

The Pandemic Has Yet Again Exposed Modi's Insidious Politics of 'Narrative Control'

As is its wont, instead of addressing the unfolding crisis, the Modi government has once again aggressively stepped up efforts to silence criticism.



A patient wearing an oxygen mask is wheeled inside a COVID-19 hospital for treatment in Ahmedabad, India, April 26, 2021. Photo: REUTERS/Amit Dave



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In a [column written](#) during the fall of 2019, I discussed some of the key political economy lessons learnt from five years of the Narendra Modi-led BJP government. The piece argued, amongst many other reasons, Modi's electoral victory in 2014 was built upon his party's political slogan of 'minimum government and maximum governance', which warmed the hearts of many free market-loving entrepreneurs and commentators.

What we have seen in terms of Modi's first and second terms in office is contrarian evidence of 'maximum government and minimum governance', built around an effort to centralise both political and economic power through ad-hoc

decisions – made with far-reaching consequences – made solely on political (electoral) principles, as against sound economic or commercial principles.



Prime Minister Narendra Modi. Photo: REUTERS/Amit Dave.

At a time when India is facing, perhaps, its worst humanitarian catastrophe since independence, one might add that this ad-hoc decision-making style, conceived to suit the narcissistic self of a pompous leader, remains solely driven by a new politics of ‘narrative control, centered around a need to ‘centralise’ credit of political action(s) to a single leader (as some form of a supreme commander), and ‘decentralise’ credit of all political inaction(s) to the state and local leadership.

Delivery of vaccines

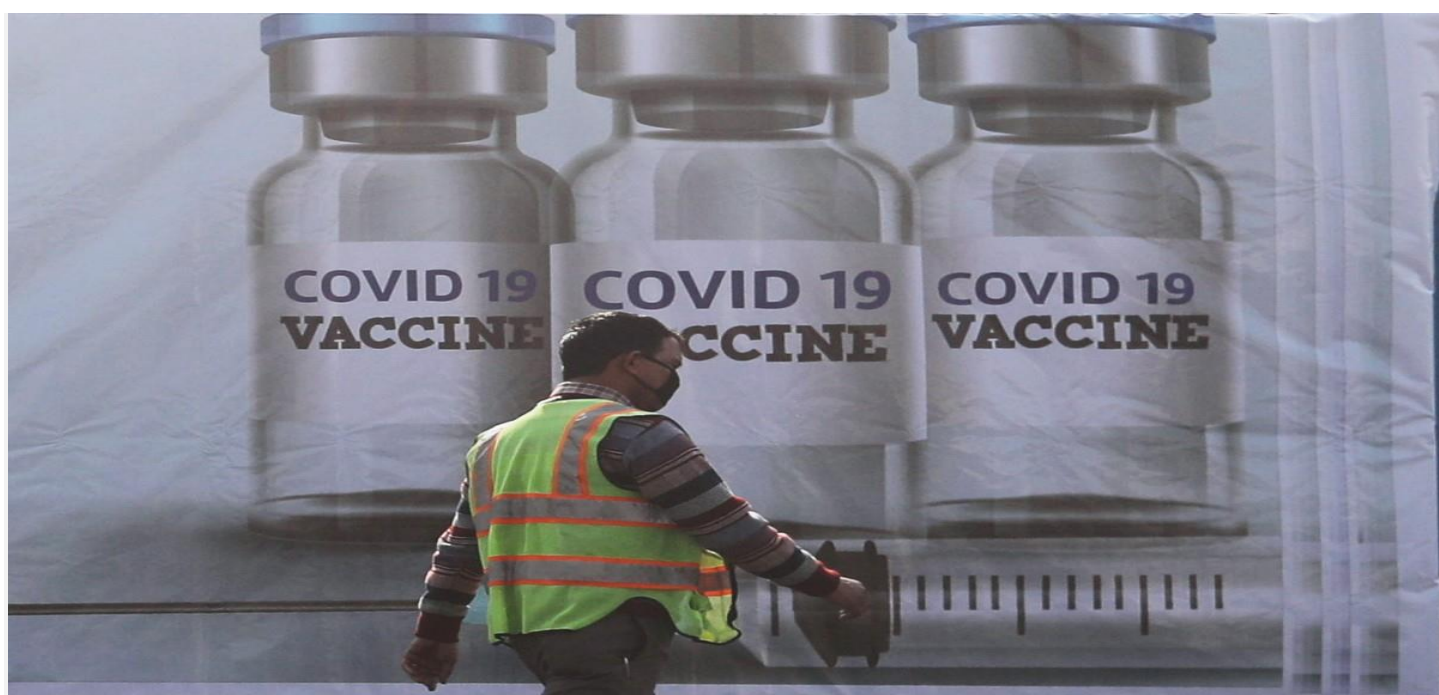
For a case in point, let’s review the Union government’s latest measures to increase vaccine procurement from private vaccine manufacturers for ensuring greater supplies to the general population.

From the steps taken by the Union Government, these include:

“The opening up of the private market in vaccines; allowing state governments to purchase vaccines directly; and allowing all those above the age of 18 – access to vaccines through channels other than the existing one supervised by the Union government. That channel will have the right to half the vaccines produced, and it will pay the concessional rate that had earlier been agreed upon between the government and the two vaccine producers, Bharat Biotech and the Serum Institute of India. It will continue to be open to all those above 45.

