

*Survival of the 'Unfit': Constructing  
the Compromised Citizens through  
a Comparative Study of the AIDS  
Epidemic and the COVID-19  
Pandemic in India*

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**Introduction**

According to Jayal (2013), citizenship in India can be perceived through three different dimensions— “citizenship as legal status, citizenship as a bundle of rights and entitlements, and citizenship as a sense of identity and belonging” (02). Although there is no universal definition of citizenship and it is “fluid and dynamic” (Mooney, 2009), “Citizenship, in modern usage, means specifically the possession by the person under consid-

eration, of the highest or at least of a certain higher category of political rights and (or) duties, established by the nation's or state's constitution" (Koessler, 1946, 63). Hence, in the absence of a globally accepted definition, the successive Indian governments have time and again redefined the eugenics of citizenship. These definitions are mostly determined by particular dominant traits that one must possess, to claim their citizenship— race, religion, culture, sexuality and so on, as Ratna Kapur (2007) puts it “cultural normativity and sexual normativity are formative to the construction of Indian citizenship” (553). Anything that does not fall within the boundaries of these prescribed ‘qualities’ is regarded as an ‘outcast’ or ‘other’— in the sixteenth century Spain, possession of Christian blood would act as a determining factor, in Nazi Germany, the Nuremberg laws exclusively provided citizenship to the ones who were considered “racially pure” and India has been no different.

This otherization gains prominence in the successive Indian governments’ dealing with a ravaging epidemic and a pandemic— HIV/AIDS and COVID-19. As Cohn (2012) rephrases William Eamon to argue that “new diseases bring out a culture’s deepest phobias” (03), it is particularly true as epidemics have been endemic to the ghettos and slums and no sooner they surpass these boundaries, blaming and hatred act as a strategy to comprehend and control these ‘mysterious’

and devastating diseases. Walls that isolate and exclude play the most important role here— “they work as barriers to separate people, in what some see as a disease and others as apartheid” (Callahan, 2018, 462). It would be interesting to observe how sexual minorities and the interstate migrant workers who populate the bastis and ghettos separated by raised walls from the gated communities, were isolated and cornered, during the AIDS epidemic and the COVID-19 pandemic, but later came to the forefront to claim what they deserve and made their way into the policy-framing platforms. Here, I refer to Chaitanya Lakkimsetti’s (2020) categorisation of sex workers along with MSM/gay and *Hijra* under the umbrella term of ‘sexual minorities’ since “sex workers challenge the normative expectation that sex, which should be available for free in marriage or a committed relationship, ought not to be commodified outside of these relationships” (07).

Hermeneutics is a methodological process to trace the significance and understand texts in terms of their hidden content— “for visual politics, hermeneutics is useful for revealing who is left out of political debates: who is visible inside the frame and who is invisible outside, who is included inside the wall and who is excluded outside the wall” (Callahan, 2018, 464). Hence, this article seeks to study how the acquisition of biological citizenship made these marginalised groups come out of their walled communities where they so far were

isolated, to the streets where the civilised world traverses regularly. The crises have made the non-citizens gain citizenship and the second-class citizens gain visibility, leading the policymakers, activists and scholars to question the equality of citizenship.

### **Methodology**

A qualitative analysis of various reports, policies and programmes has been performed. Available and more recent literature on similar subjects has been reviewed to get an in-depth understanding. Data has been collected through first-hand narratives of the interstate migrant labourers originally from *Selmabad*, a small village in the East Midnapore district of West Bengal, interviewed during the course of one week. A sample size of forty respondents was selected randomly from the list of registered interstate migrant workers provided by the local officials, followed by snowball sampling.

### **Walls, Epidemics and Exclusion**

In the history of pandemics and epidemics, hate, ‘otherization’ and foreignness have been very prevalent, right from the introductory to their concluding phases. The Bubonic Plague of 1348 in Europe was labelled as a Jewish Conspiracy. The passing of the Leprosy Act in 1891 by the colonial government in

India was a factored consequence of the protests led by the upper-class Indian elites and the Britishers who opposed the sight of not only the ones afflicted with leprosy but also the lepers who were considered filthy. The Spanish Flu was synonymously referred to as the 'Asian Flu' or 'Indian Flu', much like the labelling of COVID-19 as 'Chinese virus' by the western politicians and media houses leading to the Indian politicians' rhetoric of 'China Virus' that needs to be dealt with in a Hindu way, often resorting to Ayurveda, and faeces and urine of sacred animals like cows as the ultimate cure.

