Long 2020: A Research Planning Workshop: A Report

Mahanirban Calcutta research Group organised a one-day research planning workshop on the thematic of the 'Long 2020' on 26.03.2021 at RasMancha, Swabhumi, Kolkata. The workshop was planned as a discussionary platform for the exchange of thoughts and ideas amongst researchers developing on the thematic of the Research Project 'Long 2020' aided by the Institute of Human Sciences, Vienna that tries to look back at the elements that made the year 2020 long and how to locate the pandemic and its aftershocks in the richter of temporality beyond the lens of medical, virological and epidemiological studies. The essence of the thematic is to create a critical understanding that the suddenness of the Novel Corona Virus and its impact on human demography and public health is not merely a conjectural event of the contemporary but a notion that will dominate and reshape the lives and livelihoods of humanity in precendently reemergent cycles of the epidemiological experiences in the historical possibilities of world but also creating pluralities of crisis in the complexities of transforming lives in the socio-economics of paranoia in the powers of the state through contagion and conclave methods of redesigning the lives and creation of habits that delimits the conscription of 'now' and moves into zones of 'to be'. The need to 'flatten the curve' in 2020 created reflective mirrors of governance globally and laid barren the universal tendencies of 'restriction' as a pedagogy of correction for the spread and find equivalence in experience from past but future was inadvertently altered in the praxis of existentialism—the individual was either lost or refigured within the market capitalism of Covid as trust was redesignated through the modulation of the prosocial behaviours in the pandemic. The 'long' can be also thus understood in reference to the projection of a current event into the future by looking back into the past. Informed by such a paradox, the 'Long 2020' research workshop programme attempted to rethink issues of epidemiological governance, jurisprudence, public health, restructuring of labour, and the idea of 'crisis' with a special focus on refugees and migrants caught in the crisis.

Contemporary migration scholarship is still deficient in historical awareness and hence unable to bring out the political and economic truths of the crisis time. Notwithstanding the wide range of research methodologies and reflections on the diverse sites and subjects of migration, we lack the focus that can produce a compelling critique of conventional knowledge of migration. The idea of a 'long 2020' research programme is drawn from an awareness to place the migration issue in the light of epidemiological and economic governance, broad macroeconomic restructuring, and the acute crises of the time. And once again potentially bringing back the migrants body into the centre stage of discussion and the images of the forcible pathologization of the migrants body during the national lockdown in 2020 made visible their spaces of occupation in urban metropolis. The research themes selected for the project and discussed during the workshop was a collective effort to study some of the salient aspects of the year of 2020 in the light of long historical trends.

Prof. Ranabir Samaddar in his keynote lecture began the workshop by asking two core questions: Firstly,is the 'long' of 'Long 2020' same as that of the climate refugees to economic market induced migrants. Or in other words writing history of long 2020 can it have the same ideological backing as long pandemics or epidemiological sessions of the past. Secondly, how long is this 'Long 2020'? Arrighi in his *'Long Twentieth Century: Money, Power and the Origins of Our Times'* mentions the beginning of a global time of capitalism that evolved through a process of successive 'long centuries' producing economic dominance in an expanding world-social order. So, the specific of 2020 will be important in justifying the date and its ingredients that makes it long and the role of history in

viewing this duration of it being long. David Arnold while writing on the Cholera Pandemics said that morbidity has been co-equivalent consequence of epidemics or pandemics but what differentiates morbidity in the different pandemics from that of the political is the reception of the cultural of the social trauma–the Jallianwallahbagh evoked far more sensitive reactions than the long history of the deaths due to the raging cholera pandemics. So, influenza or cholera epidemic or plague was hardly politicised In India at that time and remained within the peripheries of health-disease-cure project of coloniualism and the stark contrasts of the colonial photography shows the impact of these episodic periods of death due to disease and its intensity in India. TheCovid-19 has already ousted other pandemics in its visual presence and its impact on the individual and the collective memory of the state. Prof. Samaddar raises the potentially question as to who will not remember the pandemic when the sudden lockdown created sudden anxieties by the distance and location of themselves and their family members way from home. Such memories of loss in pandemics and its erasure from the memory of the individual, nation and the world at this point of time when uncertainties are still prevalent, is too soon to set a dateline. Thus Covid-19 itself became a symbolic agent in the symbiosis of the performativity of the pandemics and questions the morality of the rational behind the 'natural experiment to absorb the sudden exogenous shocks in the structures of the social governance and the critical analysis of the cognitive tasks laid on the society at large.' "COVID-19 very rapidly generated a set of stable collective representations and so became "thinkable"."

The workshop was divided into four thematic sessions-Crisis, Economic Restructuring, and Labour; Templates of Epidemiological Governance; Crisis, Exodus and Literary/Histories and finally The 'Long' of Long 2020.

