

Covid 19 and the Federal Inconveniences: A Comparative Study of the US, And the Indian Experience



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ABSTRACT: The Covid 19 pandemic that struck the world in the early 2020 has done immense harm to the life, liberty, and economies of the world. It placed the states under severe pressure to control the virus. The states responded differently to the pandemic which were in turn adversely affected by the factors like ineffective leadership, weak infrastructural services and resources and poor medical facilities. India and United States, the two largest democracies and federations of the world had different experiences in dealing with the virus. While the US having better health facilities invited the world attention due to failure in meeting the hazard the Indian state performed comparatively better. The two states faced several federal inconveniences due to poor coordination between the central and state governments and leadership qualities. The response of the social diversity to the pandemic, voices of civil liberties and economic slow also marred the managerial processes in the two states. The study concludes that in times of grievous situations leaderships have to play a crucial role and the federal hindrances have to be overrun by the fresh legislations and ordinances in the interest of public health and India has fared better than United States and several of its western counterparts in meeting the pandemic.

KEYWORDS: Covid 19 pandemic, SD, Federal Inconveniences, Containment and Mitigation, WHO, DMAs.

INTRODUCTION

Man has faced a myriad of challenges from nature in the process of survival and continuity of life. Besides the environmental disasters, climatic fluctuations and geographical changes the pandemics and epidemics have almost wiped out the human race from the earth several times. In the twentieth century also, man has faced many such pandemics. However, their global spread was not as fast and wide as that of Covid19, the one we are faced with today. Without doubt science and technology have added significantly to this development. Covid 19 took an aerial route to reach in about 210 states or territories just in six months. Covid 19 or (the Corona Virus Disease 2019)¹ declared as pandemic by World Health Organization on March 11, 2020, is a highly infectious disease that was first traced in the city of Wuhan in China, in December 2019. The virus has so far (October 16, 2020) infected 40,023,261 (confirmed) and killed 1115600 people. About 2,99,34935 people have so far recovered (Worldometer).

India and US are the two largest democracies of the world and represent two distinct federal systems. While US is far better equipped in health facilities vis a vis India its performance in dealing with the pandemic has not been up to the mark. India, a developing state with poor health infrastructure has dealt with the pandemic mor effectively which invites the attention of analysts and academicians. The two states also faced several federal inconveniences and incoordination between the federal governments (in India a Union government) and the federal units which constitutes the prime focus of the current paper. What were the major hinderances in the managerial order and coordination between the federal and state governments and how the leaderships in two states dealt with them are the questions that the paper deals. An amalgam of comparative-institutional, historical, analytical and descriptive method has been followed.

The US and India: The Federal Inconveniences and the Response

Covid 19 pandemic has frightened the people and placed the states under severe testing time. The legal, constitutional and institutional structures in different states responded in different ways and consequent performance outcomes have varied from state to state. A lot has been influenced by the leadership quality, effective administration, available infrastructure and the decision making in dealing the catastrophe. At a time when many states have peaked and controlled the situation it becomes understandable why the stages and the processes of spread of Covid 19 and its control are different from one state to another. States have performed differently based on leadership styles and effectiveness of administration, no matter they are authoritarian or democratic. The factors responsible for successful pandemic responses have been state capacity, social trust, and leadership. Countries with all the three factors - a competent state, a government that citizens trust and listen to, and effective leaders have performed impressively, limiting

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the damage they have suffered. “Countries with dysfunctional states, polarized societies, or poor leadership have done badly, leaving their citizens and economies exposed and vulnerable” (PR, 2020).

The strong state measures like lock down, curfews, clamping at hot spots and danger zones although brought the desired results but the civilian rights and voices for freedom clashed with the former as people poured into streets in several cities. The jurisdictional circles of the states, individual liberties, the leadership preferences and the role of bureaucracy have also clashed over the implementation of the state policies and the pandemic control strategies resulting in several challenges to law and order. The federal states like United States, Canada, India, Brazil and Australia have undergone a novel experience of handling the pandemic. The coordination with their federal unit governments and local agencies posed some serious threats in the implementation policies of the federal governments.

