

Media Coverage and Corona Induced Health Emergency: Understanding Prejudice, Stigma, and Social Inequalities in India

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Abstract

This essay traces the impact of the Corona pandemic during 2020–21 and issues related to stigma, prejudices, marginalization as well as virulent forms of social inequality that arose thereafter. Social distancing fortified boundary maintenance on social, economic and even ethnic lines. The role of media during the spread of the Corona pandemic left a lot to be desired, especially in the portrayal of the marginalised groups. Had it acted responsibly, not only would the world have been able to grasp the do's and don'ts pertaining to precautions with due diligence, the world would have been more harmonious and many fatalities could perhaps have been avoided.

Keywords

Stigma, bias, role of media, interaction, inequality, appearance, reportage, attribution, marginalisation

Introduction

The impact of Corona pandemic and issues related to stigma, prejudices, marginalization, and the virulent forms of socially unequal situations that arose as a consequence of the virus and its global spread is a matter of immediate concern. The entire world was caught unaware with the fatal blow of a pandemic which continues to rage even at the time of writing. Not only have governments been caught unprepared, many people have been unable to completely grasp the horrific nature of this virus, resurfacing in its myriad variants, till over two years after its origin. This has included scientists, paramedics as well as policymakers and those who work on the

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ground, law enforcers like policemen, security personnel as well as media persons and teachers. The following discussion focuses on the role of media in reporting about the pandemic. This essay attempts to trace social stigma as a result of the global pandemic, accentuating the trend for binarizing along ethnic as well as economic parameters. It did not even spare the most sanitised, health conscious as well as economically sound nations. Employment and business opportunities did the vanishing act, people had to head back to their homelands, mostly in regions which were far from their places of work, with no idea of what the future held. Schools and colleges were shut and so were conferences, weddings and gatherings called off, every time the virus reappeared, in its new avatar. In this backdrop the essay attempts to reflect on the marginalised groups (like DNTs, NE Indians, Muslims and Dalits), and their media representation which aggravated their vulnerabilities.

Interactions: Paradigm Shift

An unprecedented paradigm shift in interactions has taken over now. In (hopefully) post COVID times it is considered socially acceptable, in fact recommended, to maintain social and physical distance, a social sign identified with classist and sometimes majoritarian high handedness in pre-Covid times. So, what would have been considered outright offensive and questionable has become the socially, medically mandatory requirement for sheer survival. This social distancing, in true sense physical distancing, has unfortunately taken the shape of fortifying boundary maintenance on social, economic and even ethnic lines. The latter have been justified through the circuitous route of claimed and actual necessity for maintaining physical distance due to medical or health reasons, as well as preconceived notions about different categories of communities, based on religion, class and ethnic background. It is this latter rationale which is a cause for concern. The media did not help much in this regard. I shall take that up in detail too.

Coronavirus belongs to a large family of viruses, out of which only seven of its members can infect humans. Four of these types cause minor illnesses like the common cold, whereas the other coronaviruses have had more horrific impacts such as SARS, MERS, and now COVID-19, in its subsequent variants. It is mainly a respiratory disease that starts in the lungs, leading to pneumonia-like symptoms, but affects the entire body. More often than not it spreads through small saliva or mucus droplets that an infected person expels when coughing, sneezing, or talking. These droplets can travel three to six feet and remain infectious for anywhere between four hours to two days, depending on the surface. In late December 2019, reports emerged of a coronavirus outbreak linked to pneumonia cases at a wildlife-food market in Wuhan, China. Covid-19 spread across that nation within weeks—and then spread like wildfire across the globe. The virus was believed to have spread from person to person though it originated from animals and spread to humans. By March 2020, the World Health Organization had announced Covid-19 as a pandemic. The fact that it was initially denied by the most powerful nation's leader, is another socio-political

discourse and narrative altogether. Much is to be learnt about the coronavirus that has changed lives across the spectrum, but this experience of dealing with disease, death as well as being in denial mode has also taught many lessons to all across the globe.