Session 1 (9.30-10.30am): Crisis, Economic Restructuring, and Labour

Chair: Ranabir Samaddar, CRG
Discussant: Arup Sen, Serampore College & CRG.
Participants:
Byasdeb Dasgupta, University of Kalyani & CRG 'Global Capitalism and Corona Pandemic – In Search for Radical Solution'
Sabir Ahamed, Pratichi (India) Trust & CRG and MadhurilataBasu, Sarojini Naidu College & CRG 'The Long 2020 and the Informal Care Economy: Case Studies of Select Careworkers'

According to **Byasdeb Dasgupta**, global capitalism's instability is inherent in its nature and structure. In fact, Corona Pandemic triggered the third capitalist crash in the global economy in the present century. May be the crash was anyway inevitable; but the Pandemic has aggravated the dimensions of the crash hitherto unknown. The problems that are associated with the current global capitalism in this age of neoliberal globalization remain unresolved. The crash even though aggravated by the Pandemic is systemic in nature. The system is not infallible. Rather, the inherent tendency of capitalism as an economic system is to produce recurring crashes and the radical solutions to that sickness of the system are beyond the imagination of the politics as it is practiced today in various parts of the world – mainly in the garb of liberal democracy. Three basic problems can be attributed to global capitalism as an economic system. Firstly, the economic space of capitalism as it is ruled by several capitalist enterprises is undemocratic. A small minority at the top including owners, board of directors and major shareholders makes all the decisions (particularly with regard to appropriation and distribution of the surplus) in every enterprise but this minority is not accountable to the majority who are the employees of these enterprises. This is a contradiction inherent in any society shaped by capitalism where the political is based on liberal democracy but the economic is undemocratic. And this undemocratic nature of capitalism in the economic sphere keeps it away from the general well-being of the majority. This is the first problem that capitalism has inherited from its predecessors like feudalism as an economic system. The second problem associated with

global capitalism is its inherent tendency of generating crash or crisis every four to seven years which damage the enterprises and the economy – rather, the majority of the enterprises and the current Pandemic is no exception. May be the magnitude of the crisis has been widened by the Corona episode. In mainstream economic theory, this is referred to as business cycles. Thirdly, capitalism in general and global capitalism in particular generates inequalities of wealth and income which widen further at the time of crash or crisis. This present Pandemic is a very good example that the wealth of the top one percent of population in terms of wealth and income has increased manifold during this pandemic while many commonplace went income less and jobless. So, the capitalism's problems including lack of economic democracy, lack of stability and lack of equality when we look at them at times of Corona Pandemic bring into fore global capitalism as a sick system. The proposed work on global capitalism and Corona Pandemic will make an attempt to decipher these basic three problems of capitalism as an economic system and would try to see if any radical solution is plausible in terms of reforming the system as Keynes advocated at the time of Great Depression during 1930s.#

Sabir Ahamed and MadhurilataBasu brought forth the case of the caregivers in the informal economy during the Covid pandemic. The health system in India consists of a public sector, a private sector and an informal network of care providers. Though for the formal sectors there have been policies, schemes operative for long, in case of the informal network, due to various reasons (limited access, further worsened by the poor functioning of public health system is one among many), the act of 'caring' takes place mostly in an unregulated environment.It is important to realize that the health care crisis following COVID19 pandemic in India has been a result of collective economic strategies adopted by various governments which gave primacy to big capital, infrastructure and financial services and comparatively, less importance was attached to social sectors like health and education. Independent India, keeping in line with the Montgomery-Chelmsford Constitutional Reforms of 1919 (whereby public health, sanitation etc was transferred to the provinces), declared health to be a state subject. Though the states enjoy autonomy, when it comes to health, however, the government at the center has been framing policies, providing frameworks, making laws that impact the whole of India. Such a tendency not only continued but intensified during the pandemic, wherein most crucial steps or responses were framed at the central level. When and where to impose a lockdown, travel bans, screening at entry points, testing etc, all important decisions were taken by the center and the states had to strictly comply. During the 50s, 60s and 70s, the focus has been preventing the spread of communicable diseases, family planning, setting up more teaching hospitals (to produce more doctors and nurses). All of it happened with the realization that the primary healthcare system in India was inadequate (Rao 2016, 13). Further with the economic reforms of the 90s the goal of Alma Ata Declaration, which was "health for all by 2020" was sort of reframed as "health for the underprivileged under the 8th Five Year Plan and the first Health Policy (1983) gave emphasis to strengthening primary healthcare in India and setting up a network ofprimary health-care services using health volunteers. National Rural Health Mission, was launched in 2005, keeping the above goal in mind and a cadre of women volunteers dubbed as ASHA (Accredited Social Health Activists) workers was formed. Like all pandemics, COVID19 threatened all communities alike, hence collective measures at the societal or community level was crucial during the pandemic, in India and it is here that these ASHA didis as they are popularly known, played important role in checking the spread of the disease by going house to house making people aware of the do's and don't's, tracking down, covid infected patients, monitoring returnee migrants etc. Though the work of these workers is officially acknowledged in government documents, but it was during the pandemic that they and their work became 'visible'. In big towns and urban areas, ayahs working in both public and private spaces are careworkers who are mostly untrained, yet have

become crucial in providing care. They hail mostly from the informalsector, doing all the 'dirty work' that otherwise nurses would not want to do from helping family members to take care of old, ailing family members, the demand for their work has increased overtime and their services were highly sought after during the pandemic. Using qualitative methods (interviews, focus groups etc.) this research endeavour would like to probe if there has been a break in terms of cultural perceptions, official responses, nature of work, perception of the 'self' when it comes to these two categories of careworkers mentioned above, or is it continuity masqueraded as 'change'? This work would also try to compare pre- pandemic and pandemic scenarios with regard to these two categories of women and also try to assess the lasting impact of the pandemic (if any) on their future.