In United States the subject of health falls under the Congressional power but in India its a state subject. The role of state, its policy response and the response of community posit some serious questions. Although, the Society is expected to be treated as a single unit for registering the response against the pandemic yet there have been quite visible differences in responses in different states. Germany may have responded holistically but the same is not true of the other states like US, Brazil, UK, France, Spain and India. In several states the response has been divided where people of a particular community, profession or affiliation and politically opposed camps attempted at failing the state measures to discredit the governments terming their actions as autocratic. Virus hit states at different stages, but in the course of events many states didn't learn from the experiences of the others. While the British Premier Boris Johnson and Brazilian President Jair Bolsonaro chose to dub the virus as ‘common flu’ or ‘a little flu’² at the cost of thousands of lives and the situations they are failing to tackle, the leaders like Merkel, Narendra Modi and the governments of Vietnam, Taiwan, New Zealand and Japan succeeded in controlling the pandemic by following strong containment and mitigation steps. The toll, however, has risen alarmingly in September-October 2020 for thickly populated states like India and Brazil from 1397 and 5717 on March 31, 2020 to 7494551 and 5224362 on October 17, 2020 respectively. Although India received its first case on January 30 (in the state of Kerala with a Wuhan return student) and Brazil on Feb. 25, 2020 yet the latter witnessed a sharp rise in the spread of the virus. US also received its first case on January 20, 2020 but on April 16, 2020 the total active cases rose to 6,78144 and 34641 deaths, numbers surprisingly high against India.

Germany performed comparatively better than the other states of Europe. ‘The production of tests ramped up weeks before the first case of COVID-19 became known to German officials, and by mid-January, Germany had already established an efficient testing system’ (Bennhold, 2020). German success relied on its better health facilities. It had 29.2 ICUs for a population of 100000 against just 12.5 in Italy, 11.6 in France, 9.1 in Iceland, 6.6 in UK, and 9.7 in Spain. Compared to the European counterpart Indian position was quite weak (with just 2.3 ICUs for 100000). The ICUs against the population of 100000 in USA and Brazil was 34.7 and 12.9 respectively which was above several other states that performed better owing to the factors like leadership and following of containment measures (Ma and Vervoort, 2020). However, as shown in Table No. 1 US failed in the initial phase of the pandemic as up to May 30, 2020 they had 1716078 cases against India’s 173763 only. Because of late arrival of virus India had the advantage of learning from west. Its initiative of national lockdown helped it curb the virus significantly but as soon as India went for

Table No.1
USA & India

(Covid 19 Cases)

States	Cases	Cases	Cases	Cases
	Feb. 28, 2020	May 30, 2020	Sep. 30, 2020	Jan. 30, 2021
USA	Cases 66 Deaths 0	Cases 1716078 Deaths 101567	Cases 7044327 (Increase 310%) Deaths 203875 (Increase 101%)	Cases 25512197 (Increase 262%) Deaths 429652 (Increase 111%)
India	Cases 07 Deaths 0	Cases 173763 Deaths 4971	Cases 6225763 (Increase 3483%) Deaths 97497 (Increase 1861%)	Cases 10733131 (Increase 72%) Deaths 154147 (Increase 58%)
World	Cases 83983 Deaths 2970	Cases 5831033 Deaths 363195	Cases 34022614 (Increase 483%) Deaths 1007075 (Increase 177%)	Cases 101561219 (Increase 199%) Deaths 2196944 (Increase 118%)

Source: World Health Organization.

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Gradual unlocking it faced a sudden rise of cases with the tally rising to 6225763 (an increase of 3483%) by September 30, 2020. By January 30, 2021 total cases in US had reached 25512197 followed by India 10733131.

The United States

US reported its first case of Covid 19 on January 20, 2020. It was declared a public health emergency by President Trump on January 31, 2020 and flights from China were stopped. However, it was not applicable to US citizens and permanent residents. The initial US response to the virus was lukewarm as it didn't impose the immediate travel restrictions and prepare in line with the health instructions like social distancing, conduct community-based surveillance to inspect the virus's reach, containment measures and frequent testing. As part of preventive strategy the distribution of personal protective equipment (PPE), ventilators, and testing supplies across the country was essential. However, in the initial phase holds O'Reilly (2020), the states were left to compete with one another when ordering materials from companies abroad, limiting states' capacity in response to the pandemic. Things could have been different had the US administration learnt from the past experience of H₁N₁ influenza pandemic. Funds were allocated instantaneously for distribution of medicines. 'The federal government also acted quickly to coordinate the response with the states, allowing for data collections and monitoring of measures, such as school closures (Solinas-Saunders, 2020). The Trump administration first remained indifferent to the virus dubbing it a normal influenza and refused to order comprehensive measures in order to constrain it. President Trump even tweeted that the role of the national government was to serve as a 'backup' to state and local governments. However, the states and local authorities have coordinated adequately with the federal machinery delivering to the optimum level but the intergovernmental relations (IGR) registered both the positive and negative developments during the pandemic management.

