Foundation Programme: FDP105 Archiving The Times

Professor Patrick French

8 May 2020

Ahmedabad University

Archiving COVID-19: Situating the Pandemic in History

Pandemics/Epidemics, Migration and (Mis)Information

Author Information

The authors, as students of Ahmedabad University, worked together on this collection. They collaborated remotely from four different locations due to the national lockdown, in the early stages of COVID-19 Pandemic.

Anant is a first year student, majoring in Philosophy, History and Languages at Ahmedabad University. He has varied interests in music, film, archaeology and video- and board-games. He has worked as an assistant writer for Studio Oleomingus, working on interactive fiction and speculative literature and architecture, with exhibitions in museums and art spaces. During the lockdown, Anant is based at his home in Vapi, South Gujarat, with his parents and elder sibling.

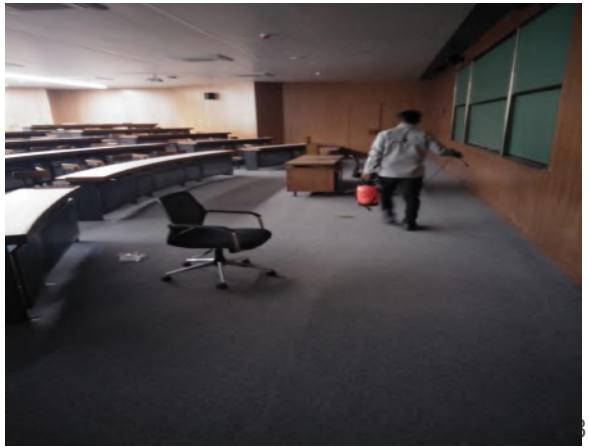
Aditi is a first year undergraduate student, majoring in Social and Political Science at Ahmedabad University. Her major areas of interest lie in looking at a particular problem through different lenses of intersectionality and in studying about the impact of the Bollywood Cinema (and popular culture in general) on the audience, and how they portray characters and social problems. Apart from that, she works with the NGO called U&I where she teaches underprivileged children English. During the lockdown, Aditi is in Ahmedabad, Gujarat with her grandmother, parents, and siblings.

Hardi is an undergraduate student pursuing an Integrated Masters of Life Sciences degree at Ahmedabad University. She has spent the first 17 years of her life in Surat, Gujarat and is in Surat itself during the lockdown. Hardi has always been interested in reading and writing. She loves to indulge herself in pop culture from time to time. She is a scientifically inclined person and is highly intrigued by the wonders of the brain. She is highly passionate about communicating science and reducing the gap between layman and the science community.

Adnan is a first-year undergraduate student pursuing a major in Social and Political Science from Ahmedabad University. Adnan is also a co-founder of mentorBaba.co — an online startup ecosystem. He has consulted startups like HomesInfra — a real-estate tech company and Ezedu — an ed-tech startup — to develop their brand and web experience. In the past, he has launched an Android game called Cubic Craze that entered the top 100 new casual games list. He is doing this course back home at Lucknow — self-quarantined.

Ahmedabad University during the Lockdown

Our campus was shut on 16 March 2020. Currently, only the security staff and sanitization teams are allowed at the University, and they shared these images with us.



An Introduction

We have recorded the effects of the ongoing pandemic with relation to migration, spread of information and pandemics of a similar scale and effect in history, namely the Bombay Plague Epidemic of 1896, the "Spanish" flu (Influenza Pandemic) of 1918 and the Surat Plague of 1994. Our purpose was to locate the COVID-19 crisis in a historical context, by looking at medical and socio-economic aspects (including migration), during prior epidemics/pandemics in India.

Next, we examined the situation of migrants during the COVID-19 lockdown. This was done with the recognition that distress to migrants due to the national lockdown (as implemented on 24 March 2020) seems to have no historical parallel or are historically ignored. Their importance to the economy is indubitable. Hence, we have tried to record their experiences, so that future policies may adequately address them, especially during pandemics. In particular, we recorded oral narratives from migrant workers, who may be partially literate, or unable for practical reasons to record and maintain records of their life and daily experience. We have looked at migrants from the states of Uttar Pradesh, Jharkhand and Orissa. At the time of the nation-wide lockdown, these workers were living in the cities of Ahmedabad, Lucknow, Mumbai, Surat and Vapi. Further, we investigated the spread of information in India during the national lockdown. This was done primarily to recognize its role in the form of disinformation that caused distress to migrants during the time of the national-lockdown. For this, we look at two important cases that highlight these points: the spontaneous gathering of migrant workers in Bandra and the congregation in Delhi.

Some research questions that we have addressed in this presentation: (1) What constitutes an archive? What has been recorded and, crucially, not recorded during pandemics in India in modern Indian history? (2) How have the three disease outbreaks (that have been examined further) affected movement of people across history? These questions are asked in the current context of distress to migrants today and the restrictions of movement nationally. Though these, we hope to understand what can be learnt from archives, and the process of chronicling narratives.

Research Methodology

The data for this research was collected through the archives listed below. It was also collected from interviews of migrants and migrant labourers, living in Vapi, Surat, Ahmedabad and Lucknow during the COVID-19 Pandemic. The interviews were conducted in person as well as over phone). A questionnaire was adhered to, wherever possible. In all cases, prior permission was sought and anonymity maintained wherever requested.

The information was used to present an idea of the lives of migrant workers, during the government-mandated nation-wide lockdown. This was done in context of vast mobilistion of labourers across the country during this period. Some of the graphs used in the deck were plotted using Datawrapper (a data visualization tool) and the relevant data sets were sourced from the official website of Ministry of Health and Family Welfare, Government of India and Our World in Data, an online publication.

For the purposes of the deck, we have looked at the time frame of 22 March to 5 May 2020. We would like to emphasize that this deck is a snapshot of the early stages of the pandemic. Most of the countries have only gone through the first wave yet and are trying to flatten the curve of COVID-19 at this stage.

Primary Sources:

- Interviews of international migrants, migrant workers, and witnesses of Surat Plague, 1994
- Photographs taken by the four students
- Cambridge's South Asia Collection, Times of India Proquest search
- Gokhale Institute of Politics and Economics, Pune
- People's Archives of Rural India (PARI)
- Geospatial data like maps (from Ministry of Health and Family Welfare, Government of India (MoHFW), John Hopkins University)

Secondary Sources:

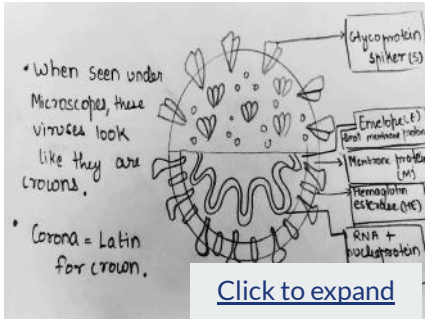
- Journal articles and research papers by authors like Mark Humphries, David Arnold, and Siddharth Chandra and Eva Kassens-Noor. Other such sources are mentioned in the bibliography.

COVID-19: Origins and Other Details

SARS-CoV-2 (Severe acute respiratory syndrome-Coronavirus 2) is a novel virus from the family of coronaviruses which causes COVID-19 (a contraction of Coronavirus Disease-2019).[1] The disease is speculated to have a zoonotic origin viz., it is transmitted from animals to humans. Human transmission of the disease takes place via air droplets when the infected person is coughing, sneezing or talking.

Once the virus enters the body, it attaches itself to the binding site or the ACE 2 receptors of healthy lung cells through its spike protein. Then it enters the cell via this attachment and causes apoptosis or cell death. The virus also affects organs other than lungs such as brain, heart and kidneys. The multiple impact points make it problematic for the researchers to create a vaccine in addition to its rapid mutation properties.

SARS-CoV-2 is known to have an average reproduction number of 2.2-2.6 which means that, on an average, one infected person can spread the infection to 2-3 people. Although if measures like social distancing are undertaken to reduce the exposure of infected person like shown in the adjacent infographic, significant reduction in infection is seen among the population. As of March 3, the World Health Organization (WHO) has estimated the mortality rate of the virus to be 3.4% which means the virus kills around 3-4 per 100 infected people.



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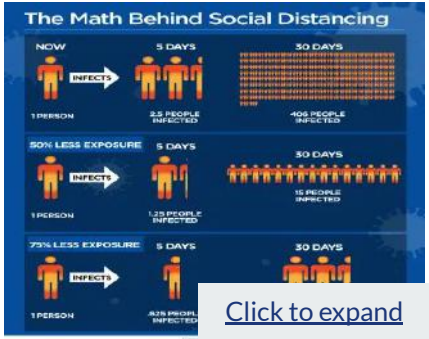
When virions or infective form of virus have a globular structure on their surface they are known as coronavirus. The spike protein helps the virus attach itself to host cell.

