

Risk, Trust and the
Pandemic.
A Sociological Perspective

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Prefatory Comments

- Because we live in them, the fundamental features of our social order are elusive to assessment and logical rigor. Though as social scientists we try and unravel the processes, events and experiences that constitute them, we sometimes don't perceive them.
- Every now and then a crisis, any crisis opens up and makes transparent the way we live and the nature of the social order that has organized it.
- More than any other crisis (e.g. a political and economic crisis) epidemics and pandemics opens up an epistemic window on our social order; this is so not only because of its high mortality rate and extensive debilities, both of which creates fear and impacts everyone to act, irrespective of group affiliation and geographical location but it exposes the interconnections between death and its embeddedness within the structures of society.

Prefatory Comments

- For example, historians have argued that in the 14th century when the black plague swept Europe, it led to political and economic but also religious upheavals and it allowed some if not all the people living through it to see the world in a new way, to build new knowledge about it and intervene thus to reconstitute life. The same was true of the Spanish Flu of the early 20th century which killed one third of the world's population.
- This pandemic, i.e. that of Covid 19 has inaugurated a crises of unimaginable nature, something the world has not seen earlier; not only because the earlier epidemics/pandemics were local and/or regionally limited; this pandemic is continuing to spread across our globalized interconnected world even though it is 10 months after Covid 19 was recognized as a pandemic;
- the crisis is not over, it seems to be increasing in intensity with no end in sight

Prefatory Comments

- It is clear that today the pandemic has created uncertainties, uneasiness, fear and lack of hope coupled with tiredness;
- These uncertainties are related to the contingency in our understanding about this pandemic; about its science, its symptoms, its cure
- At this moment, this knowledge have been restricted to two themes: the first is of LIFE, that is how do we stop deaths and continue to augment an healthy life and stop suffering and the second is of the ECONOMY, that is how to generate incomes, employment, revenue and taxes in order to upgrade life.
- The two are interconnected because today globally we don't have a model for life other than the one that advocates lockdowns and the shutdown of the economy, a model that was perfected during the earlier epidemics and is related to a country having a strong preventive and curative health system and a democratic and human governance system

Prefatory Comments

- Nation-states that have been successful in curtailing it are few: New Zealand, South Korea, China and possibly Sweden have been successful because of strong health systems and their inclusive governance systems. Additionally except for China these are small countries with small populations; China though a big country with a huge population has a organized party dependent governance systems in addition to an excellent health infrastructure-and in spite of their partial successes, these 4 countries have gone through 2nd and 3rd waves and we are not sure if further waves will not occur there...
- Today we have a 2 attribute model for handling the pandemic; with each nation-state, their experts such as epidemiologists/scientists-administrators emphasizing policies that either depend on complete lockdowns that stops all economic activities or advocate continuity of some or all economic activities but with contingent measures; this depends on the strength of their health systems, governance structures and the mobilization of its population to the belief in science and its effectivity.

Risk and Trust

- In this presentation I am asking: what kind of story do we get from the Indian experience? Especially because most epidemiologists and economists agree that the Indian experiment has been unsuccessful, in spite of the government suggesting that the pandemic is under control
- As a social theorist I am interested in unravelling the inner workings of the social order that organizes society in India in order to evaluate why people in this country continue to be fearful, have become uncertain and feel insecure, are uneasy about the information and knowledge regarding the pandemic
- The question that I am addressing is: what happened since January 2020 when the first Covid 19 case was reported in India and particularly since March 25th that has created this uneasiness and what kind of national societal system can we unearth as a consequence? Of course, this is about communication strategies to mobilise the Indian population to believe in life and to continue to hope, that is to have trust but it is also about the process that organized the various domains that structured this crisis.

Risk and Trust

- I am using the theories relating to risk and trust to assess these questions
- Ulrich Beck who elaborated risk theory has argued that risk theory is not about classifying and cataloguing risks to individuals and groups but it examines how societal system of governance of capitalism and modernity engenders and promotes risks to the entire population. Thus risk theory is not only about the identifying pain, threats, dangers and about classifying risks
- Rather, it is about how **social processes** have manufactured risks and identifying these processes; it is about the way the societal system is enmeshed in the economic system (capitalism and industrialization), the political system around the nation-state (political parties and ideologies) and the system of experts (technologists and scientists); these three are interconnected and the way these are understood and deployed in a crisis creates manufactured risks.
- Thus it is also about understanding the limitations of our analysis and knowledge, our ways of thinking and opens a comprehension of the unanticipated consequences that emerge in our societal system

