

# Contagion, Territory, Public Health: Situating 2020 in Modern South Asian Past

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The paper will analyse some key features of the year 2020 by situating it against the historical backdrop of the last one hundred and fifty years. It will study the condition of cities during various moments of epidemic crises, and will focus on the three crucial issues of contagion, territory, and public health. Though there are certain apprehensions in judging the current crisis against any and every human crisis—medical or otherwise, the paper will focus on certain structural elements in Indian history and society that bind the periods of crises. As SheetalChhabria has mentioned, “Using...historical analysis, we learn that the production of widespread poverty, the resultant malnourishment and hunger, and the neglect of public health investments *together* form the conditions under which India’s real public health disaster is created time and time again.” (Chhabria 2020) As we know, the plague epidemic of the 1890s brought in strict quarantine measures and an extremely interventionist state. David Arnold stresses the similarity between that era and the present crisis, mentioning that, “Then, as now, the middle classes could save themselves by self-isolating...insulated by the privileged distancing of caste, class, and gated communities, while for the poor, self-isolation was (and is) a fantasy. Then, as now, the slum dwellers and the migrant poor were doubly victimized—by disease and by loss of livelihood.” (Arnold 2020) Similarly, during the Bengal famine, millions died in the countryside, while Calcutta was closely guarded. “Famine and war had...transformed the geo-political importance of Calcutta. Millions had died—and continue to die—of deprivation and disease, so that Calcutta, the colonial war effort, and Capital could thrive.... ‘Belonging’ to Calcutta meant ‘priority’, which, in turn, meant survival.” (Mukherjee 2017) These instances show that epidemic crises were combination of medical emergency, faulty public health system, hunger, poverty, and malnutrition, with coercive agrarian relations and drought leading to famine. Studying the COVID-19 situation against this historical backdrop, this paper looks at the experiences of migrant workers who were forced to trudge miles along the highway and railway tracks after the sudden lockdown announced by the state. It focuses on the circularity of labour migration between the city and the village in India. Suddenly, the threat of contagion and diseased body created spatial boundaries whereby mobility was circumscribed and distancing was promoted. But while these were spatial measures, the plight of the migrants brought forth temporal dimension of the situation. The nights on the empty roads were no doubt qualitatively different from middle-class households. “Social distancing is a spatial prescription,” notes Choudhury. “It is not meant to be a temporal distance between different social individual. Which is what it has turned out to be...” (Choudhury 2020). The conquest of space by time—as embodied by the introduction of the railways in the nineteenth century—was cruelly reversed at one stroke. Workers from metropolitan cities found themselves on endless railway tracks, were chased away from platforms, and were forced to sleep on tracks which turned fatal on quite a few occasion. On the other hand, cities turned

into closely guarded spaces, with various confinement zones and varying curfew hours. Fear of unsustainable pressure on the public health system pushed the authorities to contain people within strictly monitored spaces. However, in some instances, the loss of regular livelihood forced the working population living in the cities to innovate. Hawking and peddling in middle-class neighbourhood became quite prominent. The daily rhythm of the economic life of the city changed substantially as these mobile vendors became important part of the commodity circulation. Tracing these various experiences, temporal disjunctions, and spatial trajectories, this paper, following Chandavarkar, suggests studying the pandemic not as “a single, integrated phenomenon”, but rather as a phenomenon that represents and signifies “different things to different people.” More than focusing on discrete events of the plague in Bombay, Chandavarkar looked at the manner of their construction. He mentioned that, “The historical process of their construction not only illuminates wider relationships between social groups and between state and society, but it can also be argued that the constituent events of an epidemic upon which historians focus might be grasped most firmly when they are acknowledged to be, separately and discretely, a function of the very process of its construction.” (Chandavarkar 1998). This paper seeks to follow a similar method, albeit for a time that is still continuing.

#### References:

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