HIV was first detected in 1986 among sex workers in Chennai. Soon, the Indian state claimed that it was a Western disease, and vilified the women engaged in sex work "for importing the disease by having sex with foreigners". They were identified as potential carriers and reservoirs of infection and were forcefully confined in prisons. The state also denied the existence of homosexuality and hence medical and essential services related to AIDS were withheld from these communities. Hence, by creating these "states of exception", medical and juridical services separated "innocent victims" from the ones who "deserved it" and were hence left to die, therefore, "the marginalised populations faced death" whereby a dialectical relationship between "letting die" and "letting live" was produced (Lakkimsetti, 2020, 13). The public health crises prominently por-

tray the Social Darwinism and Neo-Malthusian logic of counting just the “productive labour” and letting the unproductive one die, thereby treading “affordable deaths” with the crisis (Dey, 2020).

Similarly, during the COVID-19 pandemic, the interstate migrants were left to die as they were thought to be carriers of the virus. The 2011 Census estimates that India shelters 139 million internal migrants, constituting people from rural areas who shift to the urban spaces in search of jobs and better living conditions. Engaged in informal sectors, the migrant workers comprise more than 93% of the labour force in our country. However, it was only during and since the imposition of the pandemic-induced countrywide lockdown, that this particular section of migrants became surprisingly and suddenly the talk of the country. In March 2020, Prime Minister Narendra Modi called for a nationwide lockdown to control the spread of the virus, but without any prior hints of it. The interstate migrant labourers who account for a large number of working population were stranded in their host states, without money or food and hence they decided to walk back home since the transport facility was completely suspended. Many scholars and prominent newspapers have documented this as the ‘greatest exodus’ since the partition of India in 1947. These migrant labourers took to the empty streets and national highways, trekking hundreds of thousands of kilometres only to

return to their home states. The sight of birth, deaths and exhaustion of these groups of people soon became a subject of discussion that the media houses and the governments of the states used as weapons to evoke sympathy of the middle-class masses and blame one political party over the other. Chief Minister of the East-Indian state of Bihar, Nitish Kumar opined that their movement would disseminate the disease while the Chief Minister of 'Telangana, a state in the southern part of India, threatened to issue a 'shoot-at-sight' order to prevent them from taking to the highways in numbers— "the political society for long held the belief that the viruses and migrant workers both belong to the outside" (Samaddar, 2020, 03).

Taking a glance at the past- during the 1947 partition, migrant subjects or refugees were similarly considered as an "excess" who were justifiably subject to incarceration, stigma, persecution and annihilation. Law became a site to "construct the subjectivity of the 'other' as distinct and external" (Kapur, 2007). In mid-Victorian Britain, fitness and the ability to procure were considered important factors in determining one's citizenship. The isolation hospitals which were set up to separate people with infectious diseases from the rest of the population, just served to be a "poor man's spare bedroom" because the unsanitary conditions in the overcrowded colonies made domestic isolation unfeasible. The mid-Victorian citizenship's criterion of

fitness also included the ability to “secure a dwelling space” and hence, the poor and vulnerable population was deemed unfit. The otherwise ironically ghettoised hospitals made these vulnerable people conceal their disease to avoid hospital admission (Mooney, 2009).

### **Isolation and Citizenship**

“Isolation and exclusion are policies through which health and citizenship are seen to interact” (Mooney, 2009, 149). It is through isolation and exclusion that policies based on health are formulated which further provide the State with the power to either do away with its citizens or make them the prime constituents of the social structure who cannot be done away with; most of the times, it does both simultaneously whereby the marginalised majority are isolated and treated as compromised subjects sacrificed for the survival of a privileged few. However, economically disadvantaged migrant workers and sexual minorities have always been excluded, so what makes their present exclusion and isolation different from how it was initially? The answer to this question is that the “social distancing” and ‘separateness’ gets medical, legal and social sanctions during the pandemics and epidemics— the customers start distancing themselves from the sex workers, and the factory owners and employers who had so far leeches on the labour of the migrant workers abandon them suddenly. Even in their home states, the



migrants encountered new forms of untouchability as their identity was reduced to mere bodily carriers of the disease itself, deprived of rights, responsibilities, demands and needs. They were treated as ‘outsiders’ both in their host as well as in their home states.

