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Core 200

29 April 2023

**News Article Analysis: India Is What Happens When Rich People Do Nothing**

For my Unit 3 Paper, I will use the News Article Analysis prompt to analyze writer Vidya Krishnan's 2021 article in The Atlantic – India Is What Happens When Rich People Do Nothing. This article focuses on the devastating impacts of the Covid-19 pandemic, including exploitation of marginalized groups like migrant workers, oxygen and other medical resource shortages, and the overall structural consequences of poor governance and health infrastructures in India. Not only does the writer Krishnan cater to the failures of the current Indian federal government during the pandemic, but he aims to point out the great moral failure of our whole generation, which has exposed the long-existing structural issues in providing for public healthcare and social security of Indian citizens.

According to the World Health Organization, from 3rd January 2022, India stands at 44,972,800 confirmed cases of Covid-19 with 531,707 reported deaths (WHO). However, the actual death count is assumed to be much more than these official numbers and is around 3.4 million deaths (Anand et al.). In this situation, what is the role of India's central authority – the government – in providing for its people? How does this pandemic affect the framework of equality, or inequality, of different social groups? How is India seen globally, or what are the consequences at an international level?

During the first wave of Covid-19, the Indian federal government quickly established its first lockdown. The chosen article starts by iterating this first lockdown as "a brutal shutdown" and "one that largely hurt the poorest and the most vulnerable." In the face of a sudden lockdown, groups such as migrants or daily wage workers/laborers were forced to do long travels back to their homes, faced with food insecurity, and suffered high levels of unemployment. In the article, writer Krishnan criticizes Prime Minister Narendra Modi's governmental actions regarding how "his administration offered little in the way of support for those who lost their job or income as a result of restrictions."

In Defoe's Journal of the Plague Year, the author describes his first-hand experience during the Great Plague of London outbreak in 1665. Similar to the Covid-19 situation, we see how the London Plague outbreak augmented social inequalities or injustices in various ways, i.e., how the impact of the plague was felt differently by different segments of society. For example, Defoe writes on the law enforcement on prevention of rogues and wandering beggars on the streets as a potential threat to spreading infection – "It is therefore now ordered, that such constables, and others whom this matter may any way concern, take special care that no wandering beggars be suffered in the streets of this city in any fashion or manner whatsoever, upon the penalty provided by the law, to be duly and severely executed upon them." (7). More importantly, he also writes about the wealthier individuals and families, in comparison to others, how could easily escape the disease by traveling away from the infected areas and leaving the consequences of the plague to be faced by the poorer community – "It is true a vast many people fled, as I have observed, yet they were chiefly from the west end of the town, and from that we call the heart of the city: that is to say, among the wealthiest of the people, and such people as were unencumbered with trades and business. But of the rest, the generality stayed, and seemed to abide the worst." (4).

We can see how both of these epidemic situations reflect similar patterns where particular vulnerable and marginalized sections of society were the target of the most exploitation. For Covid-19, in India, it was the migrant daily wage workers, and for the London plague, it was people with low incomes, beggars, rogues, and more. Evidently, both the article and the Defoe reading point out the governmental policies and actions at fault for this marginalization and exploitation.

Nevertheless, a question that comes to my mind is how should one's government act during such times. In the Defoe reading, wherein the period was around the 1600s, what else could the government have done in a time with inadequate medical resources and technology availability? For Covid-19, was the sudden lockdown the best solution taken by the Indian government in the face of a predicted global pandemic that could have disastrous harm? In Leviathan, Hobbes writes, "Hereby it is manifest that during the time men live without a common power to keep them all in awe, they are in that condition which is called war; and such a war as is of every man against every man." (2). Hobbes emphasizes that the only way to attain peace is through a central authority, such as a monarch or governing system. This central government would establish the rule of law, leading to relatively peaceful and secure lives. However, did this apply to the Covid-19 pandemic – was the government core at establishing peace and security? In India's case, it cannot be a simple yes or no answer.

While Krishnan strongly criticizes and lays the blame for India's coronavirus disaster at the feet of India's federal government, especially targeting Prime Minister Narendra Modi, in my opinion, the government's response presented a bilateral situation. While the government's early implementation of the national lockdown unquestionably harmed vulnerable groups like the sizeable migrant and daily wage workers population, it also likely contributed to the low Covid cases in the first Covid wave. The question remains whether the government's action, including the early lockdown, effectively helped curtail the spread of the virus while taking into account India's large population, large geography, overcrowded cities, undereducated rural population, poverty, fragmented and mistrusted healthcare system, and discrimination and violence against healthcare workers(Venkata et al.) or not.

