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## **Managing the Disaster of Covid-19: An Analysis of Public Policy in Odisha on India's East Coast**

**Abstract:** This paper is a critical reflection on Covid-19 management strategies adopted in Odisha, a state on India's east coast. The unprecedented scale and magnitude with which the pandemic affected the entire world was the cause of great uncertainty and collective anxiety. Managing it at the level of the entire nation state with great diversity of race, language, ethnicity, class, caste and culture has posed a great challenge for policy makers and administrators. Policy ethnographies have often relied on the Foucauldian idea of biopower and biopolitics to elucidate the governance practices in nation states with different rationalities. The present paper is an attempt to examine various policy measures adopted by the government of Odisha and how they have been affecting various institutions and everyday life. Using an ethnographical approach, the paper attempts to examine various policy initiatives and the way they get operationalized on the ground giving rise to a kind of governance practice indicative of affirmative biopolitics in the way power is exercised to direct human life and engage citizens for a secure future.

**Key words:** Covid-19, Public Policy, Ethnography, Odisha, India

### **Introduction**

Odisha is one of the first states to have been recognised by the British India as a separate state on 1 April, 1936 carved out of the areas of Bengal and Madras Presidency and Central Province on the linguistic basis. It is the 8<sup>th</sup> largest state of India on the east coast with an area of 15.5 million square kilometres it comprises 4.87 percent of total area of India. With long coast line of 482 kilometres, and the accompanying eastern ghats chequered with valleys and mountainous regions and the central plateaus, the state has tropical climate and rich biodiversity. With Bay of Bengal of Indian Ocean on its east, Odisha is bounded by the states of West Bengal, Jharkhand and Chhattisgarh on the north east, north and west respectively. The states of Telangana and Andhra Pradesh are on its south. As per 2011 census the state has 43.7 million population out of which

22.85 percent belong to scheduled tribes and 13.17 percent belong to scheduled castes. Scheduled tribes and scheduled castes are official categorization of communities which are mentioned in the constitution of India. In Odisha there are 62 scheduled tribes out of which 13 are particularly vulnerable tribal groups (PVTG). The state of Odisha is also home to 93 scheduled caste communities. In spite of its rich natural resources and mineral deposits Odisha still continues to be one of the poorest states with 32.59 percent of its population remaining below poverty line. However, the current growth rate of Odisha in 2021 is 10.1 percent in comparison to the national average of 8.8 percent. Odisha is known for its well-articulated institutional capacity of dealing with disaster in terms of its relevant policy, effective bureaucratic and administrative machinery coupled with a political will which the present regime has cultivated over more than two decades. Odisha was one of the first states to have responded to the outbreak of Covid-19 by bringing out official protocols of avoiding large gatherings and keeping physical distance.

The economic survey of Government of Odisha (2021) reported that as on 31 January 2021 the state had 35,151 Covid-19 cases (3.11 percent of India) out of which 33,239 of cases recovered (3.18 percent of India), 935 active cases (0.56 percent of India) and 1912 cases of death (1.23 percent of India). The pandemic of Covid-19 has created an unprecedented situation of extreme fear and uncertainty resulting out of the death wave created by deadly virus. The medical science was struggling hard to develop any authentic and effective vaccine to prevent its occurrence during the initial stage. In the whole of India, the life came to a stand-still due to stringent lockdown and shut down measures adopted by the state and central government. The state of Odisha was one of the first states to have adopted effective measures to ensure that the pandemic does not spread to its different parts. The first measure was to put restrictions on mass gathering in terms of seminars, meetings, and conferences in the whole state and maintain physical distance in academic institutions. The government of Odisha promptly declared the closure of all educational institutions of the state on 13 March 2020.

