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INDIA

The Good, the Bad, and the Deadly Consequences of India's Pandemic Response

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As of August 2021, India, the world's largest democracy, had recorded over 32 million COVID-19 cases – a number surpassed only by the US. India and the US have shared more than a passing similarity through the pandemic. Both had right-wing populist leaders at their helm as they entered pandemic. At various points, these leaders underestimated the virus, and put electoral politics and political appeasement ahead of the strategic and forceful deployment of state capacity to combat the virus. Their parties also minimized the seriousness of the virus, deflecting blame on their political “enemies,” and willfully encouraged the spread of misinformation and “fake news” about the pandemic.

In this chapter, we describe India's pandemic response and provide a close reading of it through the lens of populism. We first explain why the current Bharatiya Janata Party (BJP) government under Prime Minister Narendra Modi should be viewed as a right-wing populist party. We then describe the response of the government and its performance during the crisis in the first and second waves. Each of these waves typifies in our view the way right-wing populists respond to crises – using them to build their image as strongmen, minimizing the influence of experts, prioritizing the needs of their political bases and weaponizing the crises to attack their ideological and political enemies. Finally, we ask whether other forms of populism prevalent in India at the subnational level differed in terms of pandemic responsiveness.

Populism in India

For most of the 20th century, the BJP (and its predecessor, the Bharatiya Jana Sangh) was a peripheral player in Indian politics. It rose to national prominence in the 1990s by making an explicit appeal to upper-caste Hindu voters and by

stoking Hindu-Muslim communal tensions. The party briefly held national office between 1999 and 2004, but then fell out of favor for a decade.

The BJP made a remarkable comeback during the 2014 General Elections by emphasizing Prime Minister Narendra Modi's life story as an experienced Chief Minister of the state of Gujarat, an incorruptible volunteer (or a "pracharak") of the Rashtriya Swayamsevak Sangh, an organization that promotes *Hindutva* ideology, and as a backward-caste outsider who tirelessly worked his way up from a lowly party functionary to national prominence. The BJP was reelected to power in the 2019 General Elections with a resounding victory and currently holds a majority of seats in the lower house of the Indian Parliament, in addition to forming the government in several states at the subnational level.

After almost six decades of the Congress party's dominance in India, the political landscape has now decisively shifted to favor the BJP. The party draws support from three "elite" groups: the upper castes who are typically educated and urban (Suryanarayan 2019); small business owners and corporate houses who have strong links to party financing; and Hindu fundamentalists, who support an anti-Muslim, anti-Pakistan and India-first *swadeshi* ideology (Venkataramakrishnan 2019). The party has also been able to mobilize and win support from poor lower-caste groups without upsetting its upper-caste supporters by offering social services through their affiliated organizations (Thachil 2014). For long, social scientists have viewed the BJP as a right-wing nationalist party (Hansen 1999; Jaffrelot 2007; Ruparelia 2006) with a clear majoritarian ideology that favors the large Hindu population of India (Jaffrelot and Tillin 2017; Misra 2018). What then makes the recent incarnation of the BJP populist?

Right-wing populism has seen a resurgence across the world, be it Erdogan in Turkey, Bolsonaro in Brazil or Trump in the US. These leaders have adopted a common playbook: one that involves a rhetoric of anti-elitism, religious majoritarianism, and particular conceptions of "the authentic people," "the elites" and the "others" (McDonnell and Cabrera 2019).

The contemporary BJP posits a clear distinction between the "real, legitimate people" (the Hindu majority) and the enemies of the state (the Muslim minority, opposition and others). But a relatively recent development has been the rise of a singular leader to represent the "legitimate people." Prime Minister Modi has been cast as a "chaste/unsullied" leader who represents the chosen pure (Hindu) people. His supporters describe him as fighting against the constant threat of the "corrupt, dynastic, *sickular*, anti-national elites" – words used to characterize any political or institutional opposition. The "corrupt elites" not only include the political opposition, notably the Congress party and the Gandhi family, but also extend to nonconforming public institutions and third-party actors like the media, nongovernmental organizations (NGOs), missionaries and academics.¹