Made by Hardi I Inspired from National Public Radio, US(2020)



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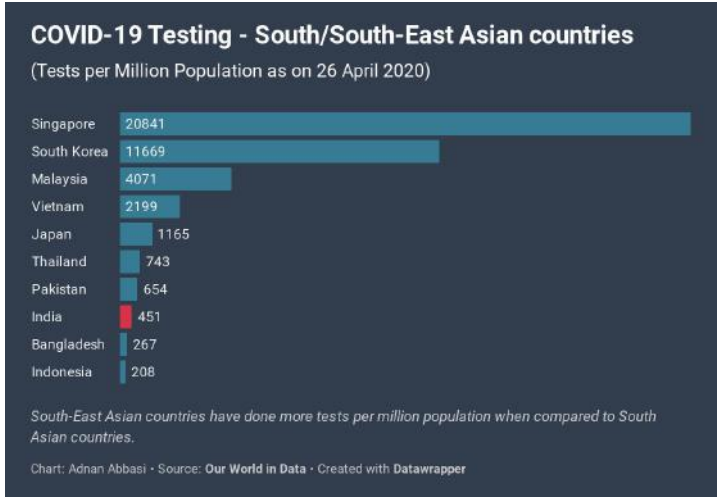
By Robert A.J Signer I Global News (2020)

COVID-19 — Response of Asian Countries — Where does India Stand?



Vietnam's is a good case study that despite bordering China it was able to contain the virus initially by its quick response: travel restrictions in late January and quarantine in mid-February. It also proactively assisted lesser developed mainland Southeast Asian states.

India and its neighbours in South Asia have done significantly less COVID-19 testing countries as compared to the South-East Asian countries, barring Indonesia.

In the other two aspects for combating the threat of COVID-19, lockdown and social distancing, India has done much better than the testings. World Health Organizations appreciated India's efforts to fight COVID-19 emphasizing on the implementation of lockdown.

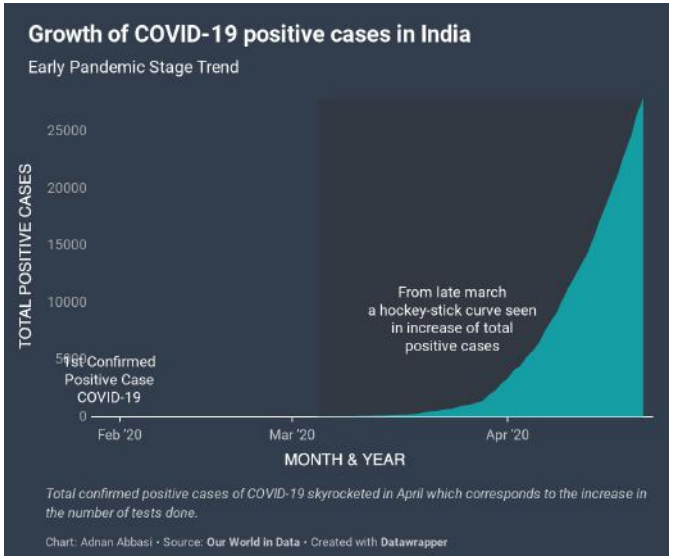
Around the same time as India, Vietnam also announced a lockdown at the early stages during the first wave of COVID-19 cases. India announced a lockdown on 24 March 2020, whereas Vietnam announced nation-wide isolation on 1 April 2020. However, the lockdown can also prove to be catastrophic for India. New York Times reported that "Manual labourers have no work, farmers cannot tend fields, online retailers and pharmacists have been harassed by overzealous police officers. Countless people have been running out of cash."

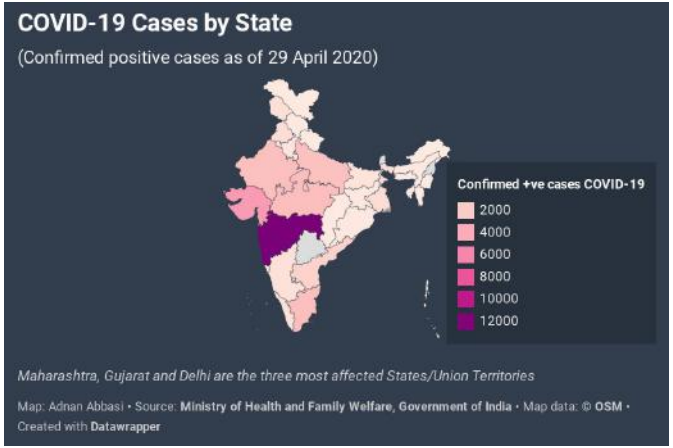
COVID-19: Origins, Response in India

An Indian student studying at Wuhan University, China who returned to Thrissur, Kerala was the first case of COVID-19 in India on 30 January 2020. India conducted limited testing, restricted the airports and seaports until mid-March 2020. However, during all this time the government agencies underestimated the threat which COVID-19 could pose for India The testing expanded from mid-March 2020 to include people with COVID-19 symptoms in major cities in India.

In comparison to other countries, India is relying more on lockdown measures than testing, for flattening the curve. The government was able to communicate with people about its importance. One of the major reason for the successful implementation of lockdown was people embracing Prime Minister Modi's order for a "total ban of coming out of your homes". Even when the lockdown was eased in several areas many people did not reopen their businesses, observing social distancing.

From the testing point of view, India failed to act on time to procure the test kits from China when the rest of the countries were doing so. When they got it later, these kits were found to be defective and had to be withdrawn from the testing centres.





COVID-19: Spread and Response in Gujarat

As of 7 May 2020, the state of Gujarat has the second-highest number of active cases in India. Ahmedabad, the city where our university is located, accounts for 4,425 cases.

This might be because Ahmedabad is a hub of globalisation and has a network of international as well as domestic flights. Gujarat is also adjacent to Maharashtra, the state with the highest number of cases in India.

Another plausible explanation is the interaction of 250 members of Tablighi Jamaat with the population of Ahmedabad after returning from the organization's meeting at Nizamuddin in Delhi.

According to the Government of Gujarat, the state has conducted one of the highest numbers of tests in India which could account for the surprising spike in cases: as of 5 May, the number of tests carried out in Ahmedabad district was 4,433 per million as compared to Delhi and Maharashtra, where the numbers are 3,486 and 1,423 tests per million while the national average stands at just 818 tests per million.

The state has a mortality rate of 4.71% due to COVID-19, which is higher than the national average of 3.3%. The recovery rate of the COVID-19 patients in Gujarat is 12% which is significantly lower than the national average of 25%. One of the posited theories is the prevalence of L strain in the state, which is more prevalent in the countries reporting higher deaths. Additionally, Gujarat has a limited healthcare system, which might have had an impact on the situation.

Click to expand

Number of cases in Gujarat by district (as of 21 April 6:00 pm)

Livemint (2020)

Click to expand

A medical team near Teen Darwaza, Ahmedabad during COVID-19 lockdown. Deccan Herald (2020)

Local Investigations: Neighbourhood Scenes (Surat)

An observation by Hardi: “The city has never been this quiet. The streets are silent and supermarkets which stay packed with people are shut down and open only for online deliveries. Surat Municipal Corporation is tracking the suspicious cases and marking the houses with banners.”

More

Empty streets of Surat I 2 May 2020 I Adajan, Surat

A superstore which is normally packed with people I 2 May 2020 I DMart, Adajan, Surat

Quarantined area banner on traced houses I 3 May 2020 I Adajan, Surat

Local Investigations: The privilege of Social Distancing (Lucknow)

An observation by Adnan: “Here in Gomti Nagar Extension — the area where I live — I am sitting on my balcony. From right there I see a settlement of poor people. Unlike me, they don’t have proper homes. I have the privilege of Home Quarantining myself in a luxury apartment, but they don’t. This makes me think is ‘social distancing’ an elitist idea?”

More

Children Playing Near Migrant Workers settlement | 22 April 2020 | Gomtinagar Extension, Lucknow

Houses of Migrant Construction Workers | 22 April 2020 | Gomtinagar Extension, Lucknow

Local Investigations: Neighbourhood Scenes (Vapi)

An observation by Anant: “While Vapi falls under an Orange Zone district, it has not officially recorded any active cases as of 8th May. Regulations are adhered to at all times. An interesting point to note is that in comparison to Ahmedabad, stores here are still stocked with goods like ice-creams and packaged chips. Green-grocers, however, are corralled by the police at 10 AM everyday.”

Click to expand

No return policy during pandemic at stores |6 May 2020 | Chala, Vapi

Queue at grocery shop. Circles mark distance to be maintained| 4 April 2020 | Chala, Vapi

Sanitizing measures at superstores| 4 May 2020 | Chala, Vapi

Local Investigations: Neighbourhood Scenes (Ahmedabad)

An observation by Aditi: “Since the lockdown started, I have not stepped out of my house. These pictures are not mine, they are taken from the internet. This was a few hours before the it was announced that nothing except medical and milk shops will be open for the next seven days, with CRPF (Central Reserve Police Force) being deployed in the city. The people were in a state of panic to hoard up as many grocery items as they could. “

More

Photograph taken from the balcony, showing the chaos a few hours before the curfew I 6 May 2020 I Ahmedabad

Few minutes after the announcement of the curfew, almost all grocery shops were lined up I 6 May 2020 I Photo by Leena Mishra on Twitter

Local Investigations: Migrant Narratives

Having looked at some visuals from our localities, we look at neighbourhood-level stories of migrants and labourers.

