

Life Endangered in the Catastrophic Disease (COVID-19) : Political Engrossment in Hindutava and Election

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Abstract :

Life of citizens is endangered due to rapid spread of catastrophic disease, the COVID-19. It has caused tremendous effects in the field of health-sector, employment sectors, particularly in the unorganized sectors. The crisis of bare minimum earning are facing by almost all sectors, and particularly by the poor workers in the unorganized sector, temporary-part time-contract workers, daily wage earners and lower middle class and the unemployed youths. The roles of different international inter-governmental Organizations, like- WHO, UN, World Bank, and like others, have been trying to mitigate the pandemic situation; and have warned about the crisis are going to be developed. The UN has warned that global hunger could double due to COVID-19 blow. World Bank data shows that public health expenditure in India is abysmally low at 1.4% of GDP as of 2014, compared to a world average of 6%. This is much higher for Brazil at 3.8%, Russian Federation at 3.7% and China at 3.1%, among others. WHO's 'Situation Report – 202' [9] on 'Coronavirus Disease (COVID-19)' has shown the clear picture of the present pandemic situation throughout the globe.

Despite of rising alarming condition of Bengal and India due to rapid spread of corona virus, both the BJP led Central and TMC-led State Governments have failed to deliver any proper step to prevent the spread of Coronavirus. Rather the BJP Government is more interested in playing the Hindutva game of toppling the elected Governments [10], led by Opposition Parties, by purchasing the MLAs. Measures taken by the Kerala Government has been highly acclaimed by the experts of medical sciences both at national and international levels. The WHO has mentioned in its statement on 2nd July 2020, entitled- 'Responding to COVID-19 - Learnings from Kerala' [11]. Since the beginning, both the State and Central Government are showing that the Indian figures are lower than those of other countries; but interestingly they are not comparing with the figures of China, South Korea, Cuba, Singapore and Vietnam. It is the statutory duties of both the State and the Central Govern for taking all possible steps to mitigate this Coronavirus pandemic situation, and providing all sorts of facilities to the Citizen of India.

Keywords : Corona Virus Disease, COVID-19, Severe Acute Respiratory Syndrome, Epicenter, Ebola virus; Influenza Virus H3N2; H1N1 Influenza, Infodemic, Hindutava

Abbreviations Used : COVID-19 = Coronavirus Disease; SARS = Severe Acute Respiratory Syndrome; WHO = World Health Organization; UN = United Nations; MERS = Middle East Respiratory Syndrome Severe Acute Respiratory Syndrome (SARS)

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1. Introduction:

The rapid spread of Covid-19, lack of minimum public health system and the panic of the virus coupled with continuing misery of the jobless workers including the migrant workers have worsened the economic depression already existing all around. Worst authoritarianism apart, the list of misery, deprivation and reckless discrimination is long. The crisis of bare minimum earning faced by the poor, workers in the unorganized sector, temporary-part time-contract workers, daily wage earners and lower middle class and the pain experienced by the youth either for losing jobs or for losing hopes of getting any in future have taken a devastating shape in India.

The utter bankruptcy of both the RSS controlled central government and the Trinamool party led Bengal government in providing relief and urgent steps with intensive health care measures to overcome the crises are exposed. None of the governments seems to have any concern for the working millions and vast population of distressing poor, has failed to have shown any urge, whatsoever, for making any least meaningful endeavour to save the lives and livelihood of millions and millions. Apparently this virus of inaction and failure is proving to be more fatal than the Covid-19 virus as far as suffering people are concerned. Eventually, in a condition of high price, no work, denial of financial assistance, the panic-stricken people are forced out of desperation to go out for earning their livelihood at the tremendous cost of risking their lives of getting infected by the spreading virus. In such a deteriorating situation, where abiding by the government restrictions and health advisories are resulting in losing of livelihoods and starving, the importance of the former becomes insignificant.