Importantly, the BJP government since 2014 has attempted to weaken leading national institutions. Similar to other populists, Modi has remade a

well-organized national party into his image and used it as a vehicle for his leadership. The BJP's rule has been associated with a weakening of the bureaucracy and courts (Bhuwania 2020) as well as a breach in the separation between politics and the military apparatus (Pai 2019). Finally, the party and its supporters have relentlessly attacked independent media, universities and public intellectuals, describing them as the “enemy,” “presstitutes” and the “Khan market gang.”² The prime minister chooses a direct form of interaction with the public, much like other populists, through monthly television programs and holograms, while refusing to provide interviews to the independent media.

The agenda of the Modi Government and its top leaders – notably Yogi Adityanath, the Chief Minister of the most populous Indian state, Uttar Pradesh – also reflects a social project of marginalizing the Muslim minority. The passage of the Citizenship Amendment Act, the revoking of a special status to Kashmir (a contentious, Muslim-dominated state), the rise of cow protection³ and *love jihad*,⁴ each signify attempts by the party to vilify and target the minority. These developments under Prime Minister Modi's leadership have led to several scholars using populism and “nationalist populism” as the analytical lens to understand the BJP (Chacko 2018; Jaffrelot and Tillin 2017; McDonnell and Cabrera 2019; Singh 2021; Varshney 2019).

The pandemic response

Controlling for its level of democracy and development, India scores poorly on a variety of state metrics, including the size of its bureaucracy, its ability to collect taxes and to provide adequate legal and administrative services (Kapur 2020). While the state excels in “episodic” activities like conducting elections and carrying out the census, its capacity to implement programs has been weak on account of an understaffed bureaucracy that struggles with absenteeism, weak incentives and corruption (Pritchett 2009). Moreover, India is one of the few countries where the state's bureaucratic capacity is worsening.⁵

India's weak state capacity posed two constraints for an effective response to the pandemic. First, health capacity could not be increased in the short run, and a deadly pandemic could overwhelm hospitals and set off a mad scramble for doctors, allied health professionals (AHPs), protective equipment and medical facilities.⁶ It was therefore key that the federal government did everything possible to flatten the curve to give the state system a chance to care for its citizens and to build capacity in the medium term.

Beyond overwhelming the healthcare system, a debilitating pandemic would also strain the state's bureaucratic ability to perform basic functions such as collecting accurate information about its citizens, providing social and public services, and communicating with them through the pandemic. In practice, this meant that the Indian state potentially lacked the ability to care for millions of unemployed day laborers, provide aid to families affected by the pandemic or even count the dead.⁷

Given these stark constraints, the initial pandemic response in India was swift. On March 24, 2020, Prime Minister Modi announced a nationwide lockdown that severely limited the mobility of citizens. The measures continued in most parts of the country over the next three months. They applied to all citizens, except for essential workers, and restricted the movement of citizens outside their homes.

The lockdown came within days of the declaration by the World Health Organization (WHO) of a global pandemic, and observers viewed these measures as a strong and necessary response in a resource-constrained country. The government could take such aggressive measures in part due to its political position – having won a resounding second term the year earlier. Prime Minister Modi was praised for these actions and enjoyed some of the highest approval ratings among world leaders. Even at the peak of the lockdown in India, he had an approval rating of over 80%.⁸

The lockdown measures worked. The country's daily case counts began to drop in December, and by early March 2021, the country's health minister, Harsh Vardhan, declared that India was “in the endgame” of the pandemic. He lauded the prime minister's leadership and touted him as a shining example of international cooperation (Biswas 2021b).

The lockdown announcement created an unprecedented migrant crisis in addition to the loss of livelihood and employment for many. In the absence of any operating transport, migrants started making their way back to their native villages on foot (Panday 2020). The government safety nets for food and transport were insufficient, triggering UN independent human rights experts to chastise the Indian Government's response (United Nations 2020).

The second wave hit India in the second quarter of 2021. It had a much larger peak of cases and deaths – almost four times that of the first wave, so much so that states even ran out of crematorium slots amidst mass cremations and deaths (*The Guardian* 2021).

