

Introduction: The Impact of the Covid-19 Pandemic

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The Spanish Flu infected one in three people on earth, or 500 million human beings. Between the first case recorded on 4 March 1918, and the last sometime in March 1920, it killed 50-100 million people, or between 2.5 to 5 per cent of the global population . . . In terms of single events causing major loss of life, it surpassed the First World War (17 million dead), the Second World War (60 million dead) and possibly both put together. It was the greatest tidal wave of death since the black death, perhaps in the whole of human history.¹

This was the strangest time in my life The Ganga was swollen with dead bodies I learned that my wife had passed away My family disappeared in the blink of an eye In whichever direction I turned, I saw darkness.²

It is over a century since the Spanish Flu (1918–20) – an event whose influence on the history of the twentieth century has often been underestimated – swept the world. The Spanish Flu was, eventually, instrumental in the emergence of the concept of “socialised medicine – healthcare for all, free at the point of delivery” (Spinney 2017, p. 205). In response to the epidemic, Russia became the first country in 1920 to put a public health system in place. The establishment of socialised medicine in Russia was followed by the gradual establishment of public health systems in Europe, particularly in the United Kingdom and Germany.

Marx and Engels wrote in *The German Ideology* that the evolution of humankind in history is marked by the replacement of “the domination of circumstances and of chance over individuals by the domination of individuals over chance and circumstances.” Advancements in science and the expansion of public health systems played a major role in this regard in the twentieth century. The

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¹ Spinney (2017) on the Spanish Flu of 1918–20.

² Nirala (2016) on the Spanish Flu in India, 1919.

incorporation of science into public health systems improved immunity and reduced disease-related deaths dramatically over the last 100 years.

The spectre of Covid-19 looms large over human history in the twenty-first century. As on July 1, 2020, the pandemic has resulted in more than 10 million infections and over 516,000 deaths. The health crisis, which disproportionately affects the elderly and the poor, has exposed the fragility of the health systems both in the developed and the developing world. Developed countries are forced to face the consequences of having dismantled the post-War welfare state, and public health systems in particular, over the era of neoliberalism. Less developed countries that had no effective or universal public health systems to begin with stand with few defences as infections mount exponentially.

Evidence shows that the response to the pandemic has been more effective in regions where public health systems are strong: Germany and New Zealand, and China, Vietnam, and Kerala in Asia are examples. These regions were quick to institute prevention protocols, including early testing, and conducted tests among a relatively high proportion of the population. Governments in these countries and regions moved to expand hospital facilities and put in place effective policies of containment, particularly for senior citizens. Responsible governments are expected to utilise lockdowns to create new health facilities and strengthen existing facilities, including laboratories, testing centres, and hospitals, and to ensure the production and supply of medical equipment and medicine. Here again, experiences vary: policy was most effective in societies that had the capacity to react quickly, and where community-centred health systems and decentralised governance systems played an effective part in policy.

The Covid-19 health crisis has brought home brutally the need for a comprehensive public health system and the need to reverse neoliberal policy measures in health.

The health crisis forced most countries to implement lockdowns that halted economic activity. According to the International Monetary Fund, the global economy will shrink by 4.9 per cent in 2020. While advanced economies are projected to shrink by 8 per cent, emerging and developing economies are projected to shrink by 3 per cent. With the collapse of employment worldwide, aggregate demand collapsed, and with factories closed and supply chains broken, supply also declined. Physical distancing disrupted the socialisation of labour, and the global capitalist economy is staring at a crisis never, perhaps, witnessed in the past.

Using lockdowns as a temporary measure to slow down the spread of infections, public policy was expected to focus on providing immediate relief to the poor and informal sector workers. Policy measures attempted in different countries include the provision of cash transfers, distribution of free food, the establishment of community kitchens and the introduction of furlough systems to protect jobs, with

the government reimbursing 50–80 per cent of the wages paid to workers retained in the payroll. Here again, economies that were quick to open up their purses and introduce revival packages have stood apart from others, like India, which refused to shed its adherence to fiscal conservatism. Short-term measures have to be followed up with a medium-term plan to invest in the economy in order to revive demand and restore supply. The state should take the leadership here, doing “whatever it takes” (to use the German phrase) to save the farms, firms, and jobs. How states innovate and economic policies evolve in the near future will certainly be matters of great academic and political interest.

The present crisis of capitalism and the expected future role of the state have raised questions about the stability of the capitalist system itself in a post-Covid world. Are we in a transformatory period, or is this crisis transient? While the contours of the post-Covid world are still unclear, some points can safely be made. First, although the capitalist system witnessed many important advances in public health – for example with respect to the increase in longevity – over the twentieth century, it has been unable to sustain these gains in the destructive era of neoliberalism and to disperse them to the most disadvantaged sections of the world’s population.

Secondly, the role of the market and private capital in allocating resources and directing investment in the economy stands seriously discredited. The Covid-19 pandemic has not only exposed the vulnerabilities of global capitalism but also, in a sense, torn open the very structure of market-led economic systems. Global capitalism will surely look different in the post-Covid world. The role of the market will be viewed with circumspection. The role of the state will be viewed with more appreciation and less derision. In spheres such as public health, state intervention and investment may be expected to strengthen.

Thirdly, as recent events demonstrate, capitalism has, in order to deal with the Covid-induced crisis, been quick to jettison orthodoxies and to implement measures it has reviled in the past. For example, although austerity and lower budget deficits were the holy grail before the pandemic, most capitalist countries were quick to announce revival packages amounting to up to 10 per cent of their GDP in April and May 2020. This striking display of flexibility must be closely studied by people and movements engaged in struggles for a progressive, post-capitalist future.

The current and the next issues of the *Review of Agrarian Studies* will have sections on the impact of the Covid-19 pandemic on agrarian and rural society.³ We invited scholars from across the world to comment on the impact of the pandemic and lockdowns on farmers, agricultural labourers, migrant workers, and the rural informal sector at large. Papers in this issue also address questions of rural public

³ In Focus in this issue is edited by R. Ramakumar and Madhura Swaminathan.

health and the future of mainstream economics in the light of the present economic juncture.

REFERENCES

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