The cities we are based in are of particular interest due to their relation to migration. Besides being our home-cities, this provides an excellent reason to document regional stories of migrants . Vapi is an enlarging textile-industry hub. Surat has been traditionally famous for diamond and gold merchants, and Ahmedabad has historically been a global city, attracting people not only from all over India, but around the globe. Lastly, Lucknow (and other cities in Uttar Pradesh) have consistently remained sources of out-migration since the last 200 years. This places us at a vantage to record migrant stories.

Questions posed to the interviewees by the four students revolved around their aspirations of going home, their access to basic resources, their sources of news and their views on the lockdown. In particular, they were asked about Central or State Government policies immediately benefiting them, such as receiving money in their zero-balance bank account meant for government subsidies[2].

The following are highlights from the 30 interviews conducted (as of 6 May 2020).

From Vapi, Gujarat (interviews conducted in Hindi):

“Yes, I do go home, maybe once in a few years, as and when I can afford it. I went last year, after five years. I have family. My mother, my younger brother. My father is no more.” Rajkumar Moriya, a construction worker from Prayagraj, Uttar Pradesh, stated when asked how often he leaves Vapi to visit home. Most labourers interviewed had been residents of Vapi for around a decade, including Rajkumar. While half of the interviewees were daily wage labourers, working in construction, while the others were factory hands. The labourers seldom return home, and had no intention of doing so this year. The factory workers, in contrast, could afford to go home once a year, and some had already booked their tickets for the upcoming months, only to have them cancelled due to the lockdown.

Local Investigations: Migrant Narratives

Welfare schemes for delivering rations[3] were implemented regularly. Supreme Sulphate, a copper-sulphate manufacturing and packaging factory is considered an essential service. Food for its employees was cooked within the factory, paid for by the company. “The company pays our wages in full, we have had no cuts.” remarked Ramu, originally from Bihar, and a worker at this factory.

From Ahmedabad, Gujarat (Interview taken in Hindi and Bengali via a whatsapp and normal call):

“Pradhan Mantri baleche eta thika habe (If the Prime Minister is saying so, it should be right)”, a godown worker in Ahmedabad from Jharkhand. Four workers (two from Jharkhand and two from Bihar) working at a godown in Ahmedabad mentioned that they have not received their salary for March-April, but all their needs are being taken care of by the employers. They also had to cancel plans to return to their hometowns due to the imposition of the lockdown. The interviewees are unaware of what the virus itself is , but they still practice wearing masks, using sanitizers and maintaining physical distance.

All interviewees were questioned about their participation in the “nation-clapping” and “candle-lighting”, as requested by Prime Minister Narendra Modi on 22 March 2020. Of these, one stated they participated to show solidarity, while another did it because the Prime Minister asked the nation to, while yet another believed that it would lead to ridding the nation of the virus.

A security guard, who was interviewed, stated that he did not believe in the effects of “social distancing”, wearing masks and washing hands. He rejected any form of “Western medicine” and believed in doing the Mritunjay Jaap[4]. However, to maintain his job, he pretends to follow the rules. He does not trust the government to do their job in helping the people who need it, so he did it himself by helping his neighbours- him and his family fed their neighbours who were daily wage earners and now had no job and savings. Interestingly, when asked about his personal situation during the lockdown, he preferred to talk about the situation of the entire public, in general terms.

Click here to learn more about the interviews and workers

Local Investigations: Migrant Narratives

From Lucknow, Uttar Pradesh (Interview taken in Hindi via a normal call)**:**

Aasiya is a migrant domestic worker from a village in Assam who moved to Lucknow for work. She got ration from the government only on one day. She told us that “Since we were not getting rations — the Pradhan of the our region arranged for 1 kg dal and rice, but that too was only for 3 days. It is really stressful to think that I can't go to work and get money to buy the necessary things for long time. The situation is similar to back home in Assam, where one of her daughters and her extended family still lives.”

From Surat, Gujarat (Interview taken in Gujarati via a whatsapp call):

“I had plans of coming back to my family in India permanently as of 29 March but it seems that the pandemic has postponed that plan by almost 2 months. We are constantly in contact with the Indian Embassy here in Saudi Arabia. I am currently the 64000th person on the International migrant list proposed by the Government of Saudi Arabia. Although, there’s hope as they are giving preferences to non-returners.” - Chemical Scientist, from Al Jubail, Saudi Arabia.

Having shown our local investigations, in the following slides we look at the narratives recorded during prior disease outbreaks. We start with the Surat Plague of 1994, and work our way in reverse chronological order to the “Spanish” Flu of 1918 and the Bombay Plague of 1896. Through this, we wish to show what is remembered about a disease in public consciousness, and see what kinds of stories (particularly migrant narratives) have survived.

Surat Plague, 1994

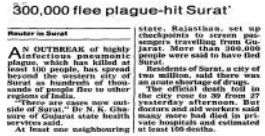
In 1994, the prosperous industrial city of Surat was impacted by a plague epidemic. Misinformation played a role in causing an exodus from the city.

In August 1994, 80 cases of bubonic plague were observed in Beed, Maharashtra. Some villagers from Beed are known to have attended the Ganesha Chaturthi festivities in the recently flood-affected city of Surat, initiating a chain of infections within the city. This was ironical because the plague spreads when 'rat' fleas feed on infected rodents and bite humans, and Ganesha is known to have a mouse or rat as his vehicle.

Some reports from 1995 suggest scientists were suspicious that the strain of *bacillus Yersinia Pestis* which caused the Surat rat plague was genetically engineered. These suspicions arose after the Centre for Disease Control (the public health institute of America) reported that the strain found in Surat was different from any known strain of plague *bacillus*. But finally, there was no conclusive evidence for the argument and the filthy grounds of parts of the city were blamed for the spread.

When the plague broke out, Surat had a population of 1.4 million. 80% of the city's population lived in slum areas, while migrants made up about 40% of the population. Reports suggest that around one-quarter of the residents (around 6,00,000) fled the city using any medium of transportation available. Many business people and private doctors fled Surat due to the fear of the plague as well. Newspaper clippings reveal that as a result of doctors fleeing the city, angry citizens burned down the private dispensaries.

At last, only 52 deaths were reported from the city. The egregious state of affairs was later blamed on poor administrative management and the spread of misinformation which will be covered in the upcoming slides.



300,000 flee plague-hit Surat'

Reuter in Surat

AN OUTBREAK of highly infectious pneumonic plague, which has killed at least 100 people, has spread beyond the western city of Surat as hundreds of thousands of people flee to other regions of India.

"There are cases now outside of Surat," Dr N. K. Ghaisure of Gujarat state health services said.

"At least one neighbouring state, Rajasthan, set up checkpoints to screen passengers travelling from Gujarat. More than 300,000 people were said to have fled Surat.

Residents of Surat, a city of two million, said there was an acute shortage of drugs.

The official death toll in the city rose to 30 from 27 yesterday afternoon. But doctors and aid workers said many more had died in private hospitals and estimated at least 100 deaths.

Sep 24, 1994 The Guardian and The Observer pg. 17

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Enraged residents set afire private dispensaries

The Times of India pg. 1
Sep 27, 1994;

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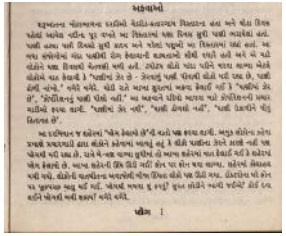
Local Investigations: Misinformation, Filth and Chaos



A book on Surat plague by Dr. Ketan Zaveri.
Jivanshailli(1994)

More

Brunt, L., Bhattacherjee, A., Shanbag, S., Dandekar, S., & Setu Films. (1999). *Blessed by the plague*. Santa Cruz (West), Mumbai: Setu Films.

The Surat Plague instilled a sense of fear in the minds of the people because of the existing uncertainties in the domain of healthcare and the city's administration.

Dr Ketan Zaveri, a doctor at Surat Civil Hospital in 1994, notes in his book *Plague* (1994): "One of the worst impacted areas was the locality of Ved Road, Katargam in Surat. This area was adjacent to Tapti river which had just overflown into the cramped and deteriorating housings nearby, a few weeks before the plague. On 21 August 1994, several patients showing unusual symptoms were admitted at the Surat Civil hospital. On the same day, a rumour diffused across Surat: the Surat Municipal Corporation (the governing body) was providing poisonous water."

While the doctors tried to understand the disease, a message disseminated through the city that people were dying of plague and not of poisonous water. Anecdotal evidence also reveals that on the same day at around 2-3am *prachar gadis (*promotional carts) started announcing that the plague had stricken the city. This instilled a sense of chaos and fear in people. A collective panic gripped the city. Migrants who were not native to Surat tried to leave and return to their native villages.

'Blessed By The Plague' (1999) - a documentary based on the Surat plague reveals the distrust among people for the city administration. Filthy living conditions troubled citizens with fear. They were disgruntled due to the administration not cleaning up the city after the flood. The administration did not respond to the registered complaints and it was a reason why such a large portion of the city fled.