Session 2 (11.00am-1.00pm): Templates of Epidemiological Governance

Chair: SibajiPratimBasu, Vidyasagar University, Midnapore & CRG Discussants:
Ritajyoti Bandyopadhyay, IISER, Mohali
Participants:
Amit Prakash, Jawaharlal Nehru University, New Delhi & CRG 'The Long 2020: State Impunity and Erasure of Rights through Logistics of Governance'
Iman Mitra, Shiv Nadar University, Noida & CRG 'Modeling COVID-19: Notes on the Convergence of Economic and Epidemiological Reasons'
Oishik Sircar, O.P. Jindal Global University, Delhi 'The Long 2020: An Outsider Jurisprudential Account'

Amit Prakash began his conversation by highlighting the peculiarities and contradictions at play during the year 2020. While on the one hand, the country came to a virtual stop owing to restrictions imposed to manage the Covid-19 pandemic, on the other hand, large sections of populations—mostly the poor—were literally on the march to return home. While concerns about filling idle hours by deploying online streaming and exotic cooking occupied the privileged, the rest of the population was left to fend for themselves looking for a non-existent basic meal. Focussing on such contradictions, as has been the case in a section of the popular media, glosses over the mechanisms and logistics of governance that were deployed to ostensibly manage the exigencies of the pandemic—to identify, isolate and medicate those infected. However, the logistics of governance that unfolded was far more expansive than that dictated by the medical emergency. The conversion of the health emergency into an issue of order — the curfew model that quickly emerged, creates at least three implications that will cast a long shadow on the Indian citizens in times to come:(a) The apparatus of the state was geared towards a veritable erasure of right to life and livelihood and rendering life of a very large section of the population bare, to cite Agamben.1 (b) The logistics mobilised and deployed to police and enforce the curfew model portends to fundamentally transform the processes of governance —marked by centralisation of powers and funds while decentralising responsibilities to lower tiers of governance without concomitant powers and resources. (c) The logistics of testing and vaccination that emerged is likely to contribute another layer to this story of transformation of governance by prioritisation of logistics. The legal mechanisms deployed were two: first was the invocation of the colonial era Epidemic Diseases Act, 1897 (popularly called the Plague Act), swiftly amended by an ordinance on April 22, 2020 to ostensibly offer protections for healthcare personnel combatting epidemic diseases. This Act empowers the government to issue any direction it deems fit to manage the epidemic, violation of which invites action under Section 188 of the Indian Penal Code dealing with "Disobedience to order duly promulgated by public servant". This created a degree of impunity in the state that brooks no argument since intention of the accused is no defence under this Act. Second was the invocation of the National Disaster Management Act, 2005 under which the National Disaster Management Authority, headed by the Union Home Secretary, can (and did) arrogate to itself powers to issue any direction to anybody, including State governments. While there remains some doubt if the NDMA,

2005 covers a health emergency, the state forged ahead without any such concern, including complete violation of some of the Basic Structure of the Constitution such as federalism and powers of the State. Such an autocratic legalism2 was upheld by the judiciary through its inaction and credulity in the unfounded claims of the government. The framework of logistics of governance, geared towards ètatisation3 of the polity, leading to state impunity and undermining of a host of citizen's rights was thus complete. The proposed paper will examine these processes across two axes: (a) the logic, mechanisms and implication of the National Disaster Management Act/ Authority and the Epidemic Diseases Act, 1897; and, (b) political economy of testing and vaccine delivery in terms of its conversion of the process of governance from that of political to mere management. Tentatively, it is argued that this process which started unfolding during the Long 2020 will have a much longer and multidimensional impact on the fundamentals of governance processes in the country. The paper will seek to identify, document and analyse this complex process in terms of étatisation of the polity and implications thereof for liberal democracy in India; and, the impact of such logistics of governance on the right to life and livelihood, especially that of the poor and marginalised.