During that time, I was the Vice Chancellor of Utkal University, one of the premier Universities of East India. Established in 1943, seven years after the formation of separate state of Odisha (1936) and four years before the Indian Independence (1947), the University is an epitome of Odia aspirations and their strive towards excellence. It enjoys the privilege of an A+ accreditation by NAAC (2016) and category 1 University with greater autonomy granted by the Ministry of Human Resource Development, now Ministry of Education, Government of India (2018). As a part of my administrative responsibilities of taking care of two campuses, one in the heart of the capital city of Bhubaneswar and the other one in a newly established rural campus, I was in a situation to participate in many administrative decisions that were undertaken to manage the affairs of the university.

This study is based on analysis of a few different kinds of sources. Firstly, it considers the official government acts and regulations related to management of the epidemic in the whole of India and particularly in the state of Odisha, as well as the media reports about legal actions of the state and responses to them in everyday life. Secondly, it relies on the experiences, stances and opinions of the interviewed respondents chosen among the local administrators but also common people. Thirdly, the study incorporates the author's own experiences as an actor in creating the strategies of a major state university in dealing with the pandemic situation, and their realization in everyday university life.

During the period of lock down, I interviewed senior government officers including district administrators (n-18), elected representatives of the local bodies (n-16) and civil society activists (n-12) and local residents (n-21) for collection of data which led to conceptualization of the various facets of the study. Different categories of stakeholders were contacted and interviewed to ensure that the data came from diverse sources. Few online interviews were conducted with the help of an interview guide to fill the information gap. The answers of individual respondents are integrated as different stances on specific themes within the whole text, without making references to individual respondents. Validity and reliability of data were ensured through triangulation and corroboration.

### Biopower, Biopolitics and Ethics of Governance

The paper uses the idea of biopower and biopolitics as given by Michel Foucault in the framework of normalizing society and power over life. Biopolitics refers to the style of government that regulates populations through biopower which refers to the application and impact of political power on all aspects of human life. (Foucault 2008). Biopower relates to the practice of modern nation states and the manner of regulation of their citizens through diverse techniques for achieving the subjugation of bodies and the control of populations. Biopolitics refers to the strategies and mechanisms through which human life processes are managed under regimes of authority over knowledge, power and process of subjectivation.

The anatomo-politics of the human body and the biopolitics of the population are regulatory mechanisms strengthening the societal disciplinary institutions. In a topological space, biopolitics gets intertwined with security, including public hygiene. However, Foucauldian biopolitics can never take a fixed universal form. There could be a situation where state could use medicine, human science and liberal techniques of government to realize their power on human life. Biopower and biopolitics are not independent modes of power but theoretical tools to understand certain modes of governance. Thus, biopolitics as an analytical

construct helps us to understand, if not revisit, the relation between life and politics. The question that arises here is the following: Is there a possibility of affirmative biopolitics, or in other words, who is able to negotiate how life is managed and from what kind of positionality, and after all, whose health and bodies matter? Finally, this paper argues that power relations are not fixed and therefore, by reflecting upon different practices with its specific rationalities, one may be able to create more egalitarian biopolitics as effective models of good governance. Egalitarian biopolitics is highly fluid and amorphous with great volatility. However, it can become an effective mode of governance if combined with efficient administration in a democratic framework which is citizen friendly, citizen caring, and with responsive administration.

### The Pandemic and its Temporality

Covid-19 is caused by a virus named the Severe Acute Respiratory Syndrome Corona Virus 2 (SARS-CoV-2), previously called '2019 Novel Corona Virus' by World Health Organization (WHO). It was first reported as a cluster of respiratory illness by a local media from the city of Wuhan, China on 31 December 2019. Within a month, by 30 January 2020, WHO declared it as 'Public Health Emergency of International Concern' and a 'Global Pandemic' by 11 March, 2020.

The outbreak of Corona Virus Disease (Covid-19), has become a global challenge. By August 2020 it had affected several millions of people in 215 countries with death rate touching 3.67 percent. In India there were 2,212,429 confirmed Corona cases, out of which 44,457 were death cases (2.01 percent). Similarly, the confirmed Novel Corona case in Odisha was 45,927 including 321 reported death cases (0.69 percent). As it was contagious and spreading very quickly, it had created an alarming situation across the country. Fears and rumours were going on among the different communities about the disease. It had not only created the health hazards and economic regression but also affected livelihoods of the different sections of people due to declaration of nationwide lockdown from 25 March 2020 to 31 May 2020.