Local Investigations: What do People Remember?

Rumour-mongering and exodus during 1994 Surat plague:
Hardi Talwani interviewed an eye-witness of the plague (Mr Narendra Talwani, businessman, 22 April 2020):

> "A Surat Municipal Corporation officer came to the house and handed me packets of antibiotic pills which we used to call *lal-pili* [red-yellow in Hindi], during the curfew. We were the first ones to receive the pills because we lived in judge's quarters as my father was a district judge. He was in Bhavnagar at the time of plague and he came back in an empty bus while whole Surat was running away. Almost all the judges living in the neighborhood fled as soon as they got the chance. This was mostly due to the AFT or the *"attank failavnar tattvo"* [terror spreading elements], people who spread unnecessary rumors about the plague."

Another interviewee who had to come to Surat during the time of plague revealed (Mr Satish Shah, scientist and teacher, 24 April 2020):

> "Those were chaotic times, I came to Surat after the plague was declared to take care of my pregnant wife. I comfortably came to Surat in an empty train but had to leave in a loaded one. Everyone wanted to leave the city, no one wanted to come. The municipal corporation, although affected by misinformation earlier later did a phenomenal job at managing the outbreak. The curfew was strongly imposed, I was even scolded by a police officer for coming to Surat and almost punished if I hadn't clarified my situation."

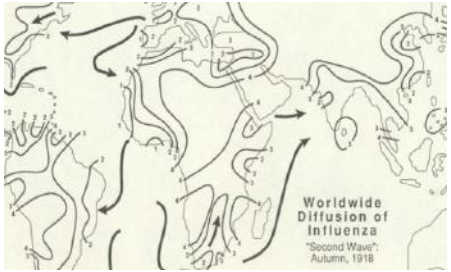
We see in the case of Surat plague that migrant narratives were recorded to some extent as it is a recent epidemic. In addition, conspiracy theories of biowarfare and rumours spread as migrants fled the city. Subsequently, the Chief Minister of Gujarat at the time of plague, Chhabildas Mehta, incorrectly claimed that the plague was pneumonic and not bubonic on media. The media, in turn started reporting exaggerated figures of death. An estimated loss of $420 million in exports was suffered due to the plague.

The ‘Spanish Flu’ Pandemic of 1918-19

Origins and the Global Context

We examine the deadliest pandemic of the last century, through Census Reports of 1918-1921, Times of India archive, research papers, and letters written by Indian soldiers fighting in World War One.

While the origins of the so-called ‘Spanish Flu’ are uncertain[5], it is known to have spread globally by late-1918. An estimate of 50-70 million people were affected in total. In India, the death toll is estimated to be 12-17 million, making it about 5% of the population at the time. The most affected age group was 25-35, with women showing a disproportionately large mortality rate (Mills, 1984).



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A world map tracing the movement of the virus, showing the months it entered major ports.

In India:

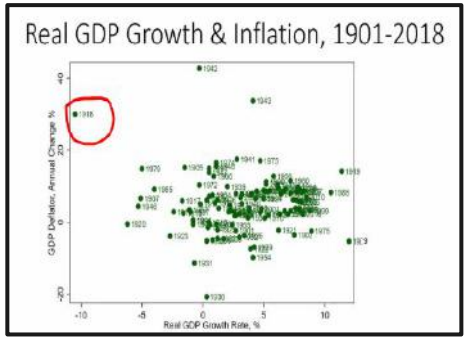
The flu arrived in India in May 1918, through Bombay, and spread in three waves (first wave- Spring 1918, second wave- Fall 1918, third wave- Winter 1918). Before the spread of the flu, the average mortality in Bombay for the period 1910 to 1917 was 32.83 deaths per 1,000 persons. In 1918, it rose 82 per cent to 59.61 deaths per 1,000; in 1919 it rose to 113% of expected mortality (Humphries, 2014). By November 1918, the flu had spread to the Northern Provinces and to the Bengal and Madras presidencies. The spread of flu coincided with widespread famine in 1918. The lack of affordable nutritious food, along with large numbers of doctors being recruited for war efforts, could be one cause for the enormous death toll in India.

The spread of the disease mapped onto the movement of troops during the First World War (1914-1918). In India, as military patients came home from the war with battle wounds and mustard gas burns, hospital facilities and staff were taxed to the limit. This created a shortage of physicians, especially in the civilian sector, as many had been lost for service with the military. This might be another reason for the high death toll, along with the malnutrition caused by the famine.

The Effect on Politics and Economics, Globally and in India

Indian troops assisted British war efforts overseas in France, Belgium, East Africa, Palestine and Turkey. Local narratives from Indian soldiers fighting in trenches across the globe survive in the form of letters sent home. Records of these letters, held in Censor Board Office in Boulogne, France, provide some insight into how the experience of global travel and war affected them. Oral histories collected from DeWitt Ellinwood show how aspirations of freedom and a different lifestyle were birthed, once the soldiers returned home. It is likely that the global exposure to war and European lifestyle, coupled with the terrible famine- and flu-ridden years, added to support of the Freedom Movement.

"The season was very unfavourable all over the Presidency. The outturn of kharif and rabi crops in the Presidency proper was in general abnormally low...The unfavourable conditions of the preceding year continued and were accentuated by the failure of the monsoon...Shortage of labour continued and wages rose higher. The famine, influenza, high prices and scarcity of materials were responsible for a bad year in the case of almost all minor industries" (*Administrative Report of the Bombay Presidency, 1918 (Printed in 1920), pp. ii.).*



The graph shows the relation between GDP and Inflation in years of epidemics/pandemics. The fall or rise of GDP is mimicked by the fall/rise of inflation in nearly all cases. This is not true for 1918, where Inflation is high while GDP is low.

Click to expand

One reason for this is the famine of 1918, which lead to high food prices. This might account for the disparity between GDP and inflation. (Tumbe, 2018)

The flu impacted global politics in more immediate ways as well. Of the many signatories of the Treaty of Versailles in 1917, at least three officials were struck by the flu. Woodrow Wilson, then President of the United States, was severely affected during this time in Versailles. His sickness left him unable to convince the United States government to join the League of Nations. It has been suggested that American involvement under Wilson's aegis might have reduced the toll on Germany following the war, perhaps preventing the Second World War in 1939 (Spinney, 2017).

In India

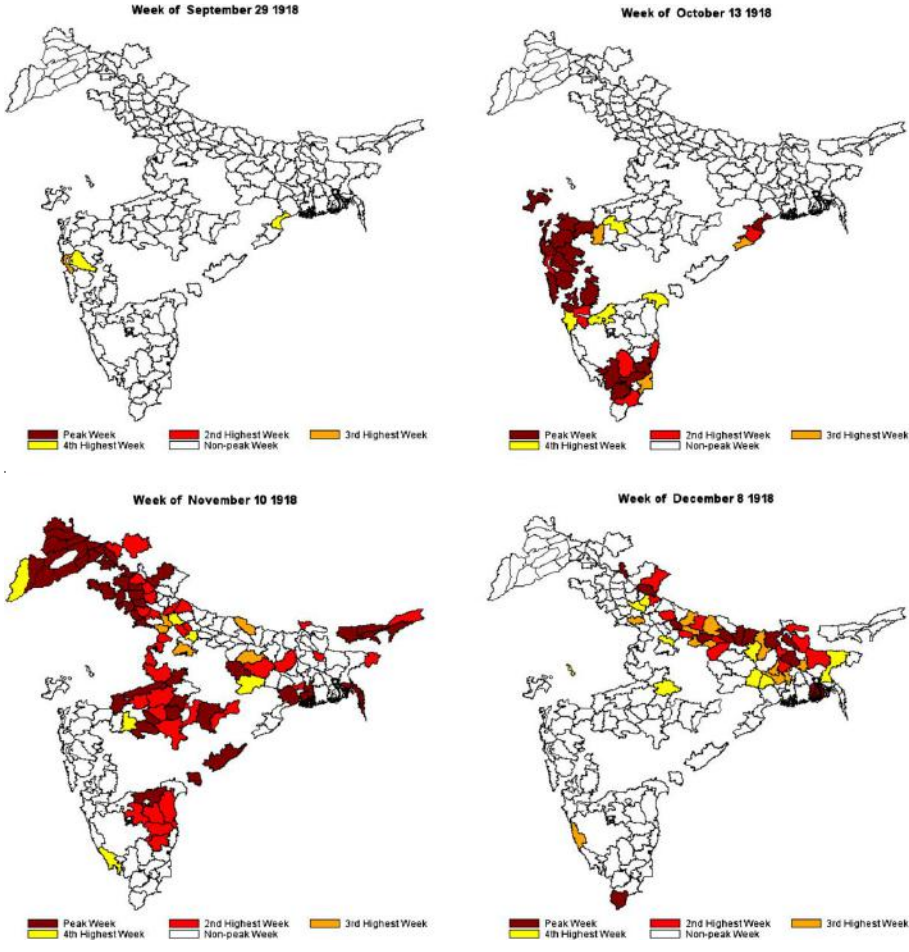
The Spread Through the Provinces[6]

The pandemic arrived in India through a ship carrying Indian troops, docked in the port of Bombay, in May 1918.
These soldiers were amongst the 1.5 million Indians recruited for assisting in war efforts overseas.
In India, the second wave originated in Bombay in September 1918, simultaneously spreading north and south, and reaching Sri Lanka and the northern Indian provinces in October 1918.