The second wave was exacerbated by several missteps. First, it struck at a time when only 10% of the population in India had been partially vaccinated (Biswas 2021c). Unlike vaccination rollouts of the past like the national polio immunization campaign that had relied on deploying large numbers of local healthcare workers to reach Indians of all socioeconomic classes, the new state vaccination policy relied on a complex technological application to secure an appointment. This allowed digitally literate populations and those with access to high-speed internet to book appointments, while rural populations were left out (Jain 2021a).

Second, authorities failed to enforce adequate norms for mask-wearing and social distancing at political and religious gatherings. For instance, a religious gathering called the “Maha Kumbh Mela” was permitted to take place on the banks of the Ganges River in early 2021. Millions of Hindu pilgrims gathered from all across the country, turning the pilgrimage into a super-spreader event. Elsewhere, in the state of West Bengal, the government held massive electoral rallies in early 2021 in order to win the state's legislative elections.

Third, a steep rise in cases during the second wave triggered an unprecedented medical crisis, as crucial life-saving resources like oxygen, medicines and hospital beds were in short supply (Dutt 2021). At its peak, more than 4,000 people were dying every day. Experts estimate that the actual number of deaths is almost ten times the reported number of 435,000 as of August 24, 2021 (Anand, Sandefur, and Subramanian 2021).

Analyzing the response

In this section, we examine how the pandemic response in India can be framed as a consequence of a right-wing populist party's political and anti-institutionalist tendencies. However, this federal response needs to be evaluated against a much more varied subnational response, owing to diverse regional parties, some with their own history of populism, who were in power in several states. Here it becomes important to identify the *type* of populist response, as research has argued that policies are a derivative (and not constitutive) of the thin-centered populist ideology (Varshney 2021).

Populism and politics

Modi's response in India exemplified several dimensions of Benjamin Moffitt's model of how populists "perform during crisis" (Moffitt 2015). Modi's initial response to the pandemic was a display of his strong leadership. The prime minister made the "people" a central part of his "pandemic as performance" strategy. The lockdown in India started with what was a 14-hour-long "Janata Curfew" (People's curfew, wherein the prime minister urged citizens to bang pots and pans for ten minutes in support of frontline workers fighting the COVID-19 pandemic [Dash 2020]). Millions of Indians took up the prime minister's request, and social media was rife with citizens displaying their eagerness to comply. Barely three days later, the prime minister announced a nationwide complete lockdown, which gave less than four hours' notice to citizens to comply.

What kind of policy response can one expect from a populist right-wing government? While a left-wing populist response would involve redistribution or nationalization of economic resources, a right-wing response may not involve specific economic policy per se, but "political projects" that weaken minorities (Varshney 2021). The Modi government's initial strong pandemic response and early lockdowns benefited the upper class, led to widespread loss of livelihoods and triggered a migrant crisis among the urban poor. A Pew study conducted in 2021 found that the middle class shrank as the number of poor doubled (The Hindu 2021).

Notably, there was a singling out of the "others" responsible for the crisis (Moffitt 2015). From March 2020, the right-wing narrative painted the Indian Muslim minority as somehow responsible for the distress caused by the pandemic, clearly dileneating the "people" who were affected from those responsible

for the crisis. The first such incident was in early March 2020, when a Muslim religious organization, the Tablighi Jamaat, hosted a conference in a prominent Muslim neighborhood in Delhi. The conference attracted hundreds of attendees, and many stayed on after the conference, including 250 foreign travelers (BBC 2020). The event soon became one of the earliest “COVID hotspots” in India, and the state conducted an operation to “trace and isolate” the attendees as media reports surfaced citing their flouting of lockdown rules (Singh and Bhandari 2021). These narratives were frequently repeated by politicians from the ruling party – and soon adopted by the general populace. A study conducted in Uttar Pradesh confirmed this: over 66% of those surveyed, blamed Muslims for the spread of COVID-19 (Islam et al. 2021).

