

Catch Me if You Can: India's Approach to COVID-19

Ravij Mehta*

Keywords: India, COVID-19, Pandemic Response, Personal Autonomy, Beneficence, Migrant Workers

INTRODUCTION

My legs ached as we sat crammed into the back of my family's car, weaving through congestion, hurtling over India's bumpy asphalt roads. As our driver yelled "masks up," we begrudgingly dug our fingers into our pockets, trying to pull our masks on prior to driving past yet another "COVID-19 checkpoint." Because we were all vaccinated, boosted, and had been tested for COVID-19 multiple times in the past week, like most people, we donned masks solely for the purpose of moving through the checkpoints with ease.

Immediately upon my arrival in India, I was acutely aware of the country's efforts to curb the spread of COVID-19. This observance quickly morphed into astonishment: the rigorous and unrelenting restrictions were, without a doubt, much more universally applied than the ones with which I was familiar in the US. Since the start of the pandemic, India has used strict mask policies enforced by regular police checkpoints throughout cities. Those who do not abide by the mandate are often pulled over and harshly punished. These punishments notoriously include beatings and heavy fines.¹ Additionally, COVID-19 "command centers" were set up in states across India to mitigate policy differences. India's states vary drastically by culture and ethnicity and therefore have different local policies.

To an outsider, such as myself, India's response, although draconian at times, seemed more effective than those I had dealt with in my home country. The United States, which places more value on autonomy than India, had a vastly different approach, mainly influenced by politics. Governors and their contingencies continue to hold conflicting views on what encompasses beneficence in the case of COVID-19. At times, I was even unable to recall which mandates were in effect when, as they seemed to change almost weekly. At home in the US, newscasters highlighted the inconsistency in policies between districts as close as forty-five minutes apart. In fact, some states allowed individuals to dine indoors without any proof of vaccination, while other states, like California, had long mandates requiring people to "shelter in place."² Because of my knowledge of these shortfalls in the US's response, upon arrival, I was under the impression that the COVID-

* Ravij Mehta, MS Candidate Columbia University

19 response in India exemplified effective enforcement. The US, I felt, was lacking India's stringent procedures for controlling the spread of COVID-19. However, after spending an extended period of time in several cities within India, I realized that its COVID-19 response had serious flaws—ones that infringe on bioethical tenets.

ANALYSIS

The inherent weaknesses in India's medical and political structure suddenly became apparent to me. The restriction on personal autonomy, without providing sufficient centralized oversight, caused an abundance of injustices around me. Witnessing police officers shake down innocent citizens on the street under the pretenses of COVID-19 enforcement highlighted the damaging effects of infringing on autonomy. In an effort to curb the spread of COVID-19, blinded by worry and political hunger, India simultaneously turned its back on autonomy, beneficence, and justice.

I understood that the COVID-19-related corruption I saw firsthand was not all that was occurring throughout the country. There were reports of devastating stories about individuals victimized by the unequal distribution of COVID-19 relief. For example, when India imposed the world's largest lockdown, millions of people were left stranded hundreds of miles from home.³ "It wasn't the coronavirus ... [that these stranded migrants] feared," it was the lack of government transparency and support,⁴ for they now had to travel to and from work by foot, blindly and helplessly navigating the road and city closures. The decision to shut down India overnight affected poorer individuals and already-struggling migrant workers in disparate ways; this represents a lack of equal opportunity and a failure to uphold the principle of justice for those who needed it most.⁵

These stories made me rethink the morality behind what was going on with India's response. Although innovative on paper, India's struggle to find a balance between authoritarian control over their citizens' health and a general concern for the well-being of certain communities poses a serious issue. The execution has quickly transformed into an abuse of power,⁶ and while the US fumbles to make unanimous, clear-cut decisions, India disregards the ethical impact of their mandates. They sacrificed in personal rights what they gained in swift, decisive action.

Unfortunately, for Indian citizens, India is not reflecting a relaxation of any mandate checkpoints or control centers despite COVID-19 evolving to be an endemic disease and exhibiting less dangerous strains, especially when those exposed are vaccinated. Corruption has become rampant; citizens throughout the country exploit the system regularly to avoid harsh punishments or restrictions on their freedom. The corruption, however, does not only fall on the receiving end of those everyday citizens burdened with regulations. On the few occasions that my mask was tangled inside my pocket, perhaps stuck to my keys or in a location harder to find, police officers found an opportunity to profit at my expense. Upon seeing that I was unable to put the mask on in time, they would run up to the car, beating on it until we complied with their requests. Their motive was always the same: a bribe of around ten US dollars, which is the equivalent to a day's worth of salary for a police officer in India.⁷ While I assumed this was an anomaly only present in the region I was driving through, I later found out that this type of encounter was quite common. "Catch me if you can," was the typical response of our driver as we learned to navigate through these money-making checkpoints. With the accelerator redlining, I could look back, observing the police officer already turned away in defeat, his eyes looking for his next score.