The government of Odisha was proactive in shutting down of educational institutions of the state on 14 March, 2020 whereas in rest of the country it happened on 25 March, 2020 (Patnaik 2021), and introducing a complete lockdown in 5 districts and 8 urban centres till 29 March, 2020. The foreign travelers were placed in institutional isolation immediately (Barik 2020). In the first wave of covid-19 India saw equal intensity of spread of infection throughout the country. The lockdown has seen multiple extensions in order to contain the infection. The restrictions were put on all activities except for essential services.

Provisions for telemedicine facilities were made for people in home isolation, 26 covid specialty hospitals with facilities of oxygen cylinder, ventilator and intensive care units and seven covid health centres with oxygen support were announced to be built.

A set of guidelines for Indian State were introduced for the detection of Covid-19 patients at hospitals (Directorate of Health Services, Odisha, Bhubaneswar 2020). Every patient had to be immediately isolated in a separate cabin with an attached toilet, and in case a patient is in Intensive Care Unit the other patients should be transferred to other parts of the same building and should be followed for Covid-19 symptoms for the next 14 days. Also, aggressive contact tracing had to start from the hospital, disinfection protocol needed to be followed strictly, patient visitors were to be restricted, new rules for new admissions to be followed, etc. Seventeen hospitals at Bhubaneswar were declared as fever clinics on 9 April, 2020 (Directorate of Health Services, Odisha. Health and Family Welfare Department 2020). Containment zones were identified during lockdown, which followed strict rules regarding mobility of people and were guarded. Master circular for covid hospitals was released on the website of the state health department mentioning protocols for every kind of covid related issue.

Odisha has become the third state in the country to introduce convalescent plasma therapy for treating serious Covid-19 patients after Delhi and Maharashtra. The state government announced that it would provide the life-saving plasma therapy free of cost to the patients suffering from the novel coronavirus. They started the Plasma Bank at Srirama Chandra Bhanja Medical College in Cuttack. This was an important initiative for effective treatment of Covid patients when the vaccine for Covid-19 was in its trial stage. This therapy is expected to be an effective tool in the fight against this global pandemic.

### Proactive Measures

The state of Odisha, after the devastations caused by the super cyclone in 1999, constituted Odisha State Disaster Management Authority (OSDMA) on 28 December of the same year, to manage disasters in future. The Disaster Management Act of 2005 has been an effective legislation in creating National Disaster Management Authority (NDMA) and State Disaster Management Authority (SDMA) under the leadership of the Prime Minister and the Chief Ministers of the state respectively, to spearhead and implement a holistic and integrated approach to disaster management. Odisha is continuously investing in building up technological capacity of the state through the capacity of its officers, non-government organizations, local community, students and youth volunteers to mitigate the disruptive effects.

The state government declared Covid-19 as a state disaster under the provision of Disaster Management Act of 2005, and formulated Covid-19 (Odisha) Regulations of 2020 empowering competent officers to impose required restrictions on assemblies and congregations, institutions and establishments aiming at social distancing by invoking power under Epidemic Disease Act of 1897 and Code of Criminal Procedure of 1973. It also created an 'Empowered Group of Ministers' for overall supervision and a 'Committee of Secretaries' headed by the chief secretary for strategy and implementation.

The state government's announcement of several proactive measures such as (i) four months advance salary for doctors, nurses and paramedical staff, (ii) proactive human and scientific approach to facilitate the return of labourers of the state, (iii) huge financial package assuring food security and social welfare of poor and construction workers, (iv) allocating the funds under Corporate Social Responsibility scheme of Odisha Mining Corporations to build dedicated Covid-19 hospitals, and (v) deputing senior administrative officers for field inspection at district level are some of the effective steps in dealing with the situation.