According to Tiwari, the migrant worker’s body is reduced to “bare life” whereby they are treated as biologically infected who need to be removed into confinement. Just like the sexual minorities, they are considered to be filthy and dirty, less valuable and not a social-human. Their bodies are under constant surveillance. Dey (2020) opines “sociality of touch is a relationship of inequality” as the agential quality of touch is retained by the dominant party who further decides the difference between good touch and bad touch and India’s infamous caste system has for long practised this exclusionary isolation through contamination of touches , which in turn is followed by the Indian state as it retains the codes of touch in times of pandemics and epidemics in a similar way.

India is infamous for its caste-based operational hierarchy and the structures of oppression associated with it. Almost 73% of the workers, I interviewed, belong to historically marginalised castes, with little to no educational background and the most privileged among them hardly owns two acres of land in the village. Most of them worked as sweepers and cleaners, while few worked as rickshaw-pullers and waiters at

local restaurants. Deshpande and Ramachandran also conclude that although job losses among all caste groups during the lockdown was a common scenario, the members of stigmatised communities (Schedule Caste, Schedule Tribe and Other Backward Classes) were far more vulnerable to losing their livelihoods. While the share of upper castes losing jobs remained restricted to 7% points, the lowest-ranked Scheduled Caste stood at almost 21% points. Devoid of quality education, members of the historically marginalised caste are overrepresented in informal sectors where they work as manual labourers.

The Spanish flu of 1918 which spread from Bombay to other parts of India, claimed the lives of 61 backward caste Hindus for every 1,000 people in their community while 18.9 upper caste Hindus died per 1,000 people from their groups. Similarly, Europeans living in India stood at 8.3, in terms of mortality rates for every 1,000 people (The Economic Times). It was majorly because the backward caste engaged in work like manual scavenging and sweeping and were housed in congested and unhygienic localities with no medical facilities. As the number of people affected by COVID-19 shows an impact of birth and affluence in recovering and escaping its clutches, it only reflects how little has changed in more than a century. While physical distancing gradually became a privilege solely enjoyed by less than 40% of the Indian population,

half of 60% of the population living below the poverty line, succumbed to the fatality of the pathogens without even being affected by it. The politicisation of the public space, earlier by the caste supremacists and now by the Indian state has made these already marginalised sections of the population more prone to discrimination and oppression and simultaneously reflects the position of the state and questions the equality of citizenship.

### **Biological Citizenship: Diseases as Companions**

Lakkimsetti, in her book, ‘Legalizing Sexualities’ (2020), narrates an experience whereby a sex worker from Kolkata considered HIV no less than her friend— “Without HIV, you wouldn't be here, you wouldn't even talk to us” (29). Before the HIV/AIDS epidemic, the State viewed sex workers only as criminals with infected (filthy) bodies (Hinchy 2019; Lakkimsetti, 2020), but after, due to pressure from international and national activists and non-governmental organisations, the state rather than suppressing the epidemic by locking the sex workers in prisons and carrying out drives to cleanse and rehabilitate homosexuals and *Hijras* to transform them into “pure citizens from their recalcitrant selves” (Kapur, 2007), focused on policies towards prevention and control. In 1994, India's first National Aids Control Program (NACO) was launched, which in turn challenged the

issues of violence, marginalisation, criminalisation and stigma faced by the sex workers. It made them partner with the government to control the spread of AIDS, they were now “implementing, running, and overseeing HIV/AIDS programmes” (Lakkimsetti, 2020, 39). Soon *Hijras*/transgender people were included in these programmes. This marked their shift from high-risk groups and ‘victims’ to “pandemic subjects” .