Iman Mitra began his discussion with the connotation of the term epidemiology. The Oxford Dictionary of Epidemiology defines it as the "study of the occurrence and distribution of health-related states or events in specified populations, including the study of the determinants influencing such states, and the application of this knowledge to control the health problems."1What is important to note here is the expansive flexibility of the expression "healthrelated states or events" and the insistence on the applicability of the knowledge to "control the health related problems." In many ways, therefore, epidemiology is not simply one of the medical disciplines; neither is it only a focused study of harmful pathogens affecting an individual's health like virology. "In the past 70 years," the Dictionary farther adds, "the definition has broadened from concern with communicable disease epidemics to take in all processes and phenomena related to health in population."2Anybody who is aware of the coincidence of the evolution of modern medical practices and the development of statistics as the modality of rationalising public policy since the mid-nineteenth century can see how epidemiology brings them together by emphasising the law of average to be found in large groups of people in order to define and sustain a medical normalcy – and hence the deviations therefrom – and to prescribe remedies based on a predictive technology of assessment and management of risk. In so doing, epidemiological analysis emulates a methodological apparatus specific to the discipline of economics, namely, modelling. Here we must not confuse the term with its recurrent usage in all scientific disciplines including the other branches of the medical sciences. Economic modelling is different from all the other forms of modelling in its claims to go beyond the simple act of representation or caricature of reality and refashion the world that it inhabits. In that sense, any act of modelling is also remodelling – intervening, altering, making it better according to certain assumptions, rhetoric, theories and selective deployment of data. The economic reason thus envisaged comes really close to the epidemiological reason we have been encountering in recent times, particularly in the long 2020.

In the proposed research, Mitra wanted to explore the history of this convergence between economic and epidemiological reasons in the juxtaposition of three registers – the active paraphernalia of modelling, the deployment of statistical modalities, and the procedures of formation and disciplining of the public. The impact of the long 2020 cannot be gauged without delving into the long twentieth century, especially the period since the influenza pandemic of 1918-19. This was the moment when epidemiology emerged as the most effective way of defining and managing a public health crisis even in the absence of an advanced virology (the flu virus would be discovered in 1933). What initially started as a 'more scientific' justification of surveillance and

control, epidemiology, coupled with farther research in virology, would become more and more an area of model-based predictions of the converging pathways of the pathogens and the humans, thus allotting the virus a certain kind of agency similar to that ascribed to the price system in the models of rational choice theory in post-War economics. By investigating how both economics and epidemiology evolved as technologies of risk and future-oriented disciplines in the last one hundred years, I intend to present a genealogy of the embeddedness of the pathogens in the circuits of capital and knowledge production in our COVID-riddled time.

Oishik Sircaropeined his discussion with four accounts of the relationship between temporality and jurisprudence in the context of a time–the year 2020–that in many ways can be considered to have been "out of joint". Common law jurisprudence works with its own temporal logic that oscillates between the binaries of the 'is' and 'the ought'–the foundational and the aspirational. In this, jurisprudence is interested in answering the vexed question 'what is law?' by attending to a temporal understanding of causes and consequences that make valid law possible. The search for validity is thus at the core of common law jurisprudence's inquiry. The discourse surrounding decisions taken by the Indian state through 2020--be it the imposition of lockdowns, the treatment of migrant workers, the arrest of activists under the UAPA, the passage of the new farm laws, to name a few--have been produced in the language of validity/ invalidity that is temporally bound to historical and contemporary legal sources. Outsider jurisprudence steps away from this conventional form of understanding the relationship between law and time by looking for law in places that cannot be seen or interpreted in the vocabulary of validity. The outsider jurisprudent's vantage is the apocryphal or the minor, which does not require the scaffolding of the 'is' and 'the ought', the cause and the consequence, or the foundational or the aspirational. An outsider jurisprudential account will thus offer insights into the lives of law that are at the interstices and crevices of these binaries. These imaginations of law veer from being violent to romantic to resistant to fantastic to affective. Outsider jurisprudence moves from the question of validity to that of contingency. The outsider jurisprudential accounts that this paper will discuss concern an image, an act, a statement and a word. These are: 1) solicitor general of India Tushar Mehta's comment in the Supreme Court calling journalists who were highlighting the suffering of migrant workers "prophets of doom" by drawing on discussions around an image by the photographer Kevin Carter; 2) the repeated act of reading of the preamble of the Constitution at Shaheen Bagh; 3) writer Arundhati Roy's statement about Covid trials in an international court as her post-lockdown wish; 4) the popularisation of the word "aatmanirbhar" as Narendra Modi's proposed panacea for overcoming the adverse impact of the pandemic.

Session 3 (2.00-3.30pm): Crisis, Exodus and Literary/Histories

Chair: Sabyasachi Basu Ray Chaudhury, Rabindra Bharati University & CRG
Discussant: Atig Ghosh, Visva Bharati University, Santiniketan& CRG Anwesha Sengupta, IDSK, Kolkata
Participants:
Paula Banerjee, University of Calcutta & CRG 'Locating the Diseased Body'
Samata Biswas, The Sanskrit College and University & CRG 'Epidemic, Migration and Literature: Tropes, Traces and Topographies'
Priyankar Dey, CRG 'Public Health in Refugee Camps and Colonies of West Bengal during 1947-1958: Policies, Practices and Politics'