It was in April 2021 when major wave of Covid had hit India and when a majority of states were scrambling for medical oxygen for its breathless Covid patients, that Odisha was not only meeting its domestic demands but also helping six other major Indian states by supplying oxygen tankers. Since April 2021, the state has sent 67 tankers carrying 1,200 metric tons of oxygen to states like Uttar Pradesh, Madhya Pradesh, Maharashtra, Haryana, Telangana, and Andhra Pradesh. Delhi had airlifted oxygen from Odisha to meet the demands of oxygen supply (Aloknmishra 2021). They were producing 350 metric tons of oxygen daily and had an additional provision of 129 metric tons of medical oxygen. Their daily domestic consumption is 40–50 metric tons and were able to meet it from the daily production. They have large number of steel plants at which have been the biggest reason behind their sufficient supply of oxygen. Industries have come forward to cooperate in these trying times, even though it means compromising with production.

The wave of covid was sweeping across the nation, Odisha was quick in segregating people coming from outside the state including the 10 lakh migrant workers, quarantining them and keeping remaining population insulated. Temporary medical camps with 80,000 beds were set up to quarantine people until they tested and deemed fit to travel home. Financial packages were given to people reporting Covid positive status to ensure compliance with Covid protocol.

The state government had been strictly imposing fines on people for violating Covid protocols and had collected Rs. 25 crores till April 2021 as penalty with fines levied as per the economic status of the defaulter. With the stepping in

of second wave, Odisha has shown prudence and sealed its borders with Chhattisgarh from 1 April, 2021. People travelling to Odisha failing to produce RT-PCR negative reports have to go into institutional quarantine centres set up at entry points of the state. Odisha has 50 Covid dedicated hospitals, of which 30 have been requisitioned from private facilities. The total number of bed capacity for Covid patients in the state is 11,000 the occupancy of which was 35 percent in April 2021. The state ensured separate hospitals for Covid patients to prevent spread among other patients. The entire medical expense has been borne by Odisha government. Apart from the government many corporates like Odisha Hydro Power, Odisha Mining Corporation, Indian Oil and Mahanadi Coal Field, have also extended a helping hand, bearing the cost of hospitals as a part of their CSR initiative. The government has decided to spend Rs. 2000 crores on vaccination and has developed the capacity to vaccinate 2 to 3 lakh people per day. In its plans to inoculate its population the government involved a team of self-help groups and health workers (Datta 2021). By the end of 2021 the capital city of Bhubaneswar has emerged as the first fully vaccinated city.

### Rapid Influx of Migrant Labourers

Migration is associated with economic endeavours leading to inter and intra state movement of population. But the chaotic situation arose due to the panic created by the pandemic turned into a tragedy to be remembered in the history of India. The outbreak of the pandemic with continuous reporting of fatality of the disease created consternation among the workers staying miles away from their near and dears. The imposition of lockdown and shutdown in phased manner also created uncertainty on their livelihood and food security. The migrants without job and money have no other option to sustain in the host city except coming back to their native land. This situation has created a big challenge for the state to address the life and livelihood issues simultaneously with a limited resource and infrastructure facilities. The intensity of the epidemic and its prolonged nature has posed challenge for the state government to contain it and revive the economy at the earliest. An attempt has been made here to examine the implications of the influx of migrant labourers to their home state Odisha from Surat in Gujrat and other cities of Maharashtra and Chhattisgarh. These labourers, during pandemic were facing severe economic crisis, food insecurity, and survival threats, yet looking forward to new opportunities in their home state in future.

The pandemic opened the door for public private partnership in health sector as well as in several other sectors. The contribution of migrants in informal sector to the state and national economy became visible to all stake holders.



Decentralization of health management system and exploring the local public health facilities as the key survival strategy have been the important policy innovations in the State. The knowledge, skill and the expertise of the migrants could have been utilized for entrepreneurship development in Odisha contributing to economic growth. It was observed that their exposure to outer world had developed ability to negotiate, which is a precondition for success in the business arena. Attempt was made to address the labour shortage for different skilled and semi-skilled activities by using the services of migrant labourers. The idea of migrant labour has created several advantages for the selected sectors, especially in market entry mode, marketing strategies and in handling business environmental barriers. Skilled migration has become a key strategy in combating ageing workforce as well as skill shortage in increasingly globalized economies.