It will not be out of place to mention important role being played by prestigious World Health Organization. WHO Director-General's opening remarks at the media briefing on COVID-19 on 6th August, 2020^[1] is noted here-

"The events of the last seven months are a tragic reminder of the insecurity and instability that disease can cause. The COVID-19 pandemic has changed our world. It has stress tested our political, economic, cultural and social infrastructure. And found us wanting. It has pushed the limits of health systems both weak and strong, leaving no country untouched. It has humbled all of us. The world spends billions every year preparing for potential terrorist attacks but we've learned lessons the hard way that unless we invest in pandemic preparedness and the climate crisis, we leave ourselves open to enormous harm. Since WHO was created over seven decades ago, we have worked to galvanize collective international public health action to build a healthier and safer future for humanity.

From ending smallpox, to bringing polio to the brink of eradication; from rolling out treatment for HIV, TB and malaria to millions of people across the world, to responding to hundreds of emergencies. Building up all health systems and ensuring health for all is our best shot at delivering on the goal of

[1] WHO Director-General's opening remarks at the media briefing on COVID-19 on 6th August, 2020. Retrieved on 07.08.2020-<https://www.who.int/dg/speeches/details/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19--6-august-2020>

global health security. Fifteen years ago, the global community came together and adopted the International Health Regulations (2005). Its implementation by 196 state parties was a major step in the coordination of international action to enhance global health security.

Following WHO being notified of an atypical strain of pneumonia circulating in Wuhan Province, China; the International Health Regulations was triggered and the world was subsequently informed of the outbreak in early January. The genome was mapped within the first week of January. In the second week of January, it was publicly shared and WHO published how to build a PCR test for COVID-19 from our partner lab in Germany. In the third week, WHO identified and began contracting for validated production of quality PCR tests. And by the first week of February, WHO began shipping tests to over 150 labs around the world, which enabled the world to track and trace the virus around the world quickly. And it was under the IHR – International Health Regulations – that WHO declared a Public Health Emergency of International Concern on 30 January – WHO’s highest health security alert under international law. At that time, there were fewer than 100 cases and no deaths outside of China. Today, more than 18.5 million cases of COVID-19 have been reported to WHO and seven hundred thousand lives have been lost. No country has been spared. Low, middle and high-income countries have all been hit hard. The Americas remain the current epicentre of the virus and have been particularly hit hard. Just three countries have reported over half of all cases. No single country can fight this virus alone. Its existence anywhere puts lives and livelihoods at risk everywhere. It’s never too late to turn outbreaks around and many countries have done just that. It’s never too late to turn the situation around. Our best way forward is to stick with science, solutions and solidarity and together we can overcome this pandemic.

COVID-19 has also exposed how misinformation poses one of the greatest security threats of our time. Misinformation can spread faster than the virus itself. Since the beginning of this pandemic, WHO has been working to address misinformation. We’ve worked with all major tech companies to counter myths and rumour with reliable, evidence-based advice. Last month, WHO brought experts together from across the world to hold the first conference on how best to tackle the COVID-19 infodemic. Through our daily situation reports and regular media engagements WHO offices have kept the world informed. Myself, Maria and Mike have ourselves done more than 90 press briefings. We have on a weekly basis, briefed our Member States to present the latest scientific knowledge, answer their questions, and to share and learn from their experiences with COVID-19. WHO will continue to support everyone, everywhere and work with leaders, communities and individuals to foster global solidarity, suppress the virus and save lives and livelihoods.

Even as we fight this pandemic, we just ended the second largest and probably the most difficult and complicated Ebola outbreak in history in the Democratic Republic of the Congo. We are applied lessons from previous outbreaks and innovations developed and researched ethically in conflict situations to bring the deadly disease under control. And just this week our team in Lebanon is responding to the large explosion that has killed more than 130 people and injured at least 5,000. Whether it’s COVID-19, disease outbreaks or responding to humanitarian and natural disasters, all are intrinsically linked to global health security.

While health has often been viewed as a cost, the first coronavirus pandemic in history has shown how critical health investment is to national security. And universal health coverage is essential to our collective global health security. Building back stronger health systems will require political will, resources and technical expertise in high- and low-income countries alike. That is why WHO's highest priority is to support all countries to strengthen their health systems so that everyone, everywhere can access quality health services when they need them.

COVID-19 has already taken away so much. We must seize this moment to come together in national unity and global solidarity to control COVID-19, address antimicrobial resistance and the climate crisis. For all our differences, we are one human race sharing the same planet and our security is interdependent - no country will be safe, until we're all safe. WHO urges all leaders to choose the path of cooperation and act now to end this pandemic! It's not just the smart choice, it's the right choice and it's the only choice we have."