The increase in the number of positive cases was astounding in United States by March 26, 2020 when it left Italy behind with 81,321 people infected with the corona virus, including more than 1,000 deaths. The number was more than any other state like China or Italy had reached (McNeil Jr., 2020) as it became the leading state at Worldometer leaving behind Italy and Spain, the previous worst affected states. President Trump while took the credit for having controlled the crisis also kept his tirade against China on holding it responsible for the pandemic. In fact, there are many reasons behind the high death toll in US such as a national response plagued by delays at the federal level, indifferent President, neglect of experts' opinions, a pointed White House campaign to place the blame for the Trump administration's shortcomings on others, and time wasted chasing down false hopes based on poor science (Peters, 2020).

In September 2020, Pew Research Center found that the global image of the United States had suffered in many foreign nations. In some nations, the United States' favorability rating had reached a record low since Pew began collecting this data nearly 20 years ago. Across 13 different nations, a median of 15% of respondents rated the US response to the COVID-19 pandemic positively (Wike et al., 2020). The Trump Administration's failure in assessing the potential impact of the virus in the beginning caused more life loss in US. The absence of a robust screening, holds Thomas Frieden, until it was far too late revealed failures across the government. Jennifer Nuzzo, an epidemiologist observed that Trump administration had incredibly limited views of the pathogen's potential impact and the lapse enabled exponential growth of cases (Shear et al., 2020). In the meantime the roles of federal government, states and local governments also remained confounded over the timely response and coordination against the virus. In US the task of controlling the pandemic and impose restrictions on movement and ordering of Social Distancing Measures (SDMs) lie with the states. States followed cautioned approach in implementing SDMs and Non-pharmaceutical interventions (NPI) and a mess of decisions at the state and local levels and the public protests made the issue of pandemic management more complex. The Centers for Disease Control and Prevention (CDC) is a US federal agency that works under the Department of Health and Human Services. However, in the last few years the funding and about two third staff of the CDC and National Science Foundation was slashed. The Pandemic Response Office (PRO) as part of the National Security Council (NSC) opened by Obama administration in 2016 was also disbanded in 2018.

Being one of the oldest federations having 50 states US had its own problems of dealing with the Covid-19. Surprisingly the US constitution is silent about the subject 'Health' and it is believed to be implied in the preamble of the constitution which underlines 'promote the general welfare', a wide encompassing phrase. Article I, Section 8 of the constitution speaks of Congressional power "to lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States... [And] To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof" (US Constitution). Within Congress's ambit is the power to respond to disasters and public health emergencies; however, during times of crisis, such as the corona virus pandemic, many emergency powers have been delegated by Congress to the President, with direction from Congress on how to administer and distribute monetary relief through federal agencies (Elsea et al., July 14, 2020).

Conventionally it's the subject of states. In *Medtronic Inc. v. Lohr* case the Supreme Court observed 'because public health and safety are "primarily and historically", matters of local concern, the states traditionally have had great latitude under their police powers to legislate as to the protection of the lives, limbs, health, comfort, and quiet of all persons' (Fernandez, May 4, 2020). The

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authority of the states to enact quarantine and health laws that relate to their territories was also recognized by the court. However, in case of failures of states in tackling the disasters the federal government reserves the power to issue directives and legislate in order to alleviate the impact. The federal government's powers to control emanate from its power of regulating interstate commerce and the congressional powers approving funds from federal revenues and legislation over public health.