### The Story of Ganjam District

Ganjam District administration was the first to impose section 144 of Criminal Procedure Code (CRPC) to avoid mass gatherings and thus prevent the spread of Covid-19. The step was taken on 15 March, 2020, considering the *Danda Jatra*, a mass festival observed in the month of March-April (Singha 2020). It is worth mentioning that from being the Covid-19 hotspot, Ganjam went on to becoming the model district in the State in its fight against the pandemic. The district of Ganjam has been the home of many migrant labourers serving in different states. Due to this pandemic, economic loss at national/state as well as family and individual levels cannot be ignored since it brought about poverty, hunger and food insecurity, and thus became a serious threat for survival. A large number of migrant workers and their families, including women and children, had to leave the cities across the country, as the lockdown rendered them jobless and helpless due to lack of social security networks. Majority of Odisha migrants were working in textile industry in Surat. The government started bringing the stranded migrants back by trains and buses in the month of April, 2020.

Weeks after the influx of migrant workers stopped, Odisha's Covid-19 epicentre Ganjam district continued to be a hotspot, accounting for 25 percent of the total cases. Ganjam has reported 12,855 cases out of the total 45,927 cases reported in the state, forcing the local administration to resort to unprecedented shutdowns and sealing of its border. The way migrant workers ran away from quarantine centres before the quarantine period was over and mingled with their family and neighbourhood in fact led to community transmission. During the first few days, more than 150 people jumped quarantine in Beguniapada



block while in other centres, people mingled around handing over mobile phone chargers, eatables, tobacco and other items to the inmates violating social distance norms. In a few centres there were reports of migrant workers sneaking into their homes at night and coming back to the quarantine centre in the morning. The figures in government reports reveal that community transmission may have begun in Ganjam due to the incoming migrant workers. At least 98 percent of the cases reported from the district of Ganjam came from local infection caused by incoming migrant workers. Such cases were classified under the category of “active contact positive cases” in the government’s Covid-19 records. The statistics show the actual number of people who were infected by the 0.22 million migrant workers who stayed in over 3,000 quarantine centres of the district. While in the month of May and early June 2020, most of the positive cases were being reported from quarantine centres, in late June and July 2020, majority of the positive cases were reported from outside the quarantine centres. Nearly 81 percent of rural Ganjam was free from Covid-19 and most of the cases reported were mainly from the urban areas of Ganjam. The administration faced a lot of problems with the quarantine centres as some of the migrant workers violated the quarantine conditions and mingled with their family which caused a surge in numbers.

The migrant workers caused the spike in number of active cases as the returnees were from Covid-19 hotspots like Gujarat, Maharashtra, Tamil Nadu, Karnataka and Telangana. The government established quarantine centres for the migrants and increased the number of tested, extensive contact tracing, testing of close contacts and second round of testing to check for relapse. The workers were not accustomed to simple vegetarian food and the minimal facilities at the quarantine centres which made them escape from the centre (Patnaik 2021). Their consequent mixing with general public caused influx of cases in the hospitals, but the government was ready to meet out the situation due to increased number of beds in the Intensive Care Unit (ICU) and adequate medical and paramedical staff. The state had created more than 5895 Covid Management Committees at the grassroots level which are doing their best to contain the spread of the disease.

The government strategized its efforts to address the predicted emergency. The elected representatives of the local bodies choose their heads, locally called Sarpanch. They were given power equivalent to that of the district collector, i.e., to within their jurisdiction carry out the registration and quarantine exercises to enable reverse migration. The migrants were made to stay in quarantine centres for 14 days and Rs. 2000 was given as incentives to each. In addition to this, 144 temporary medical camps and 521 Covid care homes were established to cater to 16,000 symptomatic and asymptomatic people.