According to **United Nations, global hunger**^[2] could double due to COVID-19 blow. UN special reporter Philip Alston estimated in early July, 2020 that more than 250 million people are now at the risk of extreme hunger. A UN University Working Paper^[3] (*WIDER Working Paper 2020/77; Precarity and the pandemic COVID-19 and poverty incidence, intensity, and severity in developing countries. June 2020*) has estimated that 400 million new workers are at the risk of slipping into extreme poverty, or less than \$1.90 a day. In India the situation is much grimmer. Prior to Pandemic India slipped into 102nd position in the global hunger report of 2019 that ranked 117 countries, falling behind Nepal, Bangladesh and Pakistan.

2. Severe Acute Respiratory Syndrome (SARS) Epidemic in India:

In the year 2003 at the time of break out of the SARS epidemic^[4], the experts predicted about unprecedented virulent virus attacks in the future. The World Bank^[5] provided many countries, including India, with financial loan assistance for making preparations to combat such attacks. In India a committee was constituted centrally in 2008-09 with an aim to constitute district-wise

[2] Reuters (April 21, 2020). Global hunger could double due to COVID-19 blow: U.N. | Retrieved from- <https://in.reuters.com/article/health-coronavirus-un-food-idINKBN22314C>

[3] Sumner, A., Eduardo O-J., Hoy, C. (June 2020). WIDER Working Paper 2020/77; Precarity and the pandemic COVID-19 and poverty incidence, intensity, and severity in developing countries. United Nation University, World Institute for Development Economic Research www.wider.unu.edu. Retrieved from- <https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.wider.unu.edu/sites/default/files/Publications/Working-paper/PDF/wp2020-77.pdf&ved=2ahUKewikhfy31pirAhU-vDgGHftAC5oQFjAAegQIBBAB&usg=AOvVaw06kflI9RvSa6m9B6QUfIXS&cshid=1597338992068>

[4] WHO | SARS (Severe Acute Respiratory Syndrome)(2002). Retrieved form- <https://www.who.int/ith/diseases/sars/en/>

[5] Brahmabhatt, M., Dutta, A. (January 2008). Policy Research Working Paper 4466 on 'SARS Type Economic Effects during Infectious Disease Outbreak'. The World Bank, East Asia and Pacific Region; Chief Economist's Office. Retrieved from- https://www.google.com/url?sa=t&source=web&rct=j&url=http://documents.worldbank.org/curated/en/101511468028867410/pdf/wps4466.pdf&ved=2ahUKewix76TH2pirAhVwxjGHYEOAYMQfjAAegQIBBAB&usg=AOvVaw10U_twD_HwVLkiKTixQUGT

committees across the country. But the target was never achieved and whatever progress was made came to a dead-stop in 2014. The committee also became non-existent. Despite the financial assistance from World Bank and caution words from UN regarding virus attack, the developed capitalist countries effectively abolished the state controlled public health system. With an objective of privatizing most part of the crucial health services sacrificing even the primary health care, the entire health sector was handed over to the large corporate operating in the fields of manufacturing medicines and medical equipments. In the neo-liberal regime started three decades ago it is globally true that astounding volume of wealth has accumulated in the hands of a few corporate and big business houses whereas the incomes of the majority of the people have fallen drastically leading to growing acute inequality and livelihood crisis. Amidst this steep wealth and income disparity, while it is the duty of the state to provide and improve the health facilities for the general population, the Narendra Modi government has washed its hand off the entire responsibility of public health by further handing over the fates of the millions to the private medical insurance companies. The erstwhile system of state controlled primary health care including infrastructures for providing people with nutrition and immunity have all reduced to the minimum. Instead, the Modi-Shah team has been too busy in announcing and promoting weird national health schemes like Ayushman Bharat. While the government is advertising the scheme with success statistics, no one really knows how many of the fifty million poor families of India have benefitted from it. On the other hand several allegations have been raised regarding illegal activities of the private players in the health sector remaining under the aegis of the said scheme. The presence of the private sector, dominating the health scenario, has not at all been felt in curbing the spread of Covid-19. Rather the burden of medical expenditures is pulling down about sixty million people to poverty every year. While the requirement is sky high, the government spending in health sector has now remained less than or just around 1% (1.28 percent in 2018) of the GDP. According to report of the World Bank^[6], India's out of pocket expenditure in health in 2017 was 67.4 per cent. It deteriorates further in three years. The World Bank Report in 2017 regarding expenditure for health care in India (January 27, 2017) had published-