With more than nine million infections, India was at the top rung of worst affected countries, along with United States as 2020 ended. There were visible and traumatising cracks in the economy, polity as well as educational institutions. Never before, had so much havoc been wreaked by the spread of a disease. As is obvious, this disease is more than a health and science story only. Its impact has been seen in spheres like education, corporate world, tourism and travel, stock market and even numerous people losing their jobs because of them coming from most affected countries or regions. Major sporting events, including the Tokyo Olympics 2020 had to be cancelled. Offices, schools and colleges have undergone a paradigm shift in their logistics of conducting meetings and interactions. Some of that may become permanent propositions. In fact, most of 2020 and 2021 has had an unprecedented shift in the interactional aspects of social and professional life itself. Just as general public as well as professionals were unprepared, so was the media unable to deal with the changed scenario. At the micro interactional level too, people have had to take some very tough decisions about staying home or not being able to host even close relatives or friends, and, having to do away with outside help for household tasks, unless they had the luxury of permanent live-in staff, a proposition that few would have had. Even an ordinary visit to the grocery store or market became a moment of stress with extreme measures of sanitation and distance being maintained. Online marketing became a household term for many in India and elsewhere.

Stigma: Surreal Reality

What is most striking is that 2020 brought about an unprecedented and surreal reality into play, across the globe. What could have been an ironing away of inequalities has ironically highlighted the same too. Boundary maintenance became unabashedly stereotypical and extremely discriminatory. Social stigma in the context of health is the negative connotation associated between a person or a community of people who share certain characteristics and a specific disease. Those being affected feel marginalised by those who label them as dangerous ‘spreaders’ of that disease. In an outbreak, this could result in people being labelled, stereotyped, discriminated against, treated separately, and/or experiencing loss of status because of a perceived link with a disease. Such treatment can negatively affect those with the disease, and even their caregivers as well as people they are in close contact with. As speculation soared with regard to the origin of the disease, migrants and refugees were branded as being the main culprits of being super spreaders and some were even denied access to medical treatment. The UN Secretary General, Guterres (2020, 2021) also noted that migrants still face stigmatization, xenophobia, inequalities, and racism. According to him, migrant women, especially young girls faced heightened risks and vulnerabilities of gender-based violence.

Even those who may be sharing some outward appearance-related characteristics with them could face ostracism and marginalisation. There were cases of health workers, including doctors being denied entry into their residential societies as people feared that they would be spreading the disease. The ‘virus of hate’, as UN has referred to it, seems to have taken as much of a virulent form as the actual virus in 2020. “We must act now to strengthen the immunity of our societies against the virus of hate,” United Nations Secretary-General António Guterres said while appealing for an all-out effort to end hate speech globally (Ibid.). Helen Davidson (2020) says that according to the World Health Organization (WHO), stigma may even drive people to be secretive or diffident about their illness to avoid discrimination and even prevent them from seeking immediate health care.

Physical Appearance

Unfortunately, in March 2020, there was a case reported of a student being spat on in University of Delhi because her appearance was seen as being like the inhabitants of the neighbouring country which was globally labelled as the cause for Corona. The motorbike-borne riders, while speeding away after spitting on her had shouted, “Oye Corona!” in a frequently used street near the University campus. People hailing from the North East in India are frequently at the receiving end of several discriminatory barbs with regard to what they wear, eat as well as their appearance. Despite governmental measures to curb ethnocentric behaviour, there have been numerous cases of students and migrants from North East being targeted as foreigners or being generally marginalised, discriminated against or at the receiving end of ethnic slurs in their neighbourhoods or campus spaces. Unfortunately for them, Corona virus made them the easiest and soft targets due to their appearance being perceived as closest to the most suspected villainised nation globally (and India’s neighbour) of 2020. Several other similar incidents surfaced across the globe where people were identified with the disease merely because they happened to look similar to the suspect region, even if it meant the entire Asian one.

Crises like disease outbreaks lead to creation of fear psychosis, in turn leading to victimisation and alienation of certain groups. These groups may be of a particular ethnicity or religion and could be directly or indirectly affected by such an outbreak. Discriminatory behaviour and prejudicial perceptions have taken an upswing across the globe ever since the spread of the virus. The U.S President referring to it as the ‘Chinese Virus’ in the beginning of 2020, is indicative of the supremacist attitude pertaining to the cause of the disease (Watts & Howard, CNN, 2020 March 18). He continued to use the term, despite being advised against it (Mangan, 2020).