Note that some regions such as the Rajputana States in North-Western India were not governed by the colonial administration. These so-called Princely States seem to have no official records for the disease, and are thus absent from colonial census reports. These are represented as empty spaces in the adjacent map.

Trains and postal services

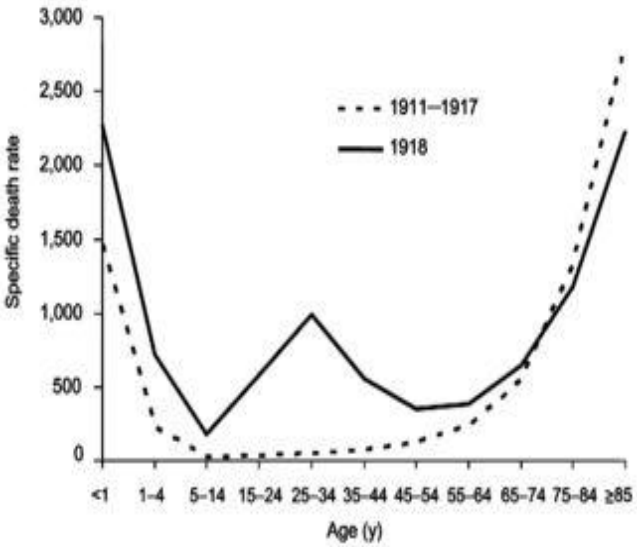
Railways played a role in spreading the flu to remote regions of the country (Tumbe, 2018).
The postal service, which was a source for migrant labourers to send money orders back to their families at home, was held with contempt instead of reverence, due to its role in spreading the flu. In the case of India, the Sanitary Commissioner in his report noted that "The railway played a prominent part as was inevitable".
A hypothesis: The northern regions were affected most severely due to majority of the infected soldiers returning home to this region.[7]



The movement of the influenza in India, over time.
Kassens-Noor and Chandra (2014)

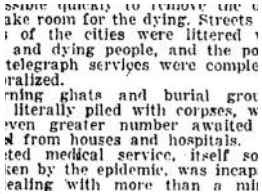
Click to expand

In India - Measures and Responses to the Outbreak



Difference between the influenza mortality age-distributions of the 1918 epidemic and normal epidemics – deaths per 100,000 persons

Some reasons for why quarantine measures were not implemented initially in India: The whole world was infected by it and there was no time for normal adjustments. The close of war demanded the troops to return to the territories from which they had come. A short incubation period and ill-symptoms made it difficult for the prevention measures to be taken. A few people realised the havoc which influenza of this type could play in countries where the climatic conditions were so very different from those with which interepidemic influenza is usually associated.


ake room for the dying. Streets
of the cities were littered
and dying people, and the po
telegraph services were comple
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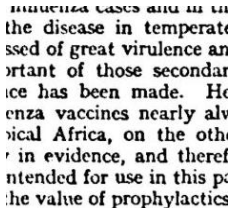
rning ghats and burial grou
literally piled with corpses, w
even greater number awaited
l from houses and hospitals.
ted medical service, itself so
ken by the epidemic, was incap
ealing with more than a mi

ProQuest Historical Newspapers: The New York Times pg. 3. Click on the thumbnail to expand.

Doctors investigating the possible bacteria,
ProQuest Historical Newspapers: The Times of India pg. 8. Click on the thumbnail to expand.

Click on Images to Expand

"There has been a tendency to think of the disease as more or less confined to cold or temperate climates, to look upon it as the concomitant of the catarrhal conditions so prevalent in countries with bleak winters and trying springs, to forget that influenza is a specific disorder of a highly contagious nature which may find a footing anywhere, and which, in certain forms and at certain times, is exceedingly deadly to the coloured and black races of mankind." *British Empire Survey of Health Problems, 1924 pp. 214*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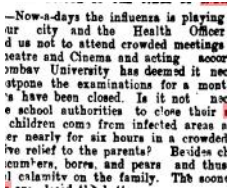
Use of vaccines under the British Empire
Source: British Empire Survey of Health Problems, 1924 pp. 219. Click on the thumbnail to expand.


—Now-a-days the influenza is playing
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Concerned Parent requesting lockdown of schools
Source: Turner, J A The Times of India (1861- current); Oct 1918; ProQuest Historical Newspapers: The Times of India pg. 8. Click on the thumbnail to expand.

Why was the Pandemic of 1918-19 largely forgotten?

The Pandemic of 1918 is not as well remembered in public consciousness as World War 1. This is startling not only because of the toll it took in one of Britain's largest colonies, but also because it killed more people than the World War. Some conjectures for why it was forgotten:

- Major political events, such as the Signing of the Treaty of Versailles in 1917, the Amritsar Massacre and the passing of the Rowlatt Act in 1919, effectively overshadowed the effect of the pandemic.

- The backlash from the people during the colonial administration's handling of the 1896 plague might have made the administration wary of involving themselves too much in affairs this time (explained in following slides).

This points to our lack of recognition of the effects of politics in pandemics, for neither was mutually exclusive. As mentioned earlier, the effect of the pandemic in India, as globally, was significant. Indian soldiers who might have never stepped out of their villages were exposed to European lifestyles and their ideals of freedom. This may have influenced the National Freedom Movement. It might be worthwhile to note that aspirations of a dominion status

The proliferation of the virus itself maps onto the politically-motivated movement of resources of Empires across the globe. To have a poor public memory of this disease, mentioned largely as its effect in death tolls and infected patients in archives, is a strange phenomenon. The accounts of the vast majority of the people who were infected remain consistently absent across the three waves of this pandemic. This tells us that recording the pandemic and its effects - in the way the ongoing pandemic of 2020 is being chronicled - was not considered as archival material at the time.

In the concluding slides, we will provide on possible this lack of archive has in current day politics. We look at another major epidemic in India, asking once again, what is recorded predominantly during epidemics/pandemics.

Bombay Plague 1896

Origins and administrative responses. The Times of India archive, Library of Congress, the Wellcome Collection, Census report (1891) and academic papers were accessed while researching.

In 1896, doctors were left perplexed over the diagnosis of the plague. On 23 September 1896, Dr Viegas, an allopathic practitioner in India, confirmed the first case of bubonic plague or *mahamari (as it was known in some regions of Himalayas)* in Mandvi (a town in current-day Gujarat).

There are two known theories for the origin of the Bubonic plague. One traces the origin to Hong Kong where the disease wiped out 1/3rd of the country's population in 1894. The other theory put forth by the colonial administration argued that the plague was endemic to Himalayas/Northern India where such diseases were frequent.

To deal with this health crisis, Bombay administration allocated a budget of Rs 6,50,000 to the plague and 30,996 extra medical volunteers were hired. Also, the local administration imposed a quarantine. Yet, this was not strict enough as regular travellers and merchants were allowed to come with simple medical checks and passes while the European and first-class travellers were exempted from these checks. Poor residents of Bombay faced the highest burnt of government's excessive measures. For instance, many times houses of poor patients were destroyed to stop the disease spread. On other occasions, infected patients were shifted to camps or hospitals.

An interesting anecdote related to Bombay Plague.[8]

Map depicting the severity of cases in different areas during Bombay Plague in 1896.
NLS No.(21)

More

Newspaper clipping showing fisherman praying for the plague to go away.
Library of Congress (1897)

More

Administrative Intervention and Panic

Segregation and migration during Bombay Plague, 1896:

In October 1896, Municipal commissioner of Bombay presidency issued an official notification, an extended form of power under Municipal act of 1888. Some photographs show medical volunteers bringing in patients to the camps on manually propelled ambulance carriages as a result of the authority given to them to segregate and hospitalize suspected cases. A document from 1896 shows the harsh directions that the authorities had to follow to identify the cases of plague.

Although hospitals were one of the safest places, Indians were reluctant about medical camps and this taboo created a problem for the colonial administration. Finally, the government had to allowed some caste and religious leaders to build hospitals. As a result, 24 medical camps in total were built by Hindus, Muslims, Parsis and Christians. One of these camps was the Arthur Road Plague hospital (today is known as Kasturba Hospital).

Setting up religion/caste specific camps did not help and thus Bombay saw a large scale migration. Photographs show upper-class families, the first ones to flee the city, setting up temporary camps on the outskirts of the city. These families, mostly Baniyas or Jain Traders, had to leave the city due to their houses being infected by dead rats because they did not believe in killing living organisms and even "removing dead ones". The disease was thus known as *Baniya* disease.