"...Will budget 2017 go beyond insurance to address India's huge health challenge? ... World Bank data shows that public health expenditure in India is abysmally low at 1.4% of GDP as of 2014, compared to a world average of 6%. This is much higher for Brazil at 3.8%, Russian Federation at 3.7% and China at 3.1%, among others. ..."^[6].

^[6] World Bank Report about in 2017 regarding expenditure for health care in India (January 27, 2017). Retrieved from-
https://www.google.com/search?client=ms-android-lenovo&sxsrf=ALeKk01XgFXzZD6Fp2fALB751gF3OWsbFA%3A1597342346629&ei=iol1X7j0Jc2X4-EPmriJiAg&q=world+bank+report+about+in+2017+regarding+expenditure+for+health+care+in+in+india&og=World+Bank+Report+about+in+2017+regarding+expenditure+for+health+care+in+in+india&gs_lcp=ChNtb2JpbGUtZ3dzLXdpei1zZXJwEAEYADIECB4QCjECAAQRzoGCAAQBxAgOgYIABAIEB46CAgAEAgQBxAgOgYIABANEB46CAgAEAgQDRaEgOgQIIRAKUKvjA1iMwAtgqNsLaANwAXgFgAGIBYgB4a8BkgEMMS4wLjc3LjguMC4xMAE AoAEBwAEB&scit=mobile-gws-wiz-serp

This can best be understood by the 'Comprehensive National Nutritional Survey' (CNNS) conducted from 2016 to 2018. It was done in collaboration with the United Nations Children Fund (UNICEF) by the Ministry of Health and Family Welfare. The 'Frontline' (November 8, 2019) reported explaining this CNNS that the survey indicates at the very outset that chronic malnutrition or stunting of children under five years of age declined by only one-third between 1992 and 2016. According to CNNS findings, stunting remains alarmingly high at 38.4 per cent and more than half of the women in the reproductive age were found anaemic. More than 60 per cent of all anaemic cases had to do with poor nutrition and iron deficiency. The Survey shows that 35 per cent of children fewer than 5 years are stunted, 17 per cent wasted, 33 per cent underweight and 11 per cent acutely malnourished. Another government led report highlighted that unemployment in India reached highest in 45 years. But these alongside growingly low affordability of vast masses are not subjects of any concern for the government. The pandemic is affecting mostly this improvised section of the population who has little access to public health care.

3. Epidemic/ Pandemic Wake-up call by WHO throughout the World : SARS, H1N1 Virus, MERS, Ebola Virus and COVID-19:

3.1 Epidemic: Wake-up call by WHO:

3.1.1 SARS: Not just Diseases for Poor People:

As the century began, most experts believed that the exotic pathogens that cause so much misery in Africa and densely-populated parts of South-East Asia would never become a problem in wealthy countries, with their high standards of living and well-developed health systems. Then came Severe Acute Respiratory Syndrome (SARS) in 2003, a disease that took its heaviest toll on wealthy urban areas. SARS spread most efficiently in sophisticated hospital settings. That was one myth gone.

3.1.2 H1N1 Influenza Pandemic:

The 2009 H1N1 Influenza pandemic, the first of the 21st century, proved how very quickly a new virus can spread to every corner of the globe. It showed how, with all eyes focused on H5N1 in Asia, something bubbling up on the other side of the world can be the event that actually explodes. But the biggest surprise delivered by the H1N1 Virus was a fortunate one; the pandemic was much milder than many had feared.

3.1.3 Middle East Respiratory Syndrome (MERS):

The Middle East Respiratory Syndrome (**MERS**) broke yet another widely held assumption. Prior to that outbreak, the exotic jungles and forests of Africa, and the teeming cities of Asia, where people live crowded together with chickens, ducks and pigs, were considered the two

most important geographical birthplaces for new human pathogens. Not after MERS. Camels in an arid desert setting can also breed surprises.