It is noteworthy that while the prime minister himself stayed away from such rhetoric, he did not take any action to dispel such rumors. During that time period, Modi maintained a strong media presence by regularly appearing on the “PM’s address to the nation” – where he appeared dressed like a Hindu ascetic with long hair and an unkempt beard. He continued to appear in ritualistic performances like taking part in the Bhoomi Poojan (groundbreaking ceremony) in August 2021 for the Ram temple to be built in Ayodhya, giving further legitimacy to his role as the protector of Hindus. The prime minister also avoided any detailed responses to questions over the governance and the handling of the pandemic and instead offered simple solutions, like urging NGOs and voluntary private organizations to help fight the pandemic, and delegating crucial vaccine-procuring responsibilities to the states (Sharma 2021b).

While the initial response was firm and swift, political prerogatives quickly came to dominate decision-making. Here, the Indian case deviates from the populist playbook that involves an attempt to perpetuate crisis (Moffitt 2015) – Prime Minister Modi began to tout the success of India through the first wave and declared victory over the virus, creating the illusion of the virus being vanquished by a strong leader (*The Times of India* 2021). He also acceded to the requests of religious leaders to hold the *Maha Kumbh Mela* earlier than planned. Instead of delaying the mass gathering of pilgrims, the government encouraged the religious gathering. Around nine million pilgrims gathered in the northern state of Uttarkhand, accelerating the second wave.

The failure to enforce mask-wearing and social distancing can also be attributed to the BJP government minimizing the dangers of the virus and advocating unscientific cures for the virus.⁹ Numerous top-level BJP politicians, including Prime Minister Modi, participated in large social and political events. An “evidence-based cure for Covid-19” was touted by a yoga guru-turned business personality in an event presided over by two Union Ministers (Ojha 2021). The “cure” was extensively criticized by the scientific community, and its endorsement by top leaders delivered a blow to the scientific, evidence-based communication about the virus.

Populists tend to display a primacy for elections (Varshney 2019), and Prime Minister Modi largely confirmed this stereotype by calling unusually protracted

elections in several Indian states right at the beginning of the second wave. He held a massive rally in the state of West Bengal, a state that the BJP was trying to win for the first time. The rally flouted established COVID-19 protocols for large gatherings and mask-wearing. In a move reminiscent of President Donald Trump, Modi remarked “everywhere I look, as far as I can see, there are crowds,” while India recorded more than 200,000 cases on a single day (Slater and Masih 2021). The consequences of these politically motivated decisions were lethal. For example, local elections conducted in Uttar Pradesh required the deployment of hundreds of thousands of civil servants and an estimated 1,621, a majority of whom were teachers, likely contracted the virus and died (*The Economist* 2021).

Populism and institutions

Given India’s fragile healthcare system, a key failure of the government was not using the relative calm and time afforded by the smaller first wave to prepare for a future outbreak. The country failed to increase medical capacity – be it oxygen cylinders or adequate beds in hospitals. An important aspect of the country’s pandemic response had been the formation of “expert committees,” who were tasked with guiding and advising the pandemic response. Fifteen different panels had been formed in India, with members spanning experts from the scientific community, the civil services and government officials. However, conversations with anonymous experts from the panels suggest that decision-making was largely centralized (Ghosh 2021).

While there was no outright dismissal of experts during the crisis, the government chose to ignore the advice of experts at the onset of the second wave. For instance, the government missed the emergence of variants in Maharashtra while experts sounded alarm bells (Ghoshal and Siddiqui 2021) and failed to communicate and impose restrictions on large gatherings, fearing a political backlash (Ghoshal and Das 2021). According to *Caravan*, an Indian news magazine, the country’s national scientific taskforce created to monitor and advise the government on the pandemic did not meet during February and March, as daily cases increased rapidly (Krishnan 2021).

Other governing institutions also deteriorated through the pandemic. The Indian Parliament met only for 33 days in the year compared to an average of 70–80 days per year in the period before the pandemic (Roy 2020), which meant that there was little opportunity for elected members to hold the government accountable. This was a shortfall of over 50% and the lack of activity was exacerbated by house rules that disallowed committees to meet online. This was despite the fact that the prime minister continued to meet with the Cabinet Ministers online (Chatterji 2021) and other major institutions, including the judiciary and bureaucracy, had incorporated some form of digital communication (Mathur 2021).