Risk and Trust

- Risk theory is about recognizing systemic faults, that of power/authority, of governance, of knowledge that governs decision making, of the role of experts and their expertise and thus of policy that has produced risks, it is about recognizing our limitations and assessing how to surmount these to reconstitute the system
- When Beck presented his main arguments on risk, the Chernobyl disaster happened (1986) and the nuclear cloud went across from Ukraine to Western Europe creating a panic; this panic got reinforced when Tsunami engulfed Japan after the earthquake in March 2011; it flooded the Fukushima nuclear plant; led to radiation and evacuation of the people. Both happened because those who designed these nuclear plants (scientists/technologists) and those who had to cope with its implications (the bureaucrats and political leaders) did not anticipate the implications: deaths and enormous loss of infrastructure and investments.

Risk and Trust

- Trust is the opposite of risk; it is about confidence, reliability in individuals and institutions, it is about belief in abstractions, such as truth, it is also about solutions to reducing risk, to its threats to life and its continuities, it is about hope; it helps to create positive emotions and concerns for each other.
- Because every individual needs to have trust to survive, it reinforces mutuality and reciprocity in others, in relationships and in institutions; it indicates confidence in this mutuality and in possibilities for creating new relationships; it allows for belief in norms/rules that structure reciprocity, of opportunity and for aspirations and this finds legitimacy in the governance system at micro to meso to macro levels and thus a confidence in the possibility of its continuation.
- In this presentation I am arguing that the process that structured the intervention of the pandemic broke the trust in the system, in life and its continuities, in the economy and made people accept that they live in a risk society.
- Let me elaborate this process.

India and Covid 19: The initial process

- India announced a lockdown from March 25th and then opened up after 6 weeks and then has had intermittently lockdowns in different wards, localities, cities, districts and States.
- Instead of giving notice for people to travel and reach their homes, the state gave on 24th March a 4 hours notice and effected the most stringent, draconian and complete lockdown that any country has implemented, rather than ensuring parts are locked down it stopped the economy and isolated its population in their homes.
- This started a panic response due to lack of communication of what it means, what the govt will do in the next 3 weeks and later when extended to 6 weeks, what it intends to do then; or build knowledge about its implications with the populations; except a Janata curfew on a weekend before the lockdown not much done; politics as usual.... no prior communication to state and local governments, no communication to the bureaucracy about the emerging health crisis and what kinds of preparedness needs to be done...Wuhan was already under lockdown then and so a model was available...The first breakdown of trust occurred at this point.

India and Covid 19: The initial process

- The second problem was related to its legal notification and its implications. Though it was announced under the Disaster Management Act of 2005, passed earlier because of the tsunami of 2004, it was governed by the Home Ministry and not the Health Ministry
- The government did not perceive it as a health emergency but as a threat to public order. Even today this is the way it is using this act to handle public order e.g. Hathras
- This Act overturns all other acts and authorities, complete control by the state.
- As a consequence it asserts bureaucratic command and control practices, from centre to state and then state to district..hierarchisation of governance
- Policing was seen as solution to control people who had never ever experienced such a situation, zealous use of crowd control, use of Lathis/sticks, arrests, other forms of repression and torture in police custody.
- Governance did not imply an human intervention rather it was of use of repression

The Lockdown Policy, its Myths and Implications

- More specifically India's lockdown policy was based on 4 myths and indicated a lack of understanding regarding the nature of social order:
- First, the idea that India is an urbanized country and that the people of India live in self enclosed homes.
- Though the lockdown was for the entire country, the ways of organizing life in urban areas of India where most of the poor live was not taken into account; that a large part of lower segments of the urban population live cheek by jowl in one room apartments in slum housing;
- These groups thus came to be policed for any transgression of immobility, led to police brutality.