3.1.4 Ebola Virus Disease (2014-2016):

On 23 March 2014, the WHO published notification of **Ebola virus** in Guinea of West Africa. In 6 months the epidemic was declared to be a “public health emergency of international concern.” How the 4 biggest outbreaks since the start of this century shattered some long-standing myths. Ebola virus disease: An important wake-up call for countries to prepare better for disease outbreaks.

The current epidemic of Ebola virus disease is an important wake-up call for all countries. The world urgently needs to improve its preparedness for outbreaks of emerging and epidemic-prone diseases. All experts agree, changes in the way humanity inhabits the planet make the emergence of more new diseases inevitable. Constant mutation and adaptation are the survival mechanisms of the microbial world. These microscopic agents, some of which copy themselves more than a million times a day – in sloppy ways, with no proofreading mechanism to correct mistakes – will always find a way to exploit any weaknesses in systems set up for protection or defense. Recent large outbreaks, just since the start of this century, have shattered a number of myths about the world’s vulnerability to threats arising from new pathogens and epidemic-prone diseases like Ebola.

3.1.5 Threat to Global Security:

And now the world is confronted by Ebola, in five West African countries and in an unrelated outbreak in the Democratic Republic of Congo. Prior to the current epidemic, Ebola was regarded as a distant and geographically confined threat, a remote disease of poor African countries. After all, several Ebola outbreaks have occurred in central Africa since the start of this century. The rest of the world barely noticed or felt a thing. Last week, an emergency session of the United Nations Security Council adopted a resolution that affirmed the threat this outbreak poses to peace and security, shattering yet another myth. The resolution had 134 co-sponsors, by far the most for any resolution in the Security Council’s history. This was also the first time in the Security Council’s history that an emergency session was called to address a public health issue. The 2017-2018 **Influenza Virus H3N2** caused death of between 46000 and 95000 Americans.

3.2 Corona Virus Disease (COVID-19) Pandemic throughout the World:

Since the end of December, 2019 the UN and WHO^[7] have been constantly issuing warnings against the dangers of Covid-19 which first appeared in China. WHO has prescribed detailed guidelines to be followed for preventing and collectively fighting spread of the Novel

[7] UN News (January 2020). Coronavirus global health emergency: Coverage from UN News. ‘The outbreak was first reported in Wuhan, China, on 31 December 2019’. World Health Organization ([WHO](http://www.who.int)) and the United Nations; Retrieved from- <https://news.un.org/en/events/coronavirus-global-health-emergency-coverage-un-news>

coronavirus (COVID-19). The key thrust of the global experts is to widest possible public health care system, augmenting testing-tracing-isolating- treating in equipped health apparatus and public hospitals. In line with the Trump Administration and Brazil, the essential role of the experienced specialists and medical bodies has been pushed to the background.

3.2.1 Statement of 4th Meeting of the IHR Regulations (2005) Emergency Meeting of WHO regarding the Outbreak of COVID-19 :

After emergency committee meeting of WHO, it was stated on August 01, 2020 that WHO's highest level of alarm under **International Health Regulations (IHR)**^[8] was made on January 30 at a time when there were fewer than 100 cases and no deaths outside China. Though at January end, 2020 the epidemic was spreading in U.S., Europe and also starting to make effect in India, rapidly in February but the concerned Governments have paid no attention to the alarm and taken almost no effort for implementing those guidelines. In sharp contrast China responded at a breathtaking speed. Implementing a strict lock-down, rapidly arranging for protective gears including PPE and masks for doctors and other health workers, ensuring medical equipments including ICUs and ventilators, and forming a pool of 80,000 doctors and health workers, expanding testing and remedial measures, China could successfully combat spread of Covid-19 at Yuhan, the place where the outbreak virus first emerged. However, neither US nor the European nations learnt from the exemplary experience of China's all-out war against the unknown disease and did not exhibit any attempt to deploy all possible resources to protect the people from the virus attack.

3.2.2 Recent Coronavirus Disease (COVID-19) Situation in the Globe;

Till now (August 9) the virus has infected more than 5 million people in US of whom 163K has succumbed to the virus; In 216 countries and territories there are 19462112 cases and 7222285 confirmed deaths. Details may be seen from the **WHO's Situation Report – 202**^[9], on 'Coronavirus Disease (COVID-19)'; which is based on the Data as received by WHO from national authorities by 10:00 CEST, 9 August 2020.