The Arthur road plague hospital in Bombay.
Photo: Geraldine Rowe/Flickr, CC BY 2.0

More

Affluent families forced to leave during the plague
Source: Wellcome collection

More

Aftermath of Bombay Plague, 1896

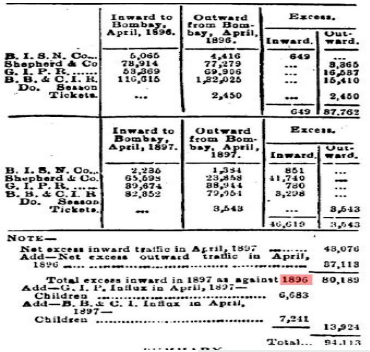
Disruption of the city during Bombay plague and political actions:

Migrant information circulated after the plague in 1896 by Mr John Marshall, Secretary of Bombay chamber of commerce reveals that almost 3,00,000 people had migrated out of Bombay by April 1897 and then the number went on to almost 4,00,000. This made up half the population of Bombay which was 8,20,000 according to the population census of 1891.

According to a report by Washington post(1896), the death toll was almost 1500 by December (just three months after the first case) in the city due to the plague. As a result of large scale migration and an increasing death toll, the population of Bombay decreased by 45000 from 1891 to 1901.

To deal with the unrest and disorder, the British government passed the Epidemic Diseases Act in February 1897 which legally authorised them to take draconian measures in situations of disease outbreaks.

Consequently, an act of terrorism in British India was observed: the Chapekar brothers were hanged to death on 22 June 1897 for assassinating the Plague commissioner and Lieutenant Ayerst to prevent them from taking cruel steps to control the plague. Moreover, Bal Gangadhar Tilak was also imprisoned for eighteen months for his writings against the government measures in the newspaper *Kesari*.



	Inward to Bombay, April, 1896.	Outward from Bombay, April, 1896.	Excess. Inward.	Excess. Outward.
B. I. S. N. Co.	5,086	4,416	649	...
Shepherd & Co	79,914	77,279	...	5,365
G. I. P. R.	53,369	69,906	...	16,537
B. B. & C. I. R.	110,016	1,22,925	...	15,410
Do. Season Tickets	...	2,450	...	2,450
			649	87,762

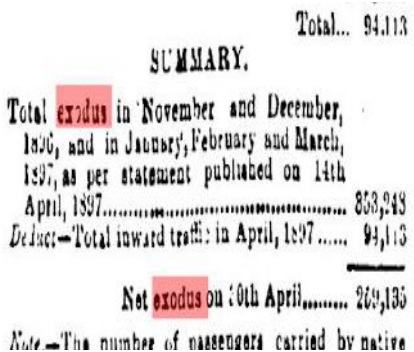
	Inward to Bombay, April, 1897.	Outward from Bombay, April, 1897.	Excess. Inward.	Excess. Outward.
B. I. S. N. Co.	2,236	1,324	851	...
Shepherd & Co.	65,598	23,858	41,740	...
G. I. P. R.	89,674	88,914	760	...
B. B. & C. I. R.	82,852	79,761	3,298	...
Do. Season Tickets	...	3,543	...	3,543
			46,649	3,543

NOTE—

Net excess inward traffic in April, 1897		43,076
Add—Net excess outward traffic in April, 1896		37,113
Total excess inward in 1897 as against	1896	80,189
Add—G. I. P. influx in April, 1897— Children	6,683	
Add—B. B. & C. I. influx in April, 1897— Children	7,241	13,924
	Total...	94,113

More

Migrant information circulated after the plague in 1896 by Mr. John Marshall, Secretary of Bombay chamber of commerce



Total... 94,113

SUMMARY.

Total exodus in November and December, 1896, and in January, February and March, 1897, as per statement published on 14th April, 1897..... 853,248

Deduct—Total inward traffic in April, 1897..... 94,113

Net exodus on 30th April..... 759,135

Note.—The number of passengers carried by native

Observations from the Three Disease Outbreaks in History

What has been recorded in an archive, and more crucially, what has not?

We see how pandemics have affected movement of people: In the case of the ongoing pandemic, we see reports of thousands of migrants stranded due to the lockdown, and desperate to go home. As of 1 May 2020, measures such as the running of special "one-off" trains to ship migrants home have begun. In the case of Surat Plague, it led to mass exodus that is well recorded in Public memory. During the 1918 Flu, it was the mass movement of supplies and troop movement across the globe that proliferated the virus. For a variety of reasons, it is less remembered than other events in 1917-19. For the Plague of 1896, reports show a mass migration of mill workers and other migrants who sought employment in Bombay.

We notice that there is no record of migrant narratives in the years 1896 and 1918. These are years when the colonial administration was responsible for intervening in dealing with the diseases, including segregating the sick from the healthy, marking houses, employing medical staff and running incubation labs for finding vaccines. This is to show that pandemics and mass-movement of people are inextricably linked. Government mandates on lockdowns and self-quarantine measures today are in contrast to the historic movement of people we have seen.

We conclude that the missing narratives in archives add to the invisibility of Migrant Labourers and their importance to the economy. To remedy this for the future, we stress the importance of recording these stories, so policies may adequately address them. We note that, while there was an emphasis on recording the number of infected cases and the death toll, especially in large cities like Bombay, there was no attempt at recording stories from the migrant workers. Thus, for instance, we have little to no information about how textile workers in Bombay received medicine, what were their general apprehensions concerning leaving city. Such lack of detail can lead to a less empathetic reading of history. The repercussions of this are felt as a lack of sufficient policies today. Therefore, to prevent this for posterity, we include these stories as part of our archive.

Further, we look at the role of information during pandemics, with a focus on its effect on movement of masses. This is investigates through two case studies, which follow.

Information, Misinformation, and Disinformation

We wish to show how the rapid dissemination of information in modern times, has amplified the effect of the virus on movement of people.

World Health Organization stated that the COVID-19 pandemic is accompanied by the "infodemic" which refers to an over-abundance of information, out of which some are true and some are not. Spreading of information, misinformation and disinformation plays a very crucial role in migration during times of epidemics/pandemics.

We will be examining these two case studies- the incident of Nizamuddin Markaz/ Tablighi Jamaat in Delhi and the Bandra station incident in Mumbai during the ongoing COVID-19 pandemic. These case studies, examine the link between migration and misinformation/disinformation. It is important we look at both the case studies since there has been a large scale migration (in Tablighi Jamaat)and need of migration(in Bandra station incident). Misinformation spread can be harmful to a certain section of the community and hence it is very essential to look at what is getting recorded and how.

INFORMATION
refers to factual or scientifically verifiable information

MISINFORMATION
refers to inaccuracies that stem from accidental or deliberate error or lack of fact-checking

DISINFORMATION
refers to deliberate falsehood promulgated by design often by a state or by its proxies

Tablighi Jamaat and Markaz Nizamuddin

A man in New Delhi's Nizamuddin area in a bus that will take him to a quarantine centre | Source: Scroll.in

Tablighi Jamaat is a revivalist Islamic organization which undertakes outreach activities to spread the understanding of religious teaching among Muslims. It was founded by Muhammad Ilyas al-Kandhlawi in 1926. It is headquartered at Alami Markaz, Banglewali Masjid in Nizamuddin, New Delhi and is often referred to as Markaz Nizamuddin.

Markaz Nizamuddin is where members of Tablighi Jamaat often congregate to devise strategies about their outreach plans. A meeting was held in early-March 2020 which drew members not only from various parts of India but also from Malaysia, Thailand, Indonesia. Many attendees left Delhi around 11 March 2020 as confirmed by one of the attendees to our group. However, many members were stranded at Delhi Markaz as they could not leave in the wake of sudden nationwide lockdown on 24 March 2020.

This event is held responsible for the spread of COVID-19 and an initial doubling of total positive cases in India. Government and media agencies are all after it.
Here, we are analysing the use of misinformation by TV channels with regards to their coverage of Markaz Nizamuddin incident. Later, we look at how these coverage fed into an existing atmosphere of mistrust and discrimination against Indian Muslims.

Markaz Nizamuddin 2020 | Timeline of Events

The spread of COVID-19 due to Tablighi Jamaat's congregation in Delhi can be attributed to both Jamaat's carelessness and Delhi government's delayed response to evacuate the attendees at the event. However, media notwithstanding negligence by police and government shifted all blame on Tablighi Jamaat. Also, the Delhi government officials Satyendra Jain, Atishi Marlena, Et al issued public statements all blame of spread of COVID-19 on Tablighi Jamaat's event. The timeline below showcases this:

1 - 15 March 2020

Tablighi Jamaat (TJ) members, including foreigners visited Delhi to attend a congregation at Nizamuddin Markaz and started moving out to different destinations

13 March 2020

Indian Health Ministry: "COVID-19 is not health emergency, no need to panic"

18 - 21 March 2020

A TJ member from Thailand was taken ill at Coimbatore airport. 6 and 2 positive cases found in Telangana & Tamilnadu of TJ members who attended Delhi congregation

22 - 23 March 2020

Nationwide lockdown announced for three weeks. 1000 TJ members stuck at the Markaz

24 March 2020

Notice issued by Police to close the Nizamuddin Markaz. TJ officials asked permission to send stranded members to their destination but the permission was not given.