The Lockdown Policy, its Myths and Implications

- Second, the state created its policy through a myth that Indians have service jobs and can work from home; rather most workers and particularly migrants stayed in small shops and once these closed they lost both jobs and place to stay
- Third, that social distancing was equivalent to physical distancing.
- The policy of physical distancing immobilised the upper segments of the population, the middle classes who had homes so that they could isolate themselves.
- In India trust networks has had to mediate through the inequities such as caste, gender, religion and tribe affiliations.
- However in spite of these inequalities, the nation state's policies had created a degree of faith and belief in redressal of these inequities, a trust in change of status, in ensuring aspirations for mobility.
- The pandemic led to a reverse journey by breaking these trust networks and legitimising instead social distancing

The Lockdown,: Its Myths and Implications

- Upper groups blamed the lower class/caste/tribal groups for the virus; physical distancing was interpreted within caste rules; that of pollution and purity; these started being applied officially and unofficially in social interactions with lower caste and other communities and became policed through housing societies; created distances also among the middle classes between lower and upper castes, pushed women within the household into domestic work
- More generally it created boundaries and borders between neighbours and groups, within middle classes and slums, within localities and wards, districts and States; and across the country
- Fourth, the myth that contact tracing can be organized through technology (Arogya Setu); rather contrarily it has led to further to surveillance and privacy concerns.

India and Covid: The health system

- The second perception of risk related to access to the health system
- An health emergency allows lockdowns to create infrastructure for installing procedures for testing, tracing, isolation and quarantine; China set up large hospitals within days. This has been the experience in China, Korea, HK, etc
- No such efforts made for months, part of the problem related to center-state relationship; distrust due to different govts but also when there were same party govt.s; In India except for Kerala which prepared itself earlier (in January) no other State was prepared, but even Kerala was not prepared for the second round which is on today; for the rest of the country, it was disaster

The Health System

- There was an immediate recognition of the uneven regional nature of the health governance of the pandemic (Kerala vs UP/Bihar), consequently people migrating to other states and cities to get access to health care; also the class divide in access to the system.
- It also exposed the nature and limitations of the biomedical systems in India and globally; the role of big pharmas; the country's unequal public health infrastructure, e.g. the decrease of trained human resources (e.g. .7 doctors per 1000 as against global average of 1.72 per 1000), and lack of medical equipment (access to ventilators and oxygen cylinders); related to decreasing public health budgets, Govt spends 11.3% of GDP on health, 62% healthcare funding is done by individuals and pvt sector
- Additionally there is acknowledgement that Indians are not sensitive to issues of mental health: Before Covid, 1/3 of world's suicides and 1/4 of male suicides in India; India at the bottom in the World Happiness report (indexed in terms of economic strength, perception of social support, levels of generosity and corruption) alongside, Afghanistan, South Sudan and Yemen while Pakistan is 78 times higher and so is Nepal-this index falling in the last 5 years

India and Covid: The health system

- This breakdown of trust related to data regarding tests. India in terms of official data is third in the world today in terms of infections; though the govt expert committee proclaimed that we have peaked, the infection continues to spread and deaths are increasing; both infections and deaths are under reported and tests are low and have decreased in the last fortnight (.88 per thousand in India (Nov 5) as against 2.02 per thousand in USA (Nov 3).
- Today the health system in most States is ONLY focusing on COVID; with preventive health or non-communicable diseases getting low priority.
- Stats. of Dept of Health 1/9/20: Bet April to June 20 as compared to the same period in 2019: E.g Immunization has dropped by 27%, Institutional deliveries by 28%, Major surgeries fell by 60%, outpatient treatment for heart ailments and cancer by 70% and 51% fewer cardiac emergencies were logged in. Treatment of TB, Diabetes and asthma, screening of babies for birth defects all declined; Further risks to life

India and Covid: The Economy

- The third perception of risk relates to the economy.
- Stimulus package directed towards enterprises; criticism that these were old schemes rather than new investment into the system, suggestion that MSMEs & small businesses have not benefitted; these have already closed or are closing down while salaried employment declined (21 million have gone according to CMIE, 7/9/20); GDP declined by 23.9%-one of the highest across the world
- For people there was no creation of jobs: rather rations given only thrice to the poor—a study of 11 States by 65 CSOs (HT Sept 14) states only 50% received it 3 times, 42% once and 8% none; Situation precarious in backward states of Jharkhand, Odisha, MP, Bihar. 66% of this group reported that they were short of cash for food, and 51% for medicines; 40% of the households surveyed reported that they had reduced food intake — the proportion is higher in Bihar (53%) and Jharkhand (48%).
- In this survey, three quarters (73%) of households expressed fear and anxiety about the future, in the case of Dalits, this was 77%. Three fifths of households (63%) are worried about sustained income and support to the family. More than one third (36%) have disturbed sleeping patterns and 33% are without social interactions.