These deaths were definitely not inevitable. In Brazil, instead of fighting with the spread of the virus, the extreme right forces led by the President of the country have declared war against those whoever has opined that the pandemic is a real threat to the nation. Already in a span of 18 months two health ministers have been shown the door.

^[8] WHO (1 August, 2020). Statement on the fourth meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of coronavirus disease (COVID-19); WHO. Retrieved on August 3, 2020 from-[https://www.who.int/news-room/detail/01-08-2020-statement-on-the-fourth-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-coronavirus-disease-\(covid-19\)](https://www.who.int/news-room/detail/01-08-2020-statement-on-the-fourth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-coronavirus-disease-(covid-19))

^[9] World Health Organization (9 August, 2020). 'Coronavirus Disease (COVID-19); Situation Report – 202'. Data as received by WHO from national authorities by 10:00 CEST, 9 August 2020.

India, with 2153010 confirmed cases and 43379 confirmed deaths till August 9, [see the Table-1; Part- South East Asia; Situation Report -202 of WHO^[9]], which has progressed to the 3rd rank in the list of most affected countries in the world.

Experts are convinced that the real figures are even worse as many of the infected and death cases could not be identified. The dangerously increasing load of income inequality, unemployment, starvation, impoverishment, malnutrition, unhealthy environment and absence of health facilities imposed upon majority of the people in the tenure of the Modi Government have been instrumental in preparing a fertile field for the Covid-19 related crisis to flourish in India and in transforming the virus attack into a pandemic.

4. Role of Central & State Governments in India and Global Capitalist System in fighting against COVID-19:

4.1 Priority of Government of India: Fighting against Coronavirus Pandemic –vs- Raising Hindutava Vendetta and Playing Political Games:

Despite of the alarmingly rising graph of the corona virus, the both the Central and State Governments have failed to deliver any proper step to prevent the spread of Coronavirus. Neither did it plan to procure necessary medicines, medical equipments, adequate testing laboratories, developing emergency equipped beds and services of doctors and other health workers or take initiatives to increase public consciousness, nor did it impose high rates of corporate, wealth and succession taxes in order to finance the expenditure for combating the pandemic. Rather the RSS dictated BJP Government is more interested in playing the Hindutva game of toppling the Congress-led Madhya Pradesh Government^[10] by purchasing the MLAs which ultimately concluded on 22nd March of the current year. Immediately after that, country-wide lock-down was suddenly announced with four's notice on 24th March putting the nation into a complete stand-still. The miserable condition of millions of jobless unorganized workers, migrant workers, small businessmen and the innumerable daily earners who are dependent on their small incomes were not given proper importance and as a result, despite the announcements made, systems for providing these people, constituting more than half of the total population of the country, with free ration, health-care and emergency transport service are effectively non-existent. The pauper migrant workers did not have any proper transport facility to get back to their homes safely. The Modi Government and BJP are solely responsible for the unimaginable sufferings of the millions and millions of people. Again, It was quite possible for the government to act promptly to plug the deficiencies during the lock-down

^[10] Times of India (March 11, 2020). Madhya Pradesh Government Crisis : BJP Lodges its MLAs in Gurugram Hotel. Retrieved from- <https://timesofindia.indiatimes.com/india/madhya-pradesh-government-news-live-updates-20-ministers-present-in-meeting-called-by-cm-kamal-nath-resign/liveblog/74554685.cms>

period in order to reduce the misery of the people on account of the pandemic. However, in this essential sector also, the government revealed its failure and bankruptcy. At the beginning of the lock-down period on March 24, there were only 564 infected persons in India and the death toll was 10. The respective figures of confirmed cases and confirmed death on August 10 are close to 23 lakhs and 45 thousands. Instead of being concerned, the Prime Minister has been claiming success

4.2 Role of Central and different State Governments of India in Fighting against COVID-19:

Kerala has already set a brilliant example in combating the virus which has been highly acclaimed by the experts of medical sciences both at national and international levels. The WHO has mentioned in its statement on 2nd July 2020, entitled- ***'Responding to COVID-19 - Learnings from Kerala'*** ^[11] that-

"Five months on since the country's first positive case of Novel Coronavirus Disease (COVID-19) was reported in Kerala, the state with over a population of 35 million, has reported 4189 cases of COVID-19 as on 30 June 2020 and 23 deaths with an impressive recovery rate of 51.7%.