Another major failure of the Indian state was its inability to deploy adequate manufacturing and procurement capacity for the vaccine. While other countries adopted a centralized system to obtain advanced purchase contracts with vaccine

manufacturers, India's performance on this was lackluster. This was partly due to its nationalist regulatory approach wherein the government relied on domestic manufacturers and limited the role of private players. As the devastating second wave hit India in March 2021 and the healthcare system was overwhelmed, the government belatedly announced reforms that permitted organizations other than the government to take part in the vaccine drive.¹⁰

Where the government was quick to react was in retaliating against the media and the opposition about its COVID response, and urged social media companies (like Facebook and Twitter) to curb negative coverage regarding the Delta variant (earlier termed as the Indian variant; *BusinessLine* 2021). Several individuals were booked for posting on social media about the failure of health facilities, including citizens, bureaucrats and journalists (Srivastava, Sen, and Trivedi 2021). During this period, India's regime was classified as a "partly free democracy" by Freedom House, as an "electoral autocracy" by V-Dem and a "flawed democracy" by the *Economist's* Democracy Index in 2021 (Biswas 2021a).

Subnational variation

The BJP is not the first national party emblematic of populism in India. Populism can be left wing, drawing its support from the lower strata of society, or right wing, when it is elite-led and accompanied by an attack on minorities (Varshney 2021). The Congress party government under Indira Gandhi could also be seen as a populist government (Kaviraj 1986; Varshney, Ayyangar, and Swaminathan 2021). In the 1970s and the 1980s, the Congress party government focused on social welfare schemes and pro-poor policies. The Congress too described the opposition as "the enemy" and questioned the legitimacy of anyone who criticized it. Indira Gandhi notoriously attacked independent public institutions (Jaffrelot and Tillin 2017). The large size and political diversity of India has also given rise to populism at the subnational level.

The southern Indian region comprising of the states of Tamil Nadu, Kerala, Karnataka, Andhra Pradesh and Telengana has a history of alternate populist movements, wherein backward castes mobilized against upper-caste hegemony. In Tamil Nadu, the leaders identified the "dravidars" as the authentic people who were pitted against the marauding "northern aryan", and the upper-caste elites who dominated the bureaucracy, academia and the press emphasized regional identities against national elites (Jaffrelot and Tillin 2017; Suryanarayan 2016). The Dravida Kazhagam came to power in Tamil Nadu on the heels of an older Dravidian movement, wherein movie stars and playwrights assumed the role of charismatic populist leaders who could reflect the moral will of the people. These politicians espoused social policies like affirmative action, developmental projects for backward castes and strong welfare politics. This became a template for other regional forms of populism (particularly in Andhra Pradesh) and subaltern politics across India in Bihar and Assam. Today, these movements have resulted in a large representation of backward castes in the political class (Verniers et al. 2021).

As a result of these divergent political trajectories at the subnational level and differences in state development (Rajagopalan and Choutagunta 2020), there is considerable variation in healthcare capacity within India. For example, states like Bihar and Uttar Pradesh spend the least on healthcare on a per capita basis, whereas other states like Tamil Nadu, Gujarat and Karnataka do much better on this front. Particularly Tamil Nadu and Kerala boast among the highest number of doctors and nurses registered per 100,000 people respectively.¹¹

A combination of political will, populist politics and greater state capacity led to greater preparedness for the pandemic in states like Tamil Nadu, Andhra Pradesh and Kerala (Taub and Suryanarayan 2020). States' willingness to deploy their healthcare resources was reflected in quantifiable parameters – for instance, the number of tests conducted per million in the small southern state of Kerala was almost three times the tests conducted in Uttar Pradesh. Kerala and Tamil Nadu also enforced extensive quarantine, track and trace protocols in addition to providing food and medical support. Proactive measures were taken to approach and inform risky communities reflecting strong state willingness, a social welfare contract and public trust. Tamil Nadu was also among the few states that declared journalists as frontline workers, a positive gesture that signaled trust in the *fourth pillar*, which was taken by only six state governments across the country (Pakrasi 2021).