What merits attention is also that 2020 brought about dual and almost conflicting processes of social stratification. To some extent, it was an unprecedented equaliser of a situation, where rich and poor nations, across the globe, were attacked with the same stroke of probability of fatality or vulnerability. As the pandemic continued to spread, it was making clear that people around the world are also surprisingly alike. No matter what

divides us, gratitude for healthcare personnel for their titanic work is one aspect that seems to have united the world. In their name, authorities around the globe have asked people to follow the recommendations, to ignore false information and to protect them from discrimination. However, as discussed above, a parallel process of conflict, including suspicion and hatred has emerged, where the spread of the disease has resulted in stigma and accentuated inequalities too.

The year 2020 and the spread of what could have been seen just as a virus, has brought into the limelight hidden prejudices against a community and even a country, where everything associated with them in terms of food, appearance or their cultural practices was attacked or came under harsh criticism. They have had to face countless accusations of being agents of spreading Corona, despite many others having been lax on treating the spread of the virus as a serious problem, despite being given the information about Corona well in time. This denial mode led to these otherwise very powerful and affluent nations going through a lot of stress, besides grappling with horrific statistics of fatalities.

The phenomena of an invisible virus making visible hidden inequalities makes us aware of the raw underbelly of seemingly harmonious settings within democracies. Due to policy initiatives, for curbing the pandemic in India, by default, inequalities became the order of the day. The very proposition as well as practice of ‘lockdown’ or even ‘physical distancing’, better to be referred to as social distancing, was something that many in India could ill afford. It was something that people who lived in clustered neighbourhoods could hardly implement. Plus, street vendors as well as many from the unorganised sector were left totally stranded, once the announcement was made in India about the lockdown. Inequalities became evident even in terms of gender equations at home as well as work. While many household-helpers were able to retain their jobs, men who lost their jobs resented having to be at home. Domestic violence took an upswing and women had to manage home as well as work outside the house. An attention-seeking leader of the world’s purported strongest country added to global disaster mismanagement, in the initial few weeks, when he refused to acknowledge the existence of the pandemic. Misinformation and denial mode fed into speculative reportage. What needs to be reiterated however is that as what Mike Ryan says, “Viruses know no borders and they don’t care about your ethnicity, the colour of your skin or how much money you have in the bank” (Nehginpao, 2020).

Role of Media

The focus on the role of media in such an unprecedented crisis is inevitable, rather most pertinent for exploration. News in general, including printed articles as well as electronic media information channels, impart to occurrences their public character which would mean that our understanding of the pandemic was fed and even reinforced by what the media conveyed to us. In many ways, news can be understood as a social institution. The manner in which it is conveyed, the focus given to some aspects, the near obliteration of significant aspects can have a deleterious effect on perception about

not only a pandemic but can add to the air of speculation that such crisis situations beget. Especially in urban areas, news pervades daily interactions and even decisions, especially if they are about care and caution to be exercised as a consequence of spread of a disease. Dickinson (2013) opines that: “The internet and the world wide web have had an extraordinary impact on the political economy of the global news industry. This impact has been felt in the gathering, processing and dissemination of news.” What is also discussed are events related to the carrying forward of a disease. As Osterholm says, “Assume this virus is everywhere. This is a global influenza pandemic caused by a coronavirus” (Bergen, 2020). Is there a possibility that what was conveyed in the beginning about a country being the cause of a disease could have been conveyed with some caution as well as factual information? Is it possible that China made a huge error of judgement, or some scientists may have had some devious intent, but not the entire governmental machinery? Is it possible that even that was not the case that any scientists had biological warfare as their intended project, but it was just an experiment gone wrong where the virus escaped and was not traceable till it became too late? Isn't it possible that biological warfare may sometimes be used as a rationale for enhancing one's own budgetary expenditure on defence-related equipment and research? Our information channels, from print as well as electronic media did not give much coverage to the disruption of ecological niches that the animal world deserves, the way we would like to be assured of the same.

The reverse process of invasion that struck us, had to happen, some day. If we have taken animal habitats and environment for granted, whether for our commensal /social or research purposes, so much that we think nothing of deforestation, rampant urbanisation and whatever else goes on in the name of development, including research, is it any wonder that the universe had to showcase its own karmic, perhaps calculated move of striking from the very world we thought we had been able to rein in? The fact that Wuhan and its animal market was the propellant may be a mere incidental factor, even though it was the most highlighted one. It could have been any other animal market where the usual sanitation and health parameters could have been compromised. But it being China, may have been about jumping at the opportunity of vilifying a fast, and somewhat unpopular, global market player. Undoubtedly, many sanitation and security standards were compromised there but the initial weeks' frenzy and communication channels were more about it being a China virus rather than the roadmap ahead to curb the same. Had the latter been the priority we might have been able to get a timely grip of the world's worst entrapment which left no scope for comprehending its gravity, till massive damage had been done to lives, jobs and interactions. Even if China was the culprit, the world's leaders needed to reach out to them for information rather than have a pigeon- sighting- cat approach, which many nations did initially or latch on to only on-the-spot or symptomatic solutions, instead of having a comprehensive, holistic template of disaster management.