The state government's prompt response to COVID-19 can be attributed to its experience and investment made in emergency preparedness and outbreak response in the past during Kerala floods in 2018 and especially, the NIPAH outbreak in 2019. The state used innovative approaches and its experience in disaster management planning came in handy to quickly deploy resources and put up a timely and comprehensive response in collaboration with key stakeholders. Active surveillance, setting up of district control rooms for monitoring, capacity-building of frontline health workers, risk communication and strong community engagement, and addressing the psychosocial needs of the vulnerable population are some of the key strategic interventions implemented by the state government that kept the disease in control....."

However, the Modi Government did not make even any small effort to follow the example set by Kerala. Let alone taking steps to fight the pandemic like creating medical infrastructure for large number of corona tests, increasing the number of hospital beds, the Trinamool Government concentrated its energy to hush up the crisis. The government forces were deployed in manipulating statistics to understate the number of deaths so that the government can take the credit and in taking actions against the protesting voices. Instead of investing in building of effective health facilities to face the danger, the government spent astounding amount of money to make electoral image building propaganda in the media. Starting from 564, in the first two months of the lock-down period, the number of infected has crossed the level of 0.2 million and the death toll is already over 5,000.

[11] WHO (2 July, 2020). 'Responding to COVID-19 - Learnings from Kerala'. Retrieved from- <https://www.who.int/india/news/feature-stories/detail/responding-to-covid-19---learnings-from-kerala>

Since the beginning, the Modi Government, is however, busy in showing that the Indian figures are lower than those of other countries. Interestingly while making the comparisons the government has not shown the courage to take into account the figures of China, South Korea, Cuba, Singapore and Vietnam. Though there can be no questions regarding the usefulness of lock-down, absence of planning and lack of preparedness for the lock-down on the part of the government have thrown a mass of more than 40 million people in a dreadful crisis encompassing acute shortage of food, shelter, income and medical facilities^[12]. The present multi-faced crisis involving mental and physical health, humanity, finance and social values has brought the irresponsible role of the government in light. Citizens are trying their best to maintain physical distancing for the safety of all. Despite lack of proper consciousness, they, on their own, are procuring masks to cover their own faces. However, even after responding to Modi's call for clapping hands or beating metal plates or showering flowers for the health workers, no mask could be possibly be produced that would cover the grievous failure of the government in handling the crisis.

Kerala has a population of about 35 million and number of beds in government hospital is 22,000, whereas in Gujarat, the state of Modi and Shah, there is about 16,000 beds to cater to a population of 68.20 million. In Maharashtra, which is even a bigger state, the bed number is only 6970. Maharashtra, Gujarat and Delhi are the worst pandemic affected states in India. The condition of public health system is even more miserable in West Bengal. Here one can mostly find active efforts to hide the shortcomings through government advertisements and consoling speeches. That the picture in Kerala is far bright than that of the other states is not only because of it has better infrastructural facilities, the will of the state government and its ability to mobilize all its citizens to join the war against the pandemic are also equally responsible for the success story. So the obvious big question is why the Modi Government and the Trinamul Government did not follow the globally acclaimed Kerala Model, let alone success story of China, Vietnam, Laos, Cuba, South Korea, Singapore or New Zealand and rather took just the opposite route. None of them seem to have in satisfactory answer to the question.

4.3 Failure of Global Capitalist System:

It is beyond any doubt by all accounts that the virus episode is not going to end quickly. In places where the intensity of the first wave of the pandemic seems to be reducing there are subsequent recurrences, with rising apprehension. Rush for vaccines is very much active across countries, it is quite predictable that the general availability of those vaccines would require a considerable length of time. The experts are also not ruling out dangers of virus attack arising out of its continuous mutation. The condition of the common people is bound to deteriorate in