Paula Banerjee began her discussion referring to the 16 March 2021 killing of 8 Asian-American women that rocked Atlanta. This followed a year of misinformation by the 45th US President and the right wing media about the causes for the spread of Covid-19 in the United States. The right wing media gleefully quoted the former American President terming the novel coronavirus as "China Virus." This

horrific incident once again portrays how a pandemic produces its own scapegoat or the original diseased body. A few years before Covid 19, Richard A McKay in his book Patient Zero and the Making of the AIDS Epidemic wrote: “In our daily lives we most frequently use words, stories, and images to interpret external phenomena and express our understanding of the world, and so it is vital to see these elements as an essential, constitutive part of our reality and not simply a neutral, natural label or a depiction of how things “actually” are in the world.”Patient Zero was a HIV positive flight attendant named Gaetan Dugas, who was vilified even after his death as people accepted a “big lie” that he infected a huge number people willfully and without remorse. Dugas denied this charge until his death and posthumously these charges were proven fraudulent, but the lie persisted. If we consider the last few decades as part of the long 21st century it can easily be termed as the age of pandemics. The 20th century closed with the AIDS epidemic and the 21st began with the SARS virus that was identified in 2003. People spent days debating on the uncertain animal reservoir that ultimately infected humans. The AIDS, the northern world decided began in Africa and the first known infections of SARS, it was speculated appeared in Guangdong Province of China in 2002 so the world heaved a sigh of relief because it could now be logged as the Chinese pandemic. It was extensively argued that the disease must be a result of the Chinese exotic food habits and lifestyle and so the Atlantic word had nothing to worry as this disease was of foreign origin. After all this is exactly how the Atlantic or the civilized white world had previously come to terms with AIDS. The SARS was followed by the swine origin H1N1 in 2009 and this time it was Mexico. The world was caught up in H5N1 from Asia and then came H1N1. Now the blame game was centered on another poor, impoverished exotic culture and the global North could easily blame another underdeveloped country albeit with a rich history but an impoverished economy. The trope that pandemics only affect poor countries lived on and the global North again remained under prepared but happy that such diseases did not touch them. Then came the Middle East Respiratory Syndrome or MERS and it broke at least one widely held assumption. Prior to this outbreak, the strange and exotic forests of Africa, and the crowded urban slums of Asia, where people lived crowded lives with their rats, chickens, and swine were considered the two most important birthplaces for new human pathogens, but not anymore. However, the global North now argued that whatever happens in the Arab world stays among the Arabs so the “civilized” Western world forgot all about the disease and perpetrated the myth that all these diseases are foreign, so no preparation was needed. Then came Ebola and although it attacked the rich and the poor alike but after all it originated in Africa. The world remained unconscious because if Europe and United States was not affected then everyone could sleep peacefully. The diseased body was happily located elsewhere. Much of the politics of ascribing the source of the disease has to do with questions of authority and representation. It will not be remiss to say that this hunt for “Patient Zero,” which today is more a metaphor than a real person, has been a recurring phenomenon in the last few hunts for the pandemic. Locating the diseased body has now become an industry with fancy surveillance systems all in the name of science. As one report suggests:”Contact tracing in an Ebola virus disease (EVD) outbreak is the process identifying individuals who may have been exposed to infected persons with the virus, followed by monitoring for 21 days (the maximum incubation period) from the date of the most recent exposure. The goal is to achieve detection and isolation of any new cases in order to prevent further transmission.”

From this the leap to the original diseased body is but a short one. Banerjee tries to seek answer to the following questions:1. In any pandemic in the long 2020 why has finding the diseased body become such a crucial aspect of disease management? Is it more to do with ordering of society or rather fear of social disorder? 2. How did the idea of locating the diseased body come to exert such a strong influence in popular imagination? 3. What are the essential elements in this hunt for a diseased body? And why pandemics always lead to this hunt? 4. Is this a recent phenomenon? If not, then why has it acquired such significance in this present times?

Samata Biswas began her discussion around the question Shakespearian description of the plague and if it all exists. After all his most productive years were lived in the shadow of the bubonic plague—also an economically devastating time that would have kept the playhouses, where he was a writer and part owner, shut most of the time. But Shakespeare writes about the Plague, only in undertones, and in most cases metaphorically, especially in Macbeth. Performed for the first time in 1606, this is how Macbeth's countrymen describe the condition of Scotland under Macbeth's rule:

Alas, poor country,
... It cannot Be called our mother, but our grave, …;
Where sighs and groans and shrieks that rend the air
Are made, not marked; where violent sorrow seems
A modern ecstasy. The dead man's knell
Is there scarce asked for who, and good men's lives
Expire before the flowers in their caps,
Dying or ere they sicken.