Most of the world's medical community was also caught unaware. Quite naturally there were varied approaches to deal with the disease. To label a disease on the basis of which place or which community, or country started it all, could be unfair, illogical

as well as very damaging to our logical comprehension and dealing of the disease. Having access to technology did not necessarily help. What sapped videos and other modes of media, including print and electronic, continued villainising a nation which was in reality the first victim, indicating the stereotyping on the basis of Western perceptions about disease and health in other than Western parts of the world. Olshaker & Osterholm (2017) while emphasizing on the accurate dissemination of information express that: “In any pandemic, effective leadership is critical, and the first responsibility of the president or the head of any nation is to offer accurate and up-to-date information, provided by public health experts, not agenda-oriented political operatives.”

Reportage: Pandemic Voyeurism

This also brings us to the discourse around reportage of disease and its spread. Does reportage of disease and ensuing displacements, physically, occupationally and socially, inform in a manner that it makes people who are readers or consumers aware of the agony of those who were marginalised or stigmatised? Or does reportage take the form of disaster voyeurism where pictures highlighting death and starvation are used to garner greater viewership or readership? In India, visuals and write ups about social gatherings of a particular sect in a minority religion, became the touchpoint for an entire nation going into a frenzy about wilful attempts to spread the virus by members of that minority group. Hateful memes and WhatsApp video clips added fire to undercurrents of pre-existent and deep-seated feelings of suspicion and doubt. The fact that other religious as well as political gatherings were held around the same time, did not attract the attention of the suspecting-their-intention kinds. Why were different rules of perception applied for different communities when the actions committed by all were of casual behaviour towards precautions, across the board?

In this scenario, printed as well as viral images of fruit and vegetable vendors selling their wares without adequate precautions added to anxieties. This anxiety quickly transformed to anger when there were images, including clips of the vendors spitting on the fruits, for instance. In such images and clips, a headgear like the skull cap instantly gained symbolic significance enough to add fury to the fire. This was not only irresponsible social media gymnastics, but no effort to verify validity or reliability of time period, source as well as region, in presentation of purported facts. However, in August 2020, the order of the High Court chastised the police for “non-application of mind” and brought some closure to the ‘sustained vilification of the largest Muslim organisation’ in India. According to Salam (2020) the order clearly stated that: “A political government tries to find a scapegoat when there is a pandemic or calamity, and the circumstances show there is a probability that these foreigners were chosen to make them scapegoats.”

The impact on people who had migrated to big cities for work and were suddenly left jobless and had to head home have been chronicled in many accounts. The voyeurism in presenting death and distress overshadowed the real issues pertaining

to respective state governments as well as bureaucratic failure to gauge the extent of problem as well as intensity of demographic exodus from the industrial cities back to rural settings. It is generally believed that those who write history belong to the society that they write about. Journalists who may not necessarily belong to the governing or what is known as the ruling /decision-making class, do happen to knowingly or unknowingly reflect an upper- or middle-class perspective in their writings. Robert Merton's paradigm for sociology of knowledge is of relevance here. It provides us with a tool for investigating relationships between the socio-cultural environment and mental productions. Merton's work can be seen as an attempt to demonstrate the many ways in which facets of social existence influence mental productions through their relationship to the existential bases. Even according to Mattlert (1981), mass media plays a very significant role in reinforcing a pre-existing class structure and journalistic by-words are used as means of suppressing dissent.