However, HIV was never a cause of worry as much as police brutality and violence was to these sexual minorities. The Immoral Traffic (Prevention) Act (ITPA) of 1956 which was passed as a protective measure to safeguard people from getting into the sex trade and being exploited, eventually did as little as nothing. On the other hand, the local police used it to their advantage to further oppress the sexual minorities— sexual harassment in prison and asking for bribes were common scenario. The ITPA proved as an effective juridical weapon to keep sexual minorities, sexual activities and sexuality in check. Even the HIV activists and peer educators faced abuse from the local police so much so that scholars termed it as an “Epidemic of Abuse” (Lakkimsetti, 2020). The infamous 2001 Lucknow incident whereby activists were jailed for forty-seven days and other incidences forced the NGOs to first challenge the stigmatisation and violence associated with sex work and the sexual minorities in general, which would inevitably lead to the smooth

functioning of their programmes. While sex workers used these programmes as a way to demand inclusion in legal processes, other sexually marginalised groups used it to challenge Section 377, a colonial era law introduced by Lord Macaulay that criminalised homosexuality and categorised homosexual and transgender people as non-citizens. These projects provided sexual minorities with “moral citizenship” as they could now have a legal claim to their entitlements (like health and biological rights) of social citizenship. In strong sex worker collectives, these groups were able to secure civil identity through the creation of bank accounts and voter registration.

Nikolas Rose introduced the concept of biological citizenship to explain identity-based movements which were shaped around disease and illness. Neoliberal bio-citizenship also includes practices to manage risk within and between bodies that were consequences of isolation (Mooney, 2009; Maunula, 2017). This neoliberal citizen is dependent on the consumer-entrepreneur identity as the sexual minorities transformed themselves from being service-providers to consumers (of service) and entrepreneurs, contributing to society. This is where the concepts of ‘good’ and ‘bad’, and ‘thick’ and ‘thin’ citizens come into play whereby the sexual minorities are no more subjects of ridicule, stigma and filth but are subject-citizens— ‘thick’ citizens acting desirably as deemed fit by the state with

“qualities of good citizenship as duties, rather than rights: the duty of obedience in the one case, and the duty of resistance in the other” (Jayal 15). Hence, three criteria can so far be identified to acquire ‘biological citizenship’ – being infected, living with the infection and ‘managing’ the infection. The AIDS epidemic made marginalised groups visible who could now approach the State with demands. Even in the context of West Africa, AIDS proved that “the only way to survive is by having a fatal illness” (Lakkimsetti, 2020; Hinchy, 2019).

Similar opinions sprung up when the migrants were interviewed. One of them said that it was because of the pandemic that the government and city-dwellers (like me) were interested in their whereabouts, with cameras pointed towards them. Life before pandemic has not been easy for them either— all of them stayed in makeshift tents, rented beds, lived on one meal a day and worked for more than eight hours a day. These inevitably make them, in the words of Brinda Karat, “disenfranchised and second-class citizens” and prove Marshall’s statement of citizenship “as an architect of social inequality” (Jayal, 2013). The government’s claim on the loss of data on the migrant workers’ death makes it apparent that the state deprives these workers of their citizenship, even as disenfranchised, second-class and thin citizens, and their position is no better than that of the refugees. It shows how they

never existed in the eyes of the government. Because of the pandemic, they are now an integral part of the policy-framing platforms. Perhaps, unlike how it was a decade ago, scholars of contemporary India have gotten tired of the radical Hindu government at the centre and perhaps visibility is all that the migrants needed, since the introduction of policies favouring them are far from situational reality.

### **Conclusion**

As the country recovered from the initial wave and battles with yet another strain of the mutating parasite, people gradually adapted to the 'new normal' in due course. Some of the migrant workers were summoned back to their work by their employers and contractors within a month of their return with promised journey fare which initially was not paid to them when they needed it the most. This is where Ghosh and Chaudhury's (2020) 'calculated kindness' comes into play, whereby it is "shrouded in constant ambivalence between antagonism and hospitality" (93). The migrant labourers are treated no better than illegal encroachers and refugees in their host states and the state depends on their cheap labour. The moral anxiety and panic associated with their mobility stem from their status as outsiders and refugees who represent all the negative aspects as opposed to the ones residing in it. Works of feminist scholars portray similar

moral panic stemming from cross-border migration of the sexual minorities through trafficking. Hence, the problem constructed by the dominant elites lies not in the presence of slums and ghettos but the people who populate these and not in the sex trade but the ones engaged in it. By not questioning the root of oppression, the State and the privileged few add on to and carry forward the cycle of exploitation through dominant discourses.