Furthermore, the stricter implementation of lockdown guidelines and social distancing norms, helped the district administration manage the situation. Such aggressive measures had an immediate impact on the improvement in parameters. Also, focus on increased testing, tracking and treating of patients in the district helped the administration in bringing the numbers down. Ganjam was also the first district in the state to undertake door-to-door surveillance both in rural and urban areas to assess the health of the population (Mohanti 2020).

The migrant workers constitute nearly 80 percent of the total workforce are treated as the silent contributors to the national economy. However, till date the government has not a clear database or registration mandate for inter and intra state migrants. Though, a number of measures have been taken by the central and the state governments to contain the pandemic of Covid-19 and to ease the distress, they are still being pulled into the zone of vulnerability by disruption of economic and social life.

### Administration and Governance

The Government of Odisha declared Covid-19 as a state disaster on 13 March, 2020 under Disaster Management Provision Act of 2005 and suspended the assembly session. Educational institutions and public spaces like swimming pools and cinema halls remained closed and all seminars and workshops were cancelled till 29 March, 2020 under section 2 of Epidemic Disease Act of 1897, and Odisha Covid-19 Regulation of 2020. An amount of Rs. 200 crore was earmarked to public health care system. Officials of health department, collectors and municipal commissioners were authorised to deal with the emergency by procuring essential drugs and necessary medical equipment. There were restrictions on large social and religious gatherings as well as official conferences. Odisha was the first one to impose section 144 in its four districts of Ganjam, Jajpur, Keonjhar and Balangir to avoid any social gathering (Odisha State Disaster Management Authority, n.d.).

All passengers undertaking international travels were supposed to register themselves on toll-free helpline number 104 or on the online portal within 24 hours of arrival in the state. Failing to do so was declared a criminal offence under IPC. Members of local bodies and proprietors of hotels, guest houses and lodges were required to report any new arrival preceded by international travel.

Guidelines to identify containment zones were laid. Violations of rules and regulations were made punishable under section 188 of IPC. Under these acts, the government of Odisha empowered the chief of elected representatives of the local bodies called Sarpanchs, with authorities equal to a district collector within their jurisdiction to ensure the implementation of regulations as well as check

on migrant workers. Plan of disseminating all the guidelines and Information, Education and Communication (IEC) materials were provided to various government Departments of Information and Public Relations, Health and Urban Development, Commerce and Transport. In addition to this, work place advisories were issued to public health and community workers (ANM, ASHA, PRI, AWW), elected members of Gram Panchayat and Panchayat Samiti, private establishments and industries etc. Efforts were made to issue special advisories to all government and private schools, which were prepared and announced on 9 March, 2020.

People on the margins such as Persons with Disability, senior citizens, women and other vulnerable sections were attended too (Mehrotra and Soldatic 2021). The Government also notified about guidelines on any cruelty against animals regarding spread of Covid-19. Online counselling was carried out under the scheme of *e-mulakat* for prisoners in district jails on 18 March, 2020. Specific guidelines were issued as what will remain open and what will remain closed and how to carry out work from home. Food grains were distributed to migrants under *Atma Nirbhar Bharat* program. Odisha State Disaster Management Authority urged the ministry of external affairs to bring back workers belonging to Odisha from Saudi Arabia on 20 March, 2020. The Revenue and Disaster Management Department of Odisha also involved civil society suggestions regarding the migrant workers and persons with disabilities on Covid-19 response and by 21 March, 2020 they had deployed volunteers at Banks and ATMs and made provision for sanitisation (WHO 2020; Das and Mishra n.d.). Further Covid testing mobile vans have been introduced to reach out the remote areas of the district for reaching out to a wider population.

Odisha has taken remarkable initiatives for making the state an investment destination. The successful management of cyclone has opened new avenues for investment. The state is now ready for the next higher level of industrial development in the post-Covid-19 scenario. It was also suggested that the central and state governments should work in tandem to achieve that goal. Odisha also holds promises for hassle-free business eco-system for the investors along with expeditious grounding of the projects. The state has set higher growth trajectories for the development of industrial infrastructure. The sectoral industrial parks with a delineated land bank are in “ready to move” condition for the investors. We need to develop more infrastructure and industrial townships around the industrial clusters. Odisha has the competitive advantage of being an investment destination along with strategic coastal location, major ports and mineral deposit, the state has developed an industry-ready land bank of 505 square kilometres in different locations. Being a power surplus state with 17,600 MW of production, it can assure investors quality power supply. There is also a natural gas pipeline network across the state, a precondition for industrial growth.

