conspicuous by its absence till date, should be ensured at the earliest. This will strengthen pandemic control measures, build bottom-up consensus and build an ecosystem of engagement and trust. On the other, as pandemic may end up consolidating repression in already closed political systems, facilitating democratic backsliding in flawed democracies, and further strengthening executive power in democratic countries, a vigilant, alert electorate to thwart risks for political abuses in the name of security particularly if they are authorized and implemented without transparency or oversight so that we don’t have to go through these exposé anymore.*

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