The country's condition, as a result of human action—is explained through metaphors of disease. This is not new, and in fact, every time we speak of (and we did a lot, in the last year), Thucydides' History of the Peloponnesian War, and its descriptions of the Plague of Athens—we forget his contemporary, Sophocles, and his play Oedipus Rex. Sophocles turns the metaphorical plague into a literal one—the citizens of Thebes are suffering, and the descriptions of their suffering is much like the plague—children die even before they are born, and as do animals and birds, the disease is a pestilence. The King of Thebes, Oedipus Tyrannous, Oedipus Rex, sends his brother-in-law Creon as an emissary to the Oracle at Delphi, to find out the reason. The Oracle claims that an alien, a migrant is the reason behind this Plague. Oedipus promises terrible curses upon this migrant, only to realise towards the end of the play that it is he himself that he had cursed. Boccaccio's Decameron, composed probably between 1348 and 1353, is a frame story comprising hundred tales told by wealthy young men and women, while they were sheltering in a villa just outside Florence to escape the Black Death. But in this, Plague is absent except as configuring the context in which these tales are told.

The direct correlation between epidemics and literature reduce, gradually, with the rise of the realist mode as the dominant form of storytelling—in the Western hemisphere, while in Bengal, the realist mode is shaped and created by the great epidemic novels. Daniel Defoe'sJournal of the Plague Yearis perhaps the only full-length account of the year 1665, the Great Plague of London, but published in 1722. Defoe was only 5-year-old when the Great Plague happened, and this is believed to have been based on his uncle Henry Foe's journals. The eye witness accounts of the Great Plague vary from Samuel Pepys' journals and John Dryden's long poem, Annus Mirabillis—in which Dryden only comments on the year of wonder that saved London from greater calamities—despite a plague and a fire killing one third of its population. This brings back to the core question of the relationship between plague and Shakespeare.

Shakespeare wrote during the time of repeated plague outbreaks, in 1582, 1592, 1603, 1606, 1608-09. But in his works Plague occurs as a reference—and increasingly, we will witness, in England and in much of the anglophone world the trend continues. Important literary genres of the time do not directly treat the epidemic they are living through, epidemics occur as reference points—as metaphors and other figures of speech. Defoe, not surprisingly, is writing after many years of the

Great Plague. Something similar can be seen in the 19th and 20th centuries, in the case of the Cholera and influenza epidemics. Although not Anglophone in nature, Camus'sThe Plague does tackle an epidemic front and centre, but the historical reality of its composition was the influenza epidemic, not the Plague. Katharine Ann Porter's Pale Horse Pale Rider, a semi-autobiographical narrative about the time the author suffered from influenza, while working as a reporter, is published twenty years afterwards, but is a notable excepton. But when we look at undivided Bengal, and Bangla literature of the early 20th century, the cholera and plague epidemics seem to have shaped the way realist fiction had emerged. Three cases in point: Sarat Chandra Chattopadhyay, Bibhuti Bhushan Bandyopadhyay and Tarashankar Bandyopadhyay. Bibhuti Bhushan and Tarashankar were almost contemporaries, although the latter lived two decades longer. Sarat Chandra was two decades older than them. In the major works of these authors, we see repeated shadows and influences of the cholera epidemic, one that the British were happy to designate as the Asiatic disease. Just three examples would suffice: In Tarashankar's 1939 novel Dhatridebata, Sankar who has just passed the matriculation examination goes back to his village to find that Dalit neighbourhoods in the village are slowly sinking to a cholera epidemic. With two medical student volunteers who come from the city for this specific purpose, Sankar carries out relief work in the village. Page after page is field with description of the poverty and misfortune of the poorest people of the village, who are also hit hardest by the epidemic. Rumours are rife across the village, the wealthy and dominant caste people leave to move to the city, and the dead have no one to cremate them. Vultures and dog circle the neighbourhood with people dead than living—and despite the best intentions people refuse to follow medical advice. Bibhutibhushan's novel Aranyak, composed between 1937- 1939, is set away from the rural Bengal that Tarashankar describes—but the hamlets by the bank of the river Kushi that Satyacharan visits with Raju PNare, tell similar tales. Small thatched cottages without light or ventilation, no food, doctor or medicine, and an ever-increasing number of dead bodies piling up. In an exceptionally poignant and horrific sequence, Satyacharan and Raju try to stop a young woman from eating a plate of rice left on the windowsill. Her aged husband had just died, and the flies that were hovering over him were also the ones that were on the plate of rice. But the woman had not eaten for several days, and this plate of rice was all she had. Saratchandra'sSrikanta (parts 1- 4), composed between 1917-1933—has several encounters with the epidemic. Saratchandra himself had travelled to Rangoon for work as early as in 1903, and in Rangoon we find Srikanta quarantined after disembarking from the vessel, on account of Plague. He nurses Manohar Chakarabarti, only to find two dead young men in the room next door. The descriptions are of a city filled with panic, a city of employees and businessmen, running from neighbourhood to neighbourhood in search of safety. Also in Srikanta there are descriptions of a small pox epidemic, the mendicant Srikanta abandoned by the same people he had nursed, after the first indications of pustules on his body. The early modern period in the history of Anglophone literature, the long 19th century, and the early twentieth century, were all marked by devastating epidemics. But by in large, epidemics are absent in them, except stray mentions (Mrs. Dalloway), plot points (The Mirror Crack'd from Side to Side) or background (Romeo and Juliet). For Anglophone literature, the reason might be what Amitav Ghosh calls in The Great Derangement, the rise of gradualism in Western societies. Although Ghosh is writing in the context of ecological catastrophe and literature, it is by now very well established that epidemics are part of our ecological world, and the graver the risks to climate, the more frequent they get to be. Gradualism indicates that change happens in slow motion, almost imperceptibly—an attitude in geology that then became more and more prevalent in natural and eventually human sciences. Ghosh claims that in the great realist novels of the 19th century (of which Daniel Defoe's Journal of the Plague Year was a precursor) are a prey to this gradualism, where catastrophes occur, but only human ones—not natural. In fact, the rise of realism is connected to the overarching umbrella of gradualism. Where do the natural