In the time since then, the two manufacturers have announced a price schedule. While vaccines will continue to be available to the Union government's channel at Rs 150 per shot, state governments will pay a uniform, higher price — Rs 300, in the case of the Oxford vaccine manufactured by SII — and the private market will pay a yet higher price of Rs 600. For Bharat Biotech's Covaxin, for which manufacturing is more difficult to scale up, the prices will be Rs 600 for states and Rs 1,200 for private hospitals.”

Notwithstanding the fact it took more than half a year – and the storm of a surging second wave that has brought the entire nation to its knees – for the government to do something about increasing vaccine production and its distribution, it is important to see how the Union government's move – to open up purchases of vaccines for states – feeds into an insidious politics of narrative-control, where any projected responsibility to mass-vaccinate increasingly falls on the states.



A ground staff walks past a container kept at the Cargo Terminal 2 of the Indira Gandhi International Airport, which according to the officials will be used as a COVID-19 vaccine handling and distribution center, during the media preview in New Delhi, India December 22, 2020. Photo: Reuters/Anushree Fadnavis.

The consequence of this, without a centralised coordination channel, is likely to result in an ‘anarchy’ similar to the one being witnessed at the moment in context to the production-distribution of medical oxygen across states. Shortly, one can expect the Union government and its health ministry to continue to ‘decentralise’ the blame of ‘low vaccinations’ or ‘no medical oxygen’ on the ‘misgovernance’ of states while abdicating its own responsibility.

Headline management

Far worse, in a controlled media ecosystem, a compulsive need to manage headlines and control the ‘political narrative’ might even pay off for the Modi

government over the coming months as it shrugs off all responsibility to states and make them responsible for the COVID-19 mess, and/or by ensuring there is no collective memory of suffering caused during a pandemic through any means possible.

The compulsive need to control the political narrative in favour of the government and its supreme leader is so desperate that any form of criticism against the leader (Modi himself) or his government, or in his state leadership (led by Ajay Mohan Bisht in Uttar Pradesh), is met with threats to censor, ban a platform, or even arrest a person [tweeting for help](#) to get medical oxygen for his grandfather.

The Indian High Commission in Canberra, Australia, [even passed a letter](#) to the Australian government taking 'strong exception' to an article [published in The Australian](#), criticising Modi for the COVID-19 catastrophe.

What's strange is how, just until a couple of weeks ago, India's national 'success against COVID-19' was being centrally credited by the BJP to Modi's leadership during the pandemic, again, to use this rhetorical piece for 'narrative control' – in shaping the party's electoral prospects in states like West Bengal against the incumbent Mamata Banerjee. The incumbent was being repeatedly projected as a leader who, according to the BJP, 'doesn't care about her own people's welfare', is engaged in 'inhibiting the Union government's welfare measures' that would otherwise 'benefit all citizens of West Bengal'.

There is a reasonably good chance that the BJP may not win the state electorally by a significant margin, and assuming that happens, the ruling party would like to create a situation for a TMC government led by Mamata Banerjee to be solely made responsible for the COVID-19 crisis in the state.



Family members of COVID-19 patients wait to refill cylinders with medical oxygen at a plant, as coronavirus cases surge in Lucknow, Tuesday, April 20, 2021. Photo: PTI

Why is it a problem? For one, states are clearly short of fiscal resources to procure vaccines at a stipulated price from private manufacturers and offer them for free to their populations. Even if some states find the means to fund this, they

will largely do so at a high debt-servicing cost, or by allocating funds from other essential public expenditure. The Union government has never created any comprehensive fiscal channel for revenue allocation for states to undertake a vaccination exercise of such scale, nor give them enough bargaining power to mediate – negotiate contracts for vaccine procurement (or for other medical supplies) from the private manufacturers.

In a time of crisis, rather than leaving states to fend for themselves, sound logic, technocratic expertise and a basic understanding of moral duty would argue that the Union government is best suited for ensuring mass procurement and distribution of vaccines (even invoking the service of defense forces and other national service providers for the purpose – if it wants to) at a larger scale and do so for free for considerations of equity-affordability.

The private sector, including for many of those in pharmaceuticals, in times of a crisis too, cannot be expected to act out of ‘sympathy’ or ‘empathy’ for others. Their strategic decisions will oscillate towards the chances for greater profitability (whenever and wherever possible). The government, however, one would reasonably conclude isn’t bound by such considerations. Principal considerations of saving lives, of welfare-equity-affordability, need to shape a government’s strategic decision-making apparatus, not a politics of ‘narrative control’ and perception management.

Unfortunately, what we are seeing in India is an illustration of ‘Vaccine Darwinism’, as Pratap Bhanu Mehta argues where “there is no logic of incentives or cross-subsidies or a free market in decisions made by the Union government on vaccinating the Indian population... There is no epidemiological logic. (It) is ad hoc Social Darwinism. The strong do what they can, the weak suffer what they must. A perfect metaphor for our healthcare system...(and a comment on the Union governance system at large)”.

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