Corona pandemic for all media persons was a major crisis situation. A crisis is signified in the manner in which people, including media persons treat communities, religious, national or ethic. Latching on to convoluted ideas about any group or country can just add to a situation that the spread of corona set off. Today's competitive world of reporting, in electronic as well as print media world has entailed a one-upmanship of the kinds that is unprecedented. Social media channels also throw reliability and validity to the winds, in favour of 'breaking news' so to say. The issue of objectivity becomes a bone of contention in such cases. Hamilton & Krimsky (1996) showing the importance of attribution state that: "To establish they are not first making up information, reporters find authorities or written reports and documents to which they can attribute facts. Attribution, as it is called, is the reporters' security blanket. The beauty of attribution is that it allows the reporter to introduce opinions into a story without losing the appearance of neutrality." This attribution of statements to doctors, other medical personnel, community service workers, practitioners claiming to have other than allopathic solutions, became quite a practice by media persons, during the pandemic which even resulted in some loose, highly questionable statements about causes, consequences as well as precautions. It even helped in the marketing of some indigenous products as if they were foolproof methods of controlling Corona.

There is a school of thought which believes that to be a good reporter one must be biased in favour of truth and biased in favour of life. One must be biased in favour of the future of the young and biased in favour of peace and order. This has been expressed in relation to drug- related crime but basically it is an attempt to encourage reporters to have the courage of reporting the truth rather than clamour for glory through voyeuristic reportage of disaster and disease.

Mental Health Impact

Even mental health is something which seems to have gained more attention ever since the onset as well as continuance of the pandemic-induced lockdown, world over and especially in India. In itself, this did have a positive contribution to people being

informed about some issues which were generally ignored or not considered worthy of mention, leave aside analysis. However, the deep-seated taboo as well as stereotypes related to discussing mental health did not help matters. This is to do with the stigma attached to mental health being seen as a peripheral, almost frivolous rather than a significant aspect of human health and sense of well-being. So, most of the reportage, during the pandemic, was to do with episodic detailing of people's lifestyles as well as speculative causes of the extreme step rather than discussing the larger macro system of highly stressful and meritocratic, including cutthroat competitive -comparisons-fixated lives. Sensationalism overshadowed sound analytical reportage. As a result, most of the mental health issues that were reported were to do with extreme cases of suicides committed by celebrities, known public figures or those who were from middle /upper class background plus those associated with well-known institutions. Whenever reported, it was unable to grasp the broader spectrum of how mental health issues are not just about those who lost their well-paid jobs, could not meet friends, family or go out to their school college campuses. It had to cover the inter-sectionalised aspects of individualism in urban spaces, consumer culture, conditional friendships and fragile familial bonds along with failed governmental initiatives to foresee and implement sensitised policies.

What was hardly reported was sheer fragile psyches and unpreparedness of individuals having to be suddenly holed up in their homes. Plus, the media did not bother to highlight mental health consequences as well as attempts to take lives by those who found themselves on the roads of India, for weeks, not just days, in order to grasp their sense of dignity, sanity as well as a sufficient proportion of food. Those who must have collapsed on the way, back to their villages were left untouched by most of Indian media, till foreign media captured those footages. To add to the ignominy of hungry and exhausted travellers, televised and photo-friendly attempts to distribute food did not go down well with those who had not only lost their means of earning, but were made to wait for hours in quest for an insufficient amount of food doled out in the various places that such initiatives were undertaken by NGOs as well as different state governments. Several thousand preferred to walk back home than face the humiliation of an inept bureaucracy or government machinery caught unawares by the extent of the problem caused by a seemingly straight cut, well-intended governmental measure like 'lockdown'.

In fact, more of the foreign media captured images of the migrant disaster that followed the health-related and medical one. Are we equipped to understand the nuances or empathise with what all is entailed in mental health challenges? The policies and actions initiated during the pandemic do not seem to have been suitably prepared or fitted in for the scale of suicidal as well as general mental health traumas, during that period. How the media reported these was more about sensationalising than analysing. Statistics of suicides took precedence over qualitative understanding of linkages between disease, trauma and governance. Reportage of celebrity suicides overshadowed the reality of many others who would have taken their own lives or were under extreme stress due to financial, social or emotional or sheer physical reasons.

And what about those who were caught unawares with the logistics of lockdown? What about those who had no place to call home? Or those who were in small dwellings with overpopulated spaces wherein heading out for work may have been the only escape to their sense of respectable existence as well as sanity? Even gendered aspects of inequality surfaced across the globe, in terms of how women domestic workers who had to stay at home had to bear the double brunt of domestic labour for stay-at-home families, state of pennilessness as well as domestic violence and aggression offset by the men's own frustrations of being jobless or without much opportunity of being able to head out. All this was hardly taken up in a concerted way by the media. Ironically, what we did get were a surfeit of options to cook different varieties of food, through various social media platforms, which merely added to the expectations from women. The few times men and boys would try out something it would always be highlighted and shared as an achievement par excellence through social media.