The State also provides its employers with the rights to ‘discipline’ and treat the migrants as per their needs. Moreover, the setting up of the *PM ‘Cares’ Fund* to ‘help’ the migrant labourers somehow makes their rights synonymous with ‘sympathetic measures’. The very terminology of “care” takes away from it the value of being an obligation that needs to be fulfilled by the State and the governing body. “Such discourse of care has always been shaped from a position of charity on the part of the state as ‘discretionary’ compensation for the rightlessness of the migrants” (Ghosh and Chaudhury, 2020, 93-94). Perhaps a pandemic becomes a pandemic when the state fails to hide its loopholes and the already raging endemics and not even the urban middle and upper-class elites can escape the wrath of misgovernance.

It is also noteworthy that the Indian state loosens and tightens its walls as per its needs . The very act of



constructing the pandemics and epidemics within the walled, isolated spaces where its thin, unfit citizens reside and the granting of civil rights being determined by their position as refugees, fleeing from the nation of diseases who need to be rehabilitated lest they contaminate the pure citizens residing in the gated communities of the Indian nation, time and again proves its fetish for colonial incarnations and reiterate the history of partition whereby in order to be a citizen, one had to be a refugee, seek protection from their host states and prove their productivity through desirable labour. Biological citizenship or citizenship that emerges in the face of crisis is, therefore, along with 'desirable labour' the only way for the marginalised, left-out population to claim their rights. Citizenship is as much a process than an event as is nation-building and any of us could be expelled as soon as we fail to satisfy the prescribed normative criteria, a large part of which account for the economic, social and biological privileges, and citizenship is as temporary as these privileges are.

**Notes:**

1. The economically marginalised sections populating the ghettos and slums are vulnerable to diseases like Malaria, Dengue and other ailments due to their mar-

ginal living conditions and restricted access to basic necessities, besides poverty and hunger. UNICEF reports that 0.88 million children under the age of five died in 2018 (highest in the world). According to The State of Food Security and Nutrition in the World, 2020 report, 189.2 million people are undernourished in India.

2. Colloquial term for slums.

3. Community of transgender and intersex people.

4. An MLA in Telangana from the ruling Bharatiya Janata Party (BJP), Raja Singh, led a protest against coronavirus by raising slogans like “China Virus Go Back”. Prime Minister Modi urged the citizenry to light candles to fight the virus- enumerating a Hindu ritual of warding off evil spirits (News18, “China Virus Go Back”). Later, a BJP legislator in Assam publicly declared that ‘gaumutra’ can act as an effective remedy to cure coronavirus (The Economic Times, “Gaumutra’, ‘gobar’ may cure Coronavirus: BJP MLA tells Assam Assembly.)

5. Untouchability is practised by both who touches and the one who retains the touch- even if the so-called upper caste Brahmin touches a Dalit (a so-called lower caste) who remains passive, the touch is said to be contaminating.

6. They not only formed the grounds based on which policies were to be framed but also acted as agents of implementing those policies. It can be said that from being constructed as villains, their positions transpired to that of the protagonists.

7. T.H. Marshall identified three elements of citizenship- civic (right to individual freedom), political (right to exercise political power) and social (right to live in a civilised way with access to economic welfare and security). Social Citizenship forms the core element of citizenship and legal citizenship is only a way to acquire social citizenship. (Jayal, *Citizenship and its Discontents*, 163).

8. The sexual minorities are not only obeying the government through adoptive measures but also resisting the state intervention to in turn resist the spread of virus.

9. “Vinh-Kim Nguyen’s work on West Africa shows how for the disenfranchised West African AIDS population, sometimes the only way to survive is by having a fatal illness. The “therapeutic” forms of sovereignty and citizenship in the context of AIDS can ensure life itself as well as varying degrees of opportunity beyond health.” (Lakkimsetti, *Legalizing Sex: Sexual Minorities, AIDS, and Citizenship in India*, 05).

10. “Loosening/tightening is a contemporary Chinese concept used to describe the non-linear and non-progressive exercise of power seen in China. Fang/shou generally describes a cycle of loosening and tightening of state control over society.” (Callahan, “The Politics of Walls,” 468). Here, I use this to refer to the state’s provision of citizenship whereby grip in terms of identifying them as criminal is loosened through conferring upon them the rights of civil citizens as long as they contribute productively.

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