calamities, the infectious diseases, the extinction of species go then? They are shunted into the realm of science fiction (think Stephen King), of horror (think Mary Shelley's The Last Man) and magic realism (think Gabriel Garcia Maquez,Love in the Time of Cholera and Jose Saramago, Blindness). But in the early 20th century Bengali novels, also written in the realist fashion, epidemics are front and centre. In the proposed research project then, I hope to make two enquiries: First, to explore the intersections of Bengali realist fiction and their engagement with epidemics, migrations and margins—their continuous evocation of the epidemic-ridden body, their exploration of solidarity and empathy, their graphic depiction of fear and loathing. This would therefore be an exercise in mapping late 19th and early 20th century Bengali realist fiction (novels and short stories) and their engagement with epidemics. The second aim is then to explore the construction of the modern Bengali subject: the Satyacharan, the Srikanta and the Sankar—following a certain kind of scientific rationality, figures that are both entrenched in social relations by virtue of their empathy, but at the same time mobile and decisive due to their detachments—observers, capable of reflection. What happens when the sick and decaying body of the poor, the elderly, the infirm, comes in contact with the socially conscious able bodied, often urban and young, man? But in most of these instances, we also encounter another category of men—the drunkard, the one consumed with opium or marijuana—they are the ones who drag the corpses to the river or set them nominally on fire, in exchange of a little bit of money to get high on. The research also looks to exploration will then take into account the role of epidemics in the creation of these subjects, the disbanding and forging of communities and empathy-centred networks, the abdication of the poor and the marginalised by the state, and the emergence of a new social.

Priyankar Dey intended to investigate the 'crises' of public health in the refugee camps and colonies of West Bengal from 1947 to 1958 and the various forms of actions that they produced. Through a critical analysis of healthcare policies and practices of the postcolonial state, various international welfare organizations like WHO, UNICEF, Red Cross or Ford Foundation and local charitable institutions like the Dalmia Relief Committee, I will like to understand what constituted the 'crisis' of public health among the refugees from East Bengal. What constituted the precarity of health of the refugees in the eyes of the state? As Imrana Qadeer has pointed out, the handling of the epidemics by the colonial state in the 19th century reflected a bias towards small pox for various governmental reasons. Do postcolonial state's healthcare policies for the refugees during this period reveal a similar preference for a particular disease? What were the techniques adopted and the networks used for handling epidemic breakouts in the camps and the colonies? Was there a break from the colonial state's management of epidemics? How far were the state's health policies for the East Bengali refugees influenced by the agendas of the external aid bodies and the global politics of development? Following these questions, my research paper will try to contextualize government's healthcare policies and practices in the refugee colonies and camps within a larger history of the public health discourse of the postcolonial state on one hand and the official discourse on protection and care of the East Bengali refugees on the other. Historians of partition have so far highlighted the crumbling down of the city's already overburdened civic infrastructure due to the huge refugee influx from East Pakistan. An alternative question would be to ask how much did the exodus contribute to the building of new health infrastructure in Calcutta and in other districts of the state. In other words, in what ways did the health crises of the East Bengali migrants contribute in setting up the public health agenda of the state?

Public health infrastructures, as Adeem Suhail writes, 'are organized by defining objects and practices deemed proper and those that are not'. Through a close reading of official documents and reports of the Health and Refugee Rehabilitation departments of both the Union and the West Bengal state governments, municipal records, legislative assembly debates and newspaper reports,

Dey would like to understand what were considered to be the proper object and practices of public health work among the refugees? How exactly is health conceptualized in this context? Here one needs to remember that the Indian nation-state spent much energy and resources to turn the refugees into useful labour. The worksite camps are a clear indication of this agenda. This brought increased focus to the refugee's body which was to be studied, enumerated, trained and thus made visible in particular ways. The public health works of the state as well as the international aid organizations in the camps and squatters colonies, Dey argues, need to be situated within this larger context of refugee labour.