25 - 28 March 2020

Government official visited Markaz & TJ official visited government office and shared the visitor list. 13 persons from Markaz taken by WHO for medical check-up

28 - 29 March 2020

Notice issued by police office, warning of legal actions. TJ officials sent their reply

30 March 2020

Rumour started on Social Media & amplified by TV news channel that COVID-19 infected persons are present in Markaz Nizamuddin — No media house reached the place

30 - 31 March 2020

Delhi Chief Minister (CM) — Arvind Kejriwal ordered action against TJ administration. Criminal case filed against TJ officials.

Media Reaction

India News popularizes the hashtag #CoronaJihad on Twitter through its anchor, Shehzad Poonawalla on twitter.

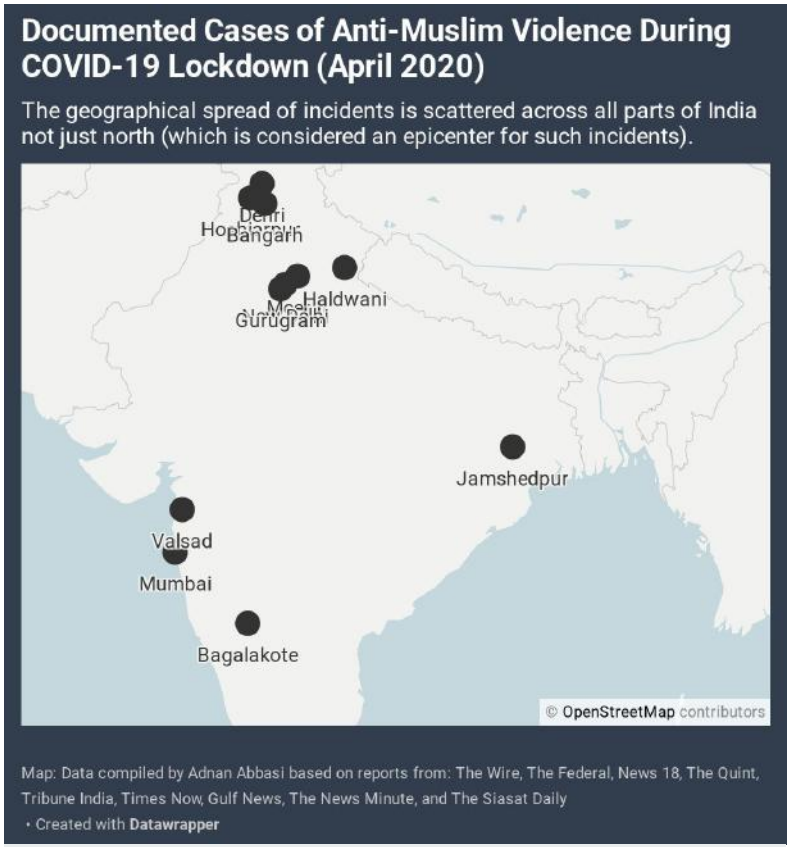
Zee News Zee news accuses Tablighi Jamaat members of spreading COVID-19 by spitting on Corona warriors with intentions of Jihad

Major media houses accused Tablighi Jamaat of crimes including terrorism. Sudheer Chaudhary of Zee News claimed that Tablighi Jamaat members are linked to Al Qaeda and are working like "suicide bombers" by spreading COVID-19 deliberately. The stories about Tablighi Jamaat members misbehaving with Quarantine center staff and spitting in open were broadcasted on Times Now and several other news channels. This story was proven to be incorrect by fact checking website AltNews.

Rohini Chatterjee (2020) describes India TV News coverage of Jamaat in these words "In a video, one of India TV's anchors says, "God knows how many members of the jamaat are roaming around in the country like corona bombs". The other anchor chimes in, 'they can detonate the virus bomb at any moment, putting large numbers of people in danger.' All of this was also announced in high-pitched, dramatic tones aimed at spreading fear and panic in the minds of viewers".

Indian Newspapers also ran hoax news reports. For instance Amar Ujala — widely read Hindi daily — on 4 April 2020, claimed TJ members of defecating in open after being denied meat. This story was proven incorrect by fact checking website AltNews.

Aftermath & Discrimination



Click to know more about the incidents

Due to spread of disinformation regarding Tablighi Jamaat's role in spreading COVID-19, Muslims faced increased discrimination ranging from instances of physical violence to more structural forms of violence in the form of calls of boycott, taunting, hate speech exclusion.

Islamophobic hashtags like #CoronaJihad are over twitter in hundreds of thousands. Time Magazine reported that on Twitter, over 165 million people saw the hashtag #CoronaJihad -- which as explained earlier was done at the behest of Indian media.

In Karnataka, Muslims distributing food to migrant labourers were beaten over a rumour of them spreading COVID-19 through food distribution was circulated.

In Uttar Pradesh, the ruling party Bharatiya Janata Party's elected legislator appealed people — named Suresh Tiwari — appealed not to buy vegetables from Muslim vendors.

In Punjab, Muslim Gujjar dairy farmers were beaten and boycotted in their villages over similar rumours in Punjab.

Aftermath & Discrimination - Some testimonies

Our group reached out to a Tablighi Jamaat member who attended Markaz event and a retired IAS officer who is recording experiences of Indian Muslims in COVID-19.

Ahmed (name changed) — a Tablighi Jamaat member — told us about discrimination he faced recently. He gave us the example of such discrimination which he is experiencing himself — he told that “I am a government employee from Bhopal and am seeing a pattern that no Muslim employees are being called to office in the duty list released for partial office opening”.

Retired senior civil servant Dr Anees Ansari who is also a Indian Muslims for Progress and Reforms (IMPAR) — a group of Muslim Intellectuals to fight Islamophobia — informed about the long history of anti-Muslim discrimination insisting that: "The vilification of Tablighi Jamaat and through them villainification of Muslim community is more sinister manifestation of anti-Muslim bias in Indian society"

The vilification of Tablighi Jamaat and through it the whole Muslim community as the villain in the fight against COVID-19 is another, albeit more sinister manifestation. To his mind, Muslims need to reform themselves by focusing on education, upliftment of socio-economically marginalised section of the community, and by improving their political awareness. He thinks that proactive engagement with other communities, especially vulnerable groups, will improve their image.

What happened in Bandra, Mumbai?

Originally, the nation-wide lockdown was supposed to end on 14 April 2020. However, the continual rise in COVID-19 cases across India – particularly in cities like Mumbai – forced the government to extend it further down for a few weeks. At this moment, a crowd of more than 1000 migrant labourers gathered outside the Bandra railway station in the city of Mumbai demanding a return to their hometowns and villages.

These workers had responded to messages on social media, and a local news channel's report, which said that the trains would start running for the workers on 14 April 2020 Belonging to far off parts of the country, these labourers wished to return to their homes. This gathering was called "Chalo Ghar ki Ore" (Let's move towards our homes)- which was an online campaign allegedly started by an activist called Vinay Dubey. The social media posts, along with the news channels, spread the news that the trains will start working and the workers can go back to their hometowns,

This sudden gathering of workers outside Bandra station in Mumbai was most curious for one more reason: Indian Railways' passenger operations had been shut down – for the first time in its commercial history. Yet, the miserable living conditions of workers made them put faith in the misinformation about the opening of railways.

Later, Maharashtra Cyber Unit identified 30 social media accounts spreading fake news regarding the opening of railways. In addition, ABP Majha, a local news channel, had broadcasted news about the opening of rail route for long-distance travels. Kulkarni, the ABP Majha reporter who spread the false news, along with 11 others (one of them being Vinay Dubey) was later arrested under IPC and the Epidemic Act of 1897 for spreading rumours. It becomes difficult for people who can not resort to fact-checking to differentiate between fake and real news.

Migrant labourers near the Bandra station Source: The Hindu

Footwear of protestors lying on the road after police action on migrant workers who assembled at Bandra Railway Station, Tuesday | PTI

Narratives from Migrants and Police Official in Bandra

Five migrant workers from Bandra West and a police officer at the Bandra Railway Police Station were interviewed over the phone by Aditi Mohta in Hindi on 2-4 May 2020.

"*Khaana paani toh itna ganda hai, ki khaane se hi bimaar padd jaaye*" (The food consumed are so bad that we'd fall sick consuming them)
-- A labourer hailing from Bihar who works at an embroidery shop in Bandra West, Mumbai.

Aditi talked to the five migrant workers, of whom three were part of the Bandra incident. The main concern they expressed was the quality of food and water they were consuming in this lockdown. They complained of not getting the promised food ration despite filling multiple forms, whereas, the local residents and NGOs were helping them to get food supplies. One of them got to know about the Bandra protest through the news on the television, one through word of mouth, and one joined the protest because he saw it happening. The protests were not only about the workers demanding to go back to their hometowns, but also demanding food and water. The workers were dispersed by the police by baton (lathi) charge. One of the workers Aditi talked to was hurt during this incident and mentioned that there are many workers who still can not get up from their beds, and cannot avail medical services.