^[12] Times.com (March 31, 2020). Modi's Hasty Coronavirus Lockdown of India Leaves Many Fearful for What Comes Next. Retrieved on April 04, 2020 from <https://time.com/5812394/india-coronavirus-lockdown-modi/>

this devastating situation. The burden of the global failure of the capitalist system is being imposed on the common working people everywhere. On the other hand the workers' movements across the world are gaining new experiences. New horizons of possibilities of advancing forward by overcoming hurdles are unfolding every day. China and Cuba have reached dilapidated Europe and other places asking for help with all possible assistances. It is also a new lesson for the citizens of all countries. Learning from the experience, Spain has initiated the process of bringing private health system under the umbrella of government infrastructure. Human civilization has experienced unknown maladies and virus attacks for centuries. Like the Covid-19 there may be attacks of many other viruses which are beyond the knowledge of modern science and technology. Everyone is concerned about the related dangers. The scientists are also engaged in research to work out ways for combating such future attacks. New mysteries are surfacing after old mysteries are getting solved. The experiences of Covid-19 pandemic are partially sending a lesson that health system based on maximization of profit in the modern capitalist order can only help in spreading of infection and deaths. The socialist system is proving to be the only real and dependable warrior to combat such pandemics and other attacks on humanity.

4.4 Priority of Political Campaign even during Severe Coronavirus Pandemic Situation:

On 9th and 11th June of the current year Narendra Modi and Amit Shah initiated electoral campaigns for West Bengal^[13] by addressing chambers of commerce and making propaganda regarding the success of the central government during last six years. It is obvious that they attach very little importance to considering the condition of the people devastated by the pandemic, pre-COVID slowdown in economy and long financial crisis. They have adopted the well known heinous style of owning all the credits defining failure into success, resorting to habitual stunts announcing new and newer schemes with little essence and blaming others for all the failures. The subservient role towards US dominance brazenly sacrificing independent foreign policy, handing over all national assets, including strategic defense production to the foreign corporate for plunder has been renamed by Modi as building of "Atmanirbhar Bharat" (self-reliant India). After two and a half decade of BJP rule, of which Modi was the chief-minister for 12 years, Gujarat is projected with high-voltage campaign as plated with gold such as inequality and poverty have vanished, sufferings and misery are unheard of. Each and every family is showered with happiness. The amount of over-flooding wealth is so alluring that in the month of February, when the US President cum a corporate businessman Trump visited the state, the Gujarat Government obviously at the instance of Prime Minister had to spend billions of rupees to erect high guard walls to obstruct his view so that the accumulated gold does not

^[13] Times Now News (June 09, 2020). Amit Shah Vs Mamata Banerjee: Know how TMC plans to counter BJP virtual rally in Bengal. Retrieved on June 20, 2020 from- <https://www.timesnownews.com/kolkata/article/amit-shah-vs-mamata-banerjee-know-how-tmc-plans-to-counter-bjp-virtual-rally-in-bengal/603465>

attract his attention. In the year 2011 the Trinamool Supremo campaigned all over West Bengal promising to build a “Golden Bengal”. In the nine years of Trinamool rule what she really built is a Bengal reaching unprecedented heights of corruption, loot and autocracy. Now Modi and Shah have tighten their belts to bank upon the slogan of “*Sonar Bangla*” [14] (Golden Bengal) to transform Bengal into Gujarat, the state famed for riots, murders, corruption and corporate-centric rule. The foundation ceremony of Ram Mandir led by the Prime Minister violating the constitution and the supreme court order on August 5 points, as a matter of fact, towards foundation of fascistic Hindutwa Rashtra. The present phase of struggle boils down between RSS-BJP versus suffering India.

5. Comments:

All-out efforts in war footings should have to be taken by the both State and the Central Governments to fight against the COVID-19. Endangered Lives of the Citizens have to be rescued from the grips of the catastrophic disease at any cost; and this should be given the top priority, and should be kept out of any hidden political agenda. Hide-and-sick games should be stopped. Actual statistical data related to COVID-19; i.e. number of Test, positive⁽⁺⁾ patients, deaths, recovery, beds available in Govt. Hospitals and availability, etc. should be transparently displayed as per WHO Guidelines. Development of Primary Health Care Systems and its infrastructure to be given top priority, so that each and every Citizen can avail free, fair and equal adequate health facilities in all corners of the country. No political Party should play any dirty game during such pandemic period, while life of citizens is endangered.

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