## Managing Higher Education Institutions

Students faced many problems during pandemic. Those who had gone to their respective home towns and villages could not avail the university infrastructure such as the library, laboratories, computer centres and other facilities on the campus instrumental in their academic achievements. When the classes started online, many students could not join initially as they were not having either a smart phone or a personal laptop. In many cases the areas of their residences were not having the adequate internet connectivity to sustain the one or two hours of classes in an uninterrupted manner. Online education was also new to the system, both for the teachers and the students. Continuous class periods held by different teachers created problems of logging in and logging out for the students as the links were initially different. While the issue of connectivity was the major concern for the students, the faculty felt that online teaching is an activity which is visually and verbally dense and thus creates too much of a load to be sustained over the whole period spreading over nearly 50 minutes. Some of the faculty members in consultation with the students felt that reducing the time span to 40 minutes or even less may be an effective option.

The teachers belonging to faculty of science could not conduct the practical classes effectively through online mode. Close down of science departments especially the departments of Biotechnology, Botany and Zoology caused immense wastage of consumables which required high degree of freezing, even at minus 80 degree centigrade. Some of them were so attached to their laboratories that they could not refrain from going to their departments during the lock down period, even taking the risk of getting exposed to the virus. The whole community of scholars at Utkal University could not come out of the shock and the grief for a long time when one of the Associate Professors of Biotechnology passed away after getting infected by Covid. This was the time when everybody on the campus felt as if death is standing few steps away from their respective homes. In the subsequent times many deaths followed, but the first one was indeed very shocking for everybody. Different social currents unleashed in the state during the pandemic were felt inside the campus sooner or later.

The reasons for the outbreak and spread of pandemic were many. The neoliberal world economy with high mobile citizens contributed to its acceleration. The timely administrative decisions imposing restrictions on international travel immediately after the detection of first Covid case in India on 27 January, 2020, could have reduced the magnitude of the crisis. Instead, restrictions on international flights started on 22 March, 2020. Further, most of the citizens are averse to the Covid protocol of wearing masks and maintaining social distance, especially in the crowded areas. Vani Vihar, the campus of the University did not remain unaffected by these external developments during pandemic. The university can be regarded as microcosm of the state reflecting many similar challenges that the state was facing.

## Concluding Observations

The pandemic has brought about a lot of changes to the social fabric. Family emerged as a strong functional group, playing the role of the most important anchor in the wider social space. The erstwhile separation between domestic and professional space started overlapping with one another and became more perceptible in the absence of online etiquette. Women, no longer able to leave home for the office, were particularly affected. During the pandemic women had to negotiate for uninterrupted time and space within the domestic domain, where they still bear the larger burden of household chores and child and elder care. Abridgement of the death rituals and emergence of new virtual grieving communities ascribed new meanings to mourning and dealing with loss (Srivastava 2020)

Politics of a different order surfaced. City life shrunk, if not crumbled, and the whole urban space came to a standstill, including the markets. The poor became further marginalized, and inequalities became accentuated during the pandemic (Begum 2021). Laborers' massive loss of livelihoods made their lives precarious, and the state took a greater role in creating welfare provisions. State exercising greater control over the citizens in the name of pandemic could not be ruled out. During the initial part of the pandemic, the Epidemic Disease Act of 1897 was used for curtailing the individual freedom to assemble and protest. In April 2020, the Epidemic Disease (Amendment) Ordinance was passed by both houses of the parliament. The National Disaster Management Act of 2005 was also used to curb the spread of the disease (Garikipati 2020). The increased governmentality of the nation-state on many instances of Covid management was perceivable. However, the state of Odisha managed the disaster of Covid-19 because of its robust institutional mechanisms already in place to deal with other natural disasters such as heavy rainfall, cyclone and flood. The historical exposure to such alarming situations has instilled a sense of collective confidence. Early start, effective monitoring and supervision, community mobilization, review surveillance, modern scientific methods of testing and treatment measures were some of the factors that contributed to effective governance in the state. The Government of Odisha used technology for capacity building of various stake holders and strengthening mentoring support. Decentralization of power and initiatives to connect with grass roots and civil society institutions worked well in context of Odisha. The model of governance in managing the pandemic in Odisha is a story of responsibility, accountability and transparency, where the state used biopower to ensure public hygiene and not to create docile bodies devoid of agencies. As stated earlier, medicine, human science and liberal techniques of governance were able to realize their power effects vis a vis human life. In such a situation control becomes a tool for social policies, a means