While elaborating on their conditions regarding food, they said that they had to stand in a line for hours every day to get food.. They stand in close proximity to each other and there is no distance maintained in the queue whatsoever. From 2 May onwards, police began to distribute forms for these workers to fill. However, the labourers did not know the purpose of these forms.

Narratives from Migrants and a Police Official in Bandra

After her conversation with them, Aditi received a call from a group of anxious migrant workers who further inquired about the purpose of the conversation. Although she had clearly outlined her objectives in the conversation and promised anonymity, they were convinced she was from the police or the government and were scared that something might happen to them because of the interviews, telling her "*vese bhi dakrar rehte hai, phir aapka call aaya toh aur dar lagne laga*" (We already live in fear, and after your call, we were even more afraid).

While talking to a constable at the Bandra Railway Police Station on 2 May 2020, who was on duty at that time, he said that and the gathering of the migrant workers started at around 3:30 pm and went on till 4:30 pm- they tried to curb the situation by meeting with all their demands- provided them with ration, to meet their food demands- but they still did not disperse, hence they had to finally resort to the use of baton charge to disperse the crowd.

The interviews revealed the poor living conditions which forced the workers to trust a source of information out of desperation to go back to their hometowns and not live in such dreadful and impecunious conditions. Their needs were not being taken care of as promised by the government and they lived in an environment of constant fear and anxiety and did not know what was happening, and were not informed about it either. All of this tension amongst the workers piled up, forcing them to believe anything that could help them get back home. The narrative of the constable shows the chain of events that took place during the whole incident.

Media Channels and Social Media's Reaction

A communal touch was given to this gathering of migrant workers in Bandra when a masjid was identified in a photo. Major news channels including NewsNation and ABP pointed out that the gathering was near a masjid. They asked questions like: 'Is Jama Masjid responsible for this crowd?' at Bandra Railway station. News channels targeted Vinay Dubey- a native of Uttar Pradesh serves as president of an organisation called the Uttar Bharatiya Mahapanchayat, who was accused of passing false information and asking migrant workers from North India to gather at Bandra (West) in suburban Mumbai to demand passage back home. Viral tweets, based on no credible information, asked if Vinay Dubey's father was a Muslim, which gave a communal angle. One of the tweets in Hindi read: "Vinay Dubey's mother marries a #muslim, Vinay Dubey's father's name is Mehmood. His name is intentionally kept Vinay Dubey (a Hindu name) so that the Hindus brothers are fooled by him. This is an important tactic of jihadis to destroy Hinduism and the country!"

This gathering was labelled a conspiracy by "anti-nationalists" by some major news channels, saying the people assembled were actors and not migrant workers. It was highlighted that the workers did not carry any luggage to go back home, hence they were not workers in the first place. One of the channels stated that this was an attempt to make India lose its war against COVID-19.

Misinformation was the reason the workers gathered near the railway station, as we explain through interviews with the people concerned. After the incident, misinformation was spread which led people to believe this was not a gathering of migrant workers wanting to go back home- but a conspiracy, or/and a gathering at a masjid. The news channels failed to acknowledge or investigate the living conditions of the workers, and the reasons they had gathered.

Click on the pictures to view the original videos/tweets

Fact Check

Fact checking helps us distinguish information from misinformation and disinformation. Here are some ways you could fact check information:

CRAAP (Currency, Relevance, Authority, Accuracy, and Purpose) Test

- Currency (Is the information current for your topic?)
- Relevance (Does it relate to your topic?)
- Authority (Who wrote it? What are their credentials?)
- Accuracy (Does it have references? Is it peer-reviewed? Does other research support it?)
- Purpose (Why was it written? Is there bias?)

Other ways to fact check:

Look at the news source: Can you identify the publisher of the news- which website, which outlet, which blog has published it. Is it legit?

Search for visual clues: Is there a date of publishing, source and author of the news? Are there links in the article, do they actually work? Are there grammatical or spelling errors?

Beware of sensationalized news: Are you sure it's fact based or does it merely appeal to your emotions like religious or political sentiments. Fake news often uses religious and political symbols to exploit our biases.

Some fact checking sites:

- Alt News
- WebQoof by The Quint
- Vishvas News
- Newschecker.in
- Factly
- NewsMobile
- Fact Crescendo
- On Whatsapp
- On facebook

Conclusion

We asked in the Introduction: What constitutes an archive? What has been recorded and, crucially, not recorded during pandemics in modern Indian history? How have the three disease outbreaks that we examine affected the movement of people across history? We addressed the first question, by acknowledging the lacunae in history and its plausible effect of marking certain people invisible, in history and the present. We see that as much as official reports and newspapers, it is personal letters, journals and oral histories that allow us to construe a time-period often supplementing or even contradicting each other. In the information age, then, this personalized documentation of memes, vlogs and social-media comments also qualify as an archive. While we do not cover these in the deck, a collection of memes, videos and comments can be found on our website here.

In our expanded definition of what can form an archive, we face the issue of curation of information. We limited ourselves to look at oral histories of people either displaced by the pandemic or whose displacement brought the disease to answer the second question. As we showcased, the movement of people either led to the spread of disease outbreaks or was fuelled by the pandemics. Particularly today, the proliferation and rapid spread of information, especially via social media, has magnified the impact of COVID-19 virus on migration, as captured by the group through the case studies of migrant workers in Bandra, Mumbai and the Delhi congregation of Tablighi Jamaat. The speed and ease with which information on mainstream and social media can harm a people, migrants or Indian Muslims in our cases, has no historic parallel and needs to be chronicled for future policy-making. This contrasts with the influence of the media in the late 19th and early 20th Century, where proliferation of information was less in the hands of individuals and instead in the hands of the State (for example, the records from Censor Office in Boulogne, during the First World War). Highlighting this effect of media during pandemics can be key to dealing with the inevitable pandemics of the future. We also stress that despite the apparent decentralization of information, it is not entirely devoid of state control. This is showcased in this incident by the Bharatiya Janta Party's Information Technology Cells on social media.

The growth of digital archives: The rapid spread of information, along with the number of online repositories accessed for this project, leads to further questions of the nature of digital archives. Concerns regarding the rate at which digital information decays, in comparison to other technologies of archiving, will need to be addressed in future papers, alongside questions of how we tell our stories to posterity, in light of new communication technologies.

Endnotes

[1]On February 11, 2020 WHO named the disease COVID-19 (previously known as "2019 novel coronavirus"), abbreviation for Coronavirus Disease 2019.

[2] The *Pradhan Mantri Jan Dhan Yojana*, generally referred to as *Jan Dhan* accounts, is a welfare scheme initiated by the Government of India in 2014. It was intended to make financial acts such as opening bank accounts more inclusive for the Indian masses. In April, the Government initiated a welfare scheme that deposited Rs 500 in the accounts of woman Jan Dhan holders, as a means of easing the economic burden due to the COVID-19 crisis.

[3] As per PM Garib Kalyan Ann Yojana, a welfare scheme, beneficiaries under the National Food Security Act could avail free rations distributed by the states. This included 5kg of rations, including rice, flour, pulses, sugar and salt. The rations were available upon verifications of one's Aadhar card (A unique identity Number). Additionally, in some states such as Gujarat and Jharkhand, plastic boxes of *khichdi* were given to each members of the family, once a day.

[4]When asked what Mritunjay Jaap (Mritunjay: conqueror of death; jaap: chant) is, he said that it involves writing the lines in the jaap (chant) and dipping it into a bottle of water from Ganga river (Ganga river is considered holy and sacred in Hindu mythology), and then drinking the water). According to him, this chant makes you immune to all the problems and no sickness and disease can harm you in any way.

[5]Recent research suggests that the flu is highly likely to have originated from America or China (Humphries, 2014). Note that viruses had not been discovered at the time of the pandemic. The flu was identified as a strain of H1N1 virus in 1997 by Dr. Johan Hultin and Dr. Jeffery Taubenberger, in America.

[6]Data for the Princely States is not part of the official colonial records, as they were not governed directly by the British-controlled Government of India. The figures mentioned are based on extrapolations of the number of cases in these states.

[7]Also present at the Armistice, as one of the signatories, was the Maharaja of Bikaner, General Ganga Singh. He was representing India in the Imperial War Cabinet, alongside other signatories such as Frank Lloyd-George and Georges Clemenceau. The following quote, written in April 1917 (a month before the fl arrived in India) shows his sentiment of being an Indian Statesmen at the Armistice: “Our aspiration is to see our country attaining, under the standard of the King-Emperor, the self- government and autonomy which you in this country secured long ago and which our more fortunate sister Dominions (the so-called White Dominions of Canada, Australia, New Zealand and South Africa) have enjoyed for some time past.”

[8]Anecdotal evidence reveals that Raja Ravi Verma, after the death of his brother during Bombay Plague, sold his press at Ghatkopar to a German technician. He offered a considerable amount of shares to Dadasaheb Phalke for making India’s first ever motion picture: Raja Harishchandra.

[9]The Bharatiya Janta Party (BJP) is the governing political party in India during the COVID-19 crisis.

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