These cases suggest that the specific forms of populism might shape institutional responses and the beneficiaries of governments' actions during a crisis.

Conclusion

In this chapter, we have argued that the divisive rhetoric, strongman tactics, political pandering and animosity to media criticism that characterize right-wing populism were each on display during the BJP's handling of the COVID-19 crisis under Prime Minister Modi. The party's response also diminished the role of experts and weakened pre-existing national institutions. By exploring subnational responses, we suggest that different forms of populist politics shape institutional responses differently, as their social bases of support vary. The subaltern populism in states like Tamil Nadu, which led to large numbers of backward-caste politicians and bureaucrats rising to power, may have been key to both the state's willingness to act and effectively deploy limited state capacity to tackle the pandemic.

As of August 2021, Prime Minister Modi's approval ratings had dropped to 24% (Scroll Staff 2021). The single biggest factor shaping people's perception of his performance was his handling of the COVID-19 pandemic during the second wave. The sudden drop in the prime minister's popularity suggests that there might be limits to the appeal of right-wing populism in India, especially when there are stark humanitarian consequences. These trends seem to support claims by scholars who have argued that Indians have a much lower appetite for populism than we perceive and that large numbers of BJP supporters should be viewed through the lens of nationalist support rather than populism (Varshney,

Ayyangar, and Swaminathan 2021). The consequences of the pandemic on the BJP's electoral fortunes and Modi's populist appeal remain to be seen.

Notes

- 1 The idea of the “authentic people” is not limited to the Hindus, but also encompasses Buddhists, Jains and Sikhs. One explanation is that because Muslims consider their sacred land to be in the Middle East and on account of the formation of a Muslim-majority nation (Pakistan) during India's independence from British rule in 1947, Muslims are considered “disloyal” in relation to other non-Hindu religions. This creates a basis for an alliance between these religious groups and Hindus (Varshney 2021).
- 2 A jibe used by several members of the BJP to mock political opponents and the English-speaking elite that ostensibly patronize an upper-class market in New Delhi (Bhardwaj 2019).
- 3 A practice that identifies “beef-eaters” (who are typically Muslim or those who belong to lower castes) as the enemy of Hindu customs. Vigilantism around cow protection has led to violence and death of several individuals accused of engaging in beef eating or cattle trade.
- 4 An alleged campaign by Muslim men to forcibly convert Hindu women under the pretext of love (Gupta 2009).
- 5 Between 1996 and 2012, the Indian state saw *negative growth* in state capability: in earlier years, state capacity was stronger and the state was more effective in achieving its normative goals (Andrews, Pritchett, and Woolcock 2017).
- 6 For instance, against a demand for about two million AHPs in India, the country had an overall supply that was estimated to be about 80,000–90,000 (Kandhari 2021).
- 7 A situation that indeed came to pass – in one case, a survey of more than 15,000 respondents across six states computed that the death rate was almost seven times the reported number (Jain 2021b). In another case, journalists visited crematoriums in Ahmedabad and estimated that the actual deaths were ten times the number of reported deaths (Bhattacharya and Shendruk 2021).
- 8 According to data collected by Morning Consult Political Intelligence in India, around 2,126 respondents were interviewed for the data on India and weighted by “by age, gender, region”. According to the firm, the sample in India “is representative of the literate population.”
- 9 A study quoted by the Health Ministry in May 2021 showed that while only 50% of Indians wear a mask and only about 14% wear a mask correctly (among the 50% who do), indicating low awareness and compliance.
- 10 At the same time, the central government further abdicated responsibility by providing for individual states to enter into vaccine contracts with domestic and international suppliers independently. As of mid-2021, international suppliers remained hesitant in entering into contracts with individual states and maintained they would only enter into discussions with the national governments, and this policy was soon reversed (Sharma 2021a).
- 11 Data sourced from Central Bureau of Health Intelligence (India) (2019) as compiled by Rajagopalan and Choutagunta (2020).

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