While Krishnan initiates his article by criticizing the government for playing a pivotal role in the Covid-19 disaster, he establishes his fundamental argument – the "great failure of our generation" in creating and maintaining India's flawed healthcare system. The article mentions, "India's economic liberalization in the '90s brought with it a rapid expansion of the private healthcare industry, a shift that ultimately created a system of medical apartheid: World-class private hospitals catered to wealthy Indians and medical tourists from abroad; state-run facilities were for the poor".

The Defoe reading, while not explicitly pointing at the structural flaws and systematic problems of London's health and public care system, does imply that it exacerbates the plague situation through the portrayal of events. This includes the government's severe measures of shutting down houses confining people to their homes to control the plague – "If any person shall have visited any man known to be infected of the plague, or entered willingly into any known infected house, being not allowed, the house wherein he inhabited shall be shut up for certain days by the examiner's direction." (6). Moreover, Defoe also talks about the difficulties faced by the London citizens in acquiring the health certificates from Lord Mayor for travel – "there was no getting at the Lord Mayor's door without exceeding difficulty; there were such pressing and crowding there to get passes and certificates of health for such as travelled abroad, for without these there was no being admitted to pass through the towns upon the road, or to lodge in any inn" (3).

Krishnan's article highlights how the Covid-19 crisis did not strictly act as a social equalizer but through making all individuals, whether poor or rich, face the same health disaster – revealed the privilege of the upper caste of India. The author writes about this upper caste, "Today, they are clutching their pearls as their loved ones fail to get ambulances, doctors, medicine, and oxygen." The author also says "that there is no shortcut to public health, no opting out from it. Now the rich sit alongside the poor, facing a reckoning that had only ever plagued the vulnerable in India". In this way, the pandemic also revealed the long-existing structural flaws of the health care system – wherein the private resources run specified for wealthier individuals, leaving out the poor and run-down state facilities for other social groups.

The Hobbes reading iterates, "if there be no power erected, or not great enough for our security, every man will and may lawfully rely on his own strength and art for caution against all" (18). Hobbes's primary argument relies on how human beings are at war with each other in the state of nature. Further, in the absence of "no power erected" or a central authority/governance, everyone has to rely on themselves for protection, defense, and survival. This connects, to some degree, to the challenges of medical and critical care facilities in India. My chosen articles shed light on the significant crisis of lack of oxygen, beds, and other facilities, particularly during the second wave of Covid-19 in India. Krishnan writes, "Individual tales of people finding oxygen or a hospital bed via Twitter cannot hide the reality: There will soon be no beds left. Medicines are running out. There aren't enough ambulances to carry the sick to get care, nor are there enough vans to carry the dead to graveyards. There aren't even enough graveyards, nor enough wood to burn the necessary pyres." Due to the lack of proper governmental support, Indian citizens are at war with each, self-reliant on acquiring the needed health care.

At a global level, we saw comparable patterns of Covid-19 challenges. The lack of medical and critical care facilities was not just the case in India but other countries. In a press release by Wellcome Trust, Unitaid, and WHO, the agencies said that more than half a million patients with COVID-19 in low-income and middle-income countries, including Malawi, Nigeria, and Afghanistan, need oxygen every day, and shortages are causing preventable deaths (Usher). In a transnational context, inequalities in critical care resources were evident. Overall, the oxygen and critical care resource crisis in the COVID-19 pandemic has exposed global inequalities and structural weaknesses in healthcare systems, market supply management, and economic development. There is a vital need for greater and better public healthcare management toward global economic parity!

Vidya Krishnan's article, India Is What Happens When Rich People Do Nothing, showcases a thought-provoking image of the consequences of the affluent population and the government's indifferences and inaction in India. This article is a wake-up call for all, the wealthy and society, to address the interconnected systematic problems of employment, health care, security, and more. Krishnan concludes, "However inadvertently, we built the system that is failing us." thus, he urges collective understanding, responsibility, and engagement to achieve a more equitable and inclusive society.

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