of regulating the recipients' behaviour and orient it towards obeying institutional rules and practices. The governance practice of Odisha reflects affirmative biopolitics where power is used for ensuring citizens' wellbeing through the use of legislative and administrative power for a better and healthy future.

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*Upravljanje katastrofom izazvanom kovidom-19:  
 Analiza javne politike u Odiši na istočnoj obali Indije*

U radu je predstavljen kritički osvrt na strategije upravljanja kovidom-19 koje su primenjene u Odiši, državi na istočnoj obali Indije. Nezapamćene razmere i silovitost kojom je pandemija uticala na ceo svet doveli su do velike neizvesnosti i kolektivne anksioznosti. Upravljanje pandemijom na nivou cele nacionalne države s velikom raznolikošću rasa, jezika, etničkih grupa, slojeva, kasta i kultura predstavljalo je veliki izazov kreatorima politika i administratorima. Etnografije politika često su se oslanjale na fukoovsku ideju o biomoći i biopolitici kako bi pojasnile prakse upravljanja u nacionalnim državama s različitim racionalnostima. U radu se razmatraju razne mere koje je usvojila vlada Odiše i način na koji one utiču na razne institucije i svakodnevni život. Koristeći etnografski pristup, analiziraju se različite inicijative i načini na koje

se one operacionalizuju na terenu, stvarajući vrstu upravljačke prakse koja ukazuje na afirmativnu biopolitiku u pogledu načina na koji se moć koristi da bi se ljudskim životi usmeravali a građani angažovali za sigurnu budućnost.

*Cljučne reči:* kovid-19, javna politika, etnografija, Odiša, Indija

*Gestion de la catastrophe provoquée par le covid-19:  
Analyse de la politique publique à Odisha  
sur la côte orientale de l'Inde*

Dans le travail est présenté un aperçu critique des stratégies de gestion du covid-19 appliquées à Odisha, état sur la côte orientale de l'Inde. Les dimensions invraisemblables de la pandémie et la violence avec laquelle elle a influé sur le monde entier ont généré une grande incertitude et anxiété collectives. La gestion de la pandémie au niveau de tout l'état national avec une grande diversité de races, de langues, groupes ethniques, de couches sociales, castes et cultures présentait un grand défi pour les créateurs des politiques et les administrateurs. Les ethnographies des politiques s'appuyaient souvent sur l'idée foucauldienne de la biopuissance et de la biopolitique pour clarifier les pratiques de gestion dans les états nationaux avec différentes logiques. Dans le travail sont examinées les mesures variées adoptées par le gouvernement d'Odisha et la manière dont elles influent sur les différentes institutions et sur la vie quotidienne. En utilisant l'approche ethnographique, ici sont analysées les initiatives variées et les manières dont elles sont appliquées sur le terrain, créant une sorte de pratique gestionnelle qui rend compte d'une biopolitique affirmative quant à la manière dont le pouvoir est utilisé pour que les vies humaines soient dirigées et que les citoyens s'engagent pour un avenir sûr.

*Mots clés:* covid-19, politique publique, ethnographie, Odisha, Inde

Primljeno / Received: 17.11.2022.

Prihvaćeno / Accepted for publication: 17.01.2023.