Prejudice and People

Although the concerns over the coronavirus are understandable, the stereotypes and exclusion are not. Instead of excluding an entire race, we should try to support them as a form of solidarity. It is imperative to see us in all our diversity and challenge the existing stereotypes.

According to Anand Chandrasekar (27 April 2020, CNBC TV18), "Even as the world grapples with the Covid-19 pandemic, numerous instances of anti-Asian sentiments are being reported. Hysteria, anxiety, confusion and a largely unchecked flow of fake news laced with conspiracy theories have only fuelled the prejudice against Asians, who of course, are no strangers to the phenomenon." This can be explained by the dangerous social media "infodemic" fuelled by false information.

In the case of the coronavirus, social media has not only propagated doubtful rumours on the emergence of the virus, but also has brought forth absurd methods for prevention. It must be noted that it is not as if infectious diseases like Corona are linked to discrimination and prejudice. This syndrome of stereotyping and preconceived notions determining how we deal with each other have existed for diseases like TB, HIV/AIDS too. This discrimination, abuse and denial of facilities or opportunities operates at the level of jobs, education, medical support as well as even access to basic needs. Fear and xenophobia can not only add to the feeling of being labelled but even force people to hide their disease. Media has to play a very responsible role in this aspect where the misinformation and voyeurism is the last thing that should be their focus. They should in fact make all out efforts to curb misinformation in times of crises. Use of appropriate language and carefully explained terminology along with publication of myth busters from credible bodies like WHO as well as medicos from ICMR helped to quite an extent. Reporting has to be more about the precautions to be taken in the eventuality of anyone having infected others, than giving details about the identity of the person. Much as politicisation of events and happenings may be part of journalistic practices, it has to be given a back seat at the time of reporting a major crisis like Corona pandemic. What needs to be given precedence is the outbreak of a

disease and not jump at the opportunity to politically vitiate global as well as national atmospheres by using scapegoats for the pandemic.

COVID, Media and the Marginalized

As nations have dealt with COVID, and media has reflected on the efforts put by states and non-state institutions towards addressing the pandemic, little has been recorded about how the marginalized groups have been affected (Deshpande, 2021) and what has been the media coverage of their situation. Data paucity has been one very important aspect for this near absence of coverage. Some of the most marginalised communities of the country—the de-notified tribes (DNTs), the Adivasis, Dalits and Muslims have borne the brunt of the ‘stay home’ policy in the severest form. These communities have suffered on most social indicators historically, and due to a mix of poor logistics superimposed by prejudice and ostracization. While there is no disaggregated data available from government sources, data collected by a group of civil society organisations¹ has showed that during the countrywide lockdown, these marginalised communities were the worst sufferers. They were unable to avail the food from the government distribution centres because they were located at unyielding distances from their settlements. Muslims suffered from the additional realm of Islamophobia, as did the Dalits and DNTs the prejudices. Data collected indicates that the households in 30 per cent of the locations remained without any food supply. This has been attributed to the poor public infrastructure like absence of fair price shops under the Public Distribution System (PDS) in the Dalit settlements. They often do not have access to information regarding the schemes and the benefits. Most of them could not benefit from the cash transfer under the Jan Dhan Yojana because their accounts were ‘dormant’. They were neither aware of the requirement of an active account, nor had any information on how to revive their accounts from dormancy (Samajik Seva Sadan, 2021; Praxis, 2020 <http://www.covid19voices.wordpress.com/>). The Muslims had restricted access to the block office. Consequently, many households did not have necessary documents in order to access the supplies provided through various schemes (Pragati Madhyam Samiti, Uttar Pradesh). The households from nomadic and denotified tribes do not have ration cards because of which households in 73 per cent locations, could not receive food and women and children did not get supplementary nutrition. Due to the perceived criminalisation and stigma associated with the community, their families lived away from the Anganwadi centres and hence were rendered devoid of the supplies. Two-thirds of migrant workers did not have access to government ration (DTE, 2020).

These findings are based on the data² which covers about 475 locations from the states of Bihar (69), Chhattisgarh (24), Gujarat (70), Jharkhand (20), Madhya Pradesh (61), Delhi (8), Odisha (80), Rajasthan (10), Tamil Nadu (75), Uttar Pradesh (50) and West Bengal (9). Besides the Right to Food, the data also looked at what support hamlets

¹Partners in Change; Praxis Institute for Participatory Practices; National Alliance Group of De-notified and Nomadic Tribes; and Gethu Group Workers’ Think Tank.