The proposed study of the official healthcare policies and practices in refugee camps and colonies, Dey believe, would reflect upon the politics of health of the postcolonial state in West Bengal. It will be important to think about how disciplinary power of the state vis-à-vis the migrants was mediated by bio-power and its techniques in this context. Equally important would be to understand how crises of public health in the camps and the colonies produced different forms of collective action. Besides highlighting various efforts of the East Bengali refugees themselves in building basic healthcare infrastructures in the colonies, the second section of the paper will try to analyze how and to what extent health of the refugees functioned as an important site of politics for the refugee organizations as well as the left parties of the state. 'Bio-politics from below', as Ranabir Samaddar argues in his book A Pandemic and the Politics of Life, involves a reconfiguration of the concepts of life and care in a very different manner. Can we think of the politics of health as performed by the refugees and left parties during 1947-1958 in terms of the 'bio-politics from below'? How did this politics conceptualize 'life'? Investigations into the politics of health around the East Bengali refugees will help us to understand how the discourses on public health informed and shaped the representations of the refugee in different registers. Question of health, this paper will try to show, was one of the contributing factors in establishing the East Bengali refugees as a distinctive population group. It is in this context, I would like to investigate how the visibilities of body of the refugee, both individual as well as social, was mediated by the contemporary discourses of public health. Literary accounts and photographs published in newspapers and official reports will be useful to show how the image of the constantly threatened body of the refugee became instrumental in highlighting the 'bare life' in the camps and the colonies.

Session 4 (3.30-4.30pm): The 'Long' of Long 2020

Chair: Atig Ghosh, Visva Bharati University, Santiniketan& CRG

Discussant: DebaratiBagchi, Max Weber Stiftung, India Branch Office, New Delhi.

Subhas Ranjan Chakraborty, Asiatic Society, Kolkata & CRG ''Longue Durée', 'Conjoncture', 'Event': Notion of Plural Time in History'

Kaustubh Mani Sengupta, Bankura University, Bankura 'Contagion, Territory, Public Health: Situating 2020 in Modern South Asian Past'

Subhas Ranjan Chakrabortyopened the discussion saying that a historian can never get away from the question of time in history. How does the present connect to the past and to the future is a conundrum that intrigues the historian. Churchill once said that the 'longer you look back, the further you can look forward'. The method of using a longer period to understand the long term processes of evolution in societies was not unknown as in the nineteenth century historians of property law, authors of medical treatises on chronic disease, sociologists studying unemployment or economists tracing long-term movements were familiar with the notion of what Braudel would later conceptualise as 'longue durée'. In Histoire et Sciences Sociale: La Longue Durée', Braudel sought to emphasize the importance of 'plural temporalities and the longue durée as

methodological ground for a unified historical social science'. He applied it in his Mediterranean and the Mediterranean World in the Age of Philip II by using three time frames- the very long term ('The Role of the Environment), the long term ('Collective Destinies and General Trends') and the short-term ('Events, Politics, People'). His approach was both experimental and empirically oriented. He conceived longue durée as a' real historical structure formed at the interface of human activity with geography and nature'. The different temporal conceptions may provide relational keys to interpretation and analysis. Braudel's ideas have found both followers and critics. A.T.Mahan's book Influence of *Sea Power in History (1660-1783)* was not only an influential book, but provided both the rationale and the blue-print for expansion of naval power among the European powers in the late 19th century.Wallerstein's history of world system would also fall within this category of a long-term view. Ernest Labrousse's classic on the movement of prices and wages in France under the AncienRégime is an appropriate example. He used reconstruction of statistical data on economy and society to understand the origins of the French Revolution by establishing causal relations between the price movements and their effects on various social groups. Using these he finds a specific 'conjuncture of long-term and intermediate economic cycles together with short-term agricultural cycles. Hobsbawm also sometimes took a long view of historical evolution. Of course, this is merely an illustrative list. Historians like Carlo Ginzburg, Giovanni Levi and others practised what came to be known as microhistory. They did not represent a system, but rather constituted a community. It came as a reaction/response to the longue durée tradition and they pursued what some have called 'eclectic' historical practices. They reduced the scale and looked at a village community, a family, an individual, or a particular event. Carlo Cipolla explored the story of the village Monte Lupo in Tuscany during the plague epidemic of 1630-31 and found that what happened during the epidemic in 'the microcosm of Monte Lupo threw unexpected light on the relationship of faith and reason'. Levi argued that the approaches adopted by these historians exercised freedom 'beyond, though not outside, the constraints of the normative system'. Hobsbawm, however, did consider microhistory as a particularly clear expression of the cultural turn. Ginzburg, on the other hand, wanted The Cheese and the Worm, for example, to be explicitly understood in terms of a 'concept of class structure' in the tradition of Marx and Gramsci. The political undertones of Ginzburg's work were understood by his reviewers. As has been said by Gribaudi(Levi's friend) in the 1970s microhistory was less of an academic project and more of a political intervention in the debates of the Marxist Left. When one looks contemporaneously at a huge phenomenon like the pandemic of 2020, both these approaches may provide useful tools to explore the complex, multi-layered phenomenon, with its local and global ramifications.

Kaustubh Mani Sengupta proposed to 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.

Concluding Session:

The workshop ended with the book launch of Prof.Samaddar’s, *A Pandemic and Politics of Life,* women Unlimited, New Delhi, 2021.

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