Increase of risks: employment and work

- For the first time an awareness that in most Indians are employed in the informal sector (86 to 94%), that a large no of these are internal migrants, that they live in urban India (almost 30 to 50%), work in small jobs, in construction industry, in ecommerce, in hospitality industry.
- We also now know that these migrants circulate between villages and cities and rotate in time cycles of 6 months to two years; are recruited by labour contractors and rent out single rooms where 4-5 stay together, have little to no social security, labour recruiters do not show any responsibility for these labourers, also they consume but do not invest in urban settlements (having an implication on investments in low end urban infrastructure) and repatriate their earnings to their birth-place, to their family/kin group.

Implications. Employment and Work

- Their migration back to their villages have informed us about the organic interconnections between villages and cities and raised the problem regarding what would happen as a consequence to these families/households who live on their remittances and who have been also infected because of this reverse migration. However little to no targeted policies for them. What kind of social security and rights interventions are needed to support the migrants in urban India and their families/kin in villages?
- For example, the CSO study mentioned earlier (HT 14/9/20) argued that at least 1 out of 3 households had migrant workers, more than 18% of who were women with 2% children, and 4/5th of households stated that these migrants had returned back; only 7% of the returned migrants were currently engaged in MGNREGS work, 28% are working as casual labour, and two-fifths of the households have no gainful work. The impact on women workers whose work had decreased significantly before the onset of the pandemic; given their significant role in reproducing biologically and culturally the family and its households, their vulnerabilities have accentuated

Implications: Social reproduction and Violence

- Particularly vulnerable been children and adolescents, single women and old people
- Breakdown of trust has led to increase in interpersonal violence particularly domestic violence, trafficking of women and children, the withdrawal of the latter from schools and colleges and the social reproduction of family and household units
- With the breakdown in trust of state institutions, it had led to increasing hate crimes in social media and lynchings.

Conclusions

- In India's modernity project, the state has played the most important role; it has organised opportunities for growth and development, for building solidarities between groups in networks within received inequalities of caste, community and gender distinctions, of forging new social and cultural ties of being a nation; it has to build trust networks across these divides.
- We already had knowledge that these experiment of trust-building has not been very successful; that poverty contd. and remains a major problem; that violence between men-women, and between unequal groups but also of the state against the populace has increased; there have been class, caste, tribal-outsider and communal/sectarian conflicts

Conclusions

- These weak ties did not completely break the received trust networks because the economy had expanded, creating opportunities and the state had introduced various policies to ensure inclusion (though these had not reached out to all).
- However since 2014 these have furthered weakened with the state withdrawing from economic intervention, introduction of legislation to make fundamental changes in what constitutes democracy, secularism and inclusion in India; lower segments of society including the religious minorities isolated and systemic targeting of secular and democratic practices of the country. E.g. in changes in citizenship law in Assam and later in abrogation of section 370; triple talaq bill, reservation for Economically weaker sections

Conclusions

- Instead, media is discussing new narratives, there is fake news, an increase of hate crimes, social media trolling and targeting of protesters and those who question policies, have alternatives are not being heard and have increasingly felt desolated
- Risk analysis is only possible if data is collected; the govt has not shown confidence of data; the changes in institutions such as planning commission and NSSO and attack on research and teachers in Universities .
- It is in this context one has to understand the implications of the pandemic and the question: can we access health care and employment, can we plan for the future or do we have to live day by day?

Conclusions

- I have argued that the pandemic has given us an opportunity to understand how the withdrawal of state from governance for the people has raised precarity, insecurity and risks.
- We need to comprehend why have we reached this situation for which we need to build trust among us and create new knowledge. We need to ask whether
 - A) It is related to neoliberal policies of decrease in budgets and promotion of privatization?
 - B) Has the government abandoned the people?
 - C) Can India which is such an unequal country afford to have the government withdraw from the care of its population?
 - D) Such a situation in some measure in all countries but wherever there is democratic and inclusive governance of health system and of economy the situation has improved.

Conclusions

- Social theory assesses knowledge in terms of what, how, why and for whom
- It sees itself contributing at four levels: by aiding professional research within academic institutions; policy research (assessing government interventions and its implications); reflexive research (assessing methodological and philosophical moorings of theory) and public research (aiding public interventions)
- Today we need interventions in all these levels; these needs to be outreached in order to build trust in knowledge and lessen uncertainties that have overtaken both the management of LIFE and that of the ECONOMY.
- This in the lesson that the pandemic has taught me.

Thank you