²www.communitycollect.info

received through other schemes earmarked for COVID relief. This included additional ration as part of the Pradhan Mantri Garib Kalyan Yojana, the Ujjwala scheme, the Kisan Samman Yojana and the Jan Dhan Yojana.

It was observed that across the schemes, proximity to service providers and/or their acquaintances often determined the access to entitlements. Since these communities are already marginalised, they become invisible to the system. Most services were located in neighbourhoods of the dominant groups where the marginalised have no or at the most restricted access. In a health emergency such as this, these inequities have led to gross violation of human rights. Such inequity induced inability to access entitlements need to be recognised in the larger societal context. The data suggests that 74 per cent locations mentioned an increase in indebtedness, reflecting on social inequities. It is noteworthy that 88 per cent of Dalit-dominated hamlets reported an increase in loan-taking.

As regards online classes, children were able to access online education in only one per cent of the locations; and in 69 per cent locations no child was able to attend classes. As a consequence, nutritional supplements were also missed.

“Due to the announcement of sudden lockdown, children were not able to access nutritious meals even once in a day. It was accessible for households living near the distribution centre.” (Blasius Tigga, secretary of Gyan Sagar, Chhattisgarh cited in DTE, 2020)

Muslims experienced prejudice and ostracization. Media portrayal of the Tablighi Jamaat led to a systematic resentment against the Muslim community. Boards were put up restricting the entry of Muslim hawkers in some areas. Those who are self-employed (carpentry, welding, tailoring and embroidery work) were badly affected by the lockdown (Sahyog, Gujarat). The high courts of Bombay, Madras and Karnataka termed the media coverage of the Tablighi Jamaat event in Delhi as ‘unjust and unfair’ (Chandrasekar, Anand, 2020).

Therefore, the role of media during the spread of Corona-19 left a lot to be desired. Had it acted responsibly, not only would the world have been able to grasp the do’s and don’ts pertaining to precautions with due diligence, the world would have been more harmonious, and many fatalities could perhaps also have been avoided. Coronavirus does not justify any kind of discrimination or xenophobia. Asian countries are still nursing the stigma due to the “Asian Flu” caused by the H2N2 virus (1957-58), the “Hong Kong Flu” caused by the H3N2 virus (1968), SARS caused by a coronavirus known as SARS-CoV (2003) and now Covid-19 which initially started getting identified as the Chinese virus. When HIV/AIDS had spread across the globe, the tendency was to present its origin and cause with reference to the African continent plus homosexuals. Misinformation around HIV/AIDS had not only given impetus to homophobia but even encouraged anti-African sentiments. Stigmatisation also takes a toll on those who are actually affected by the disease. It is natural for people to be scared when they show a few symptoms of a disease during a pandemic. Panic and fear created by outbreaks can expedite the spread of a disease. It is anxiety that stops one from seeking healthcare thereby undermining the public health response. Studies have

shown that depression rates soar during epidemics and pandemics. Corona 2020 was a year of shocks and imbalances, a lot of disruptiveness and to a large extent a paradigm shift as far as everydayness was concerned. However, the equaliser effect of how it impacted all nations, all classes, regions as well as ethnic communities as well as the positive role played by medical, para medical and other essential services staff across the world should have made us that much more of humanistic individuals rather than xenophobic and ethnocentric ones.

Conclusion

To think that the world's greatest democracies, India and America have experienced increased instances of stigma and discrimination of either religion, race or ethnicity is quite an indication of how inhuman values and practices may thrive despite the setbacks that viruses may give to humanity. The role of media was far from a responsible one in a scenario which was in need of empathy and concern. Reportage during a crisis should not feed into panic and fear. It needs to be like a guardian of those who are marginalised and stigmatised. Loss of livelihood has remained a major concern—a topic where the media has been completely silent. It may be an opportune time for the media to reflect on the short-term and long-term measures which will address these issues. As regards the short-term measures, it may take upon itself to highlight the potential of the state to offer cash transfer for a fixed duration as a rehabilitation strategy, putting a subsidy holiday for the rich and the affluent corporate sector and revisiting some opulent projects of the infrastructural kinds may help in taking care of the cost thus incurred.

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