When analyzing the impact of COVID-19 on a country like India, the high population density is an integral factor. Indian communities are especially vulnerable to infectious diseases due to the population density.

They also experience low education rates and a poor public health infrastructure. For example, India has one doctor per 11,000 people.⁸ Moreover, there are few COVID-19 testing sites in the country, and within that, a smaller percentage that are operating ethically. As I witnessed during my time in India, most COVID-19 testing sites can guarantee a negative test if you pay a small fee over the standard amount.

CONCLUSION

During my time in India, I saw firsthand the issues that arise when autonomy, beneficence, and justice are not given their proper value. In a panic to curb the spread of the virus, India put little thought into valuing its people's autonomy. The country can be abruptly shut down without any notice, causing the economy to come to a screeching halt and, with it, the livelihoods of millions of businesses and workers. India's government also seriously overlooked the principle of justice, for those who were already disadvantaged were hit much harder than others with better financial standing. Furthermore, the shutdown of the country split up families of migrant workers and led to numerous deaths.⁹ Public transportation is integral in India, and its halt during the pandemic reverberated throughout the country. The results of India's COVID-19 response are a message that should be broadcast across the world, warning that there is no situation in which careful thought and attention should not be paid to the tenets of bioethics.

¹ Yeung, Jessie. "A Police Officer Is Wearing a Coronavirus Helmet to Warn People to Stay Inside." *CNN*, Cable News Network, 30 Mar. 2020, <https://www.cnn.com/2020/03/30/asia/coronavirus-helmet-chennai-intl-hnk-scli/index.html>.

² Althouse, Benjamin M et al. "The Unintended Consequences of Inconsistent Pandemic Control Policies." *medRxiv : the preprint server for health sciences* 2020.08.21.20179473. 28 Oct. 2020, doi:10.1101/2020.08.21.20179473. Preprint.; "Masking Works': Austin Fights Back as Texas Loosens Covid-19 Restrictions." *The Guardian*, Guardian News and Media, 14 Mar. 2021, <https://www.theguardian.com/us-news/2021/mar/14/austin-fights-texas-loosens-covid-19-restrictions-masks>.

³ Slater, Joanna, et al. "India's Abrupt Lockdown Forced Millions to Walk, Bike and Hitchhike Home. Many Lives Will Never Be the Same." *The Washington Post*, WP Company, 1 Apr. 2021, <https://www.washingtonpost.com/world/2021/04/01/india-coronavirus-lockdown-migrant-workers/>.

⁴ Adhikari, Anindita, et al. "Manufactured Maladies: Lives and Livelihoods of Migrant Workers during COVID-19 Lockdown in India." *The Indian Journal of Labour Economics*, vol. 63, no. 4, 2020, pp. 969–997, <https://doi.org/10.1007/s41027-020-00282-x>.

⁵ "Covid-19: Amid India's Corruption and Profiteering Are Shining Examples of Courage and Selflessness." *Sky News*, <https://news.sky.com/story/covid-19-amid-indias-corruption-and-profiteering-are-shining-examples-of-courage-and-selflessness-12291519>.

⁶ Bhasin, Swati. "'Grave Misconduct': Hyderabad Cops Seen Taking Bribe on Camera, Suspended." *NDTV.com*, NDTV, 11 May 2020, <https://www.ndtv.com/telangana-news/hyderabad-police-constables-seen-taking-bribe-on-camera-suspended-2226833>.

⁷ *Ibid.*

⁸ Youkta, Kumari, and Rajendra Narayan Paramanik. "Epidemiological Model for India's COVID -19 Pandemic." *Journal of Public Affairs*, vol. 21, no. 4, 2021, <https://doi.org/10.1002/pa.2639>.; "1.3 Billion People. A 21-Day Lockdown. Can India Curb the Coronavirus?" *Science*, <https://www.science.org/content/article/13-billion-people-21-day-lockdown-can-india-curb-coronavirus>.

⁹ "Separated Due to Lockdown, Family Members Are Now Counting down Days." *The Economic Times*, <https://economictimes.indiatimes.com/news/politics-and-nation/separated-due-to-lockdown-family-members-are-now-counting-down-days/articleshow/75508298.cms?from=mdr>.