Ever since the virus travelled from Wuhan the US Congress enacted four major legislations which were consequently implemented by the President and other executive bodies. States also followed the suit and the local bodies which have less powers functioned as the messenger and manager of the federal and state orders. On March 6, 2020, Congress passed the first corona virus relief law *Corona Virus Preparedness and Response Supplemental Appropriations Act* (CONGRESS.GOV 2020, P.L.116–123). At a cost of \$8.3 billion, the law focuses on immediate pandemic response efforts, including funding to create viral test kits, vaccine and drug development, and aid for state and local health departments. This was followed by second legislation of \$192 billion about the *Families First Corona virus Response Act* (P.L., 116–127) on March 18, 2020. The law provides significant aid to individuals and families suffering from the economic effects of COVID-19 related shutdowns, including expanded unemployment benefits and emergency paid sick leave for eligible workers. The third law *Corona virus Aid, Relief, and Economic Security* (CARES) Act (P.L., 116–136) was promulgated on March 27, 2020 with a huge budget of \$1.7 trillion. The CARES provided direct stimulus cash payments to most Americans, expanded unemployment benefits, and aid to businesses. Most notably the Act created the Provider Relief Fund (PRF) with \$100 billion in aid for healthcare organizations and clinicians of all types to assist with lost revenues and COVID-19 preparedness expenses. Congress gave the Department of Health and Human Services (HHS) considerable discretion in the distribution of PRF monies. HHS subsequently provided savers for provider's share of 2019 Medicare fee-for-service reimbursements, providers share of net patient revenue, Child Health Insurance Programme (CHIP), hospitals with low income uninsured patients and high number of Covid 19 cases, rural health clinics, Skilled Nursing Facilities (SNF), and Indian Health Services (Congress.Gov 2020, P.L. 127-136). The fourth law of funding for small business loans, a controversial one, *Paycheck Protection Program and Health Care Enhancement Act* (PPPHE) was passed after a month's stalemate on April 24, 2020. At a cost of \$396 billion, the law limits itself to supplemental funding for small business loans and the PRF (\$75 billion) (CONGRESS.GOV 2020, P.L.,116-139). Another law that looked for providing huge relief package (\$3 trillion) *Health and Economic Recovery Omnibus Emergency Solutions Act* (HEROES Act) which was passed by House of Representative on May 15, 2020 has failed the passage of Senate and called unrealistic and partisan offering. On December 21st 2020, Congress reached a deal for a different \$900 billion stimulus package.

The response to the pandemic at the local level in rural areas has also been weak. Melvin observes that as the country responds to virus, the role of public health in ensuring the delivery of equitable health care in rural communities has not been fully appreciated. The impact of such crises is exacerbated in rural racial/ethnic minority communities. Various elements contribute to the problems identified in rural areas, including a declining population; economic stagnation; shortages of physicians and other health care providers; a disproportionate number of older, poor, and underinsured residents; and high rates of chronic illness (Melvin et al.) Thus while the Congressional legislation kept the pace the political uncertainty, the uncoordinated efforts at state levels and slow leadership response made the things critical for US as it registered 25512197 cases till January 30, 2022, the largest number of Covid 19 cases and casualties. In the meantime economically the US has suffered an all time low and the relief packages have further burdened the state financially. The economy has contracted by 3.5 per cent in 2020 due to Covid 19 pandemic. This has been noted as the worst annual decline of the country's gross domestic product (GDP) since 1946. Despite a partial economic rebound in the second half of last year, the economy shrank 3.5 per cent in 2020 as compared to an increase of 2.2 per cent in 2019. It also marked the first negative annual growth in the US GDP since 2009 (Business Standard, 2021).

The Indian Experience

India recorded its first case of Covid 19 on January 30, 2020. However, the spread of the virus was slow and it was as late as on March 22, 2020 that India went for its first 14-hour voluntary public curfew at the insistence of Prime Minister Narendra Modi. This was followed by placing the hotspots and major cities under compulsory lockdowns. On March 24th the world's largest countrywide lockdown was announced for 21 days. As a containment measure it was further extended for another 20 days on 14th April 2020. The lockdown was further extended twice for two weeks on 3rd and 17th May with substantial relaxations. The local movement and shopping hours were relaxed for more time. The relaxation of lockdown began from 1st June when the government declared three phases of unlocking the country (barring containment zones). The progress of the virus and its spread in India has been an interesting point of study as India's initial bold step of imposition of nationwide lockdown paid in keeping the cases well under control till May 1, 2020.

But the gradual relaxing of the lockdown to protect the economic interests of the people and state helped a shoot up in the number of cases greatly. A highest single day spike of positive cases in India was recorded on August 29 when it noted 78761 new cases leaving behind the US record of 77368 cases on July 17. On September 17 India recorded the highest figure of 97894 single day cases from where the curve has started flattening. India reported over 7.7 million cases of the COVID-19 as of October 23, 2020, with more than 6.9 million recoveries and about 117 thousand fatalities. The country has been reporting new cases of the virus every

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day since March 2, 2020. On January 30, 2021 the cases reached 10733131 with 154147 deaths. While the number of new cases has been growing, the recovery rate has been comparatively high and death rate low. India's Ministry of Information and Broadcasting (I&B) claimed in July 2020 that the India's fatality rate was among the lowest in the world at 2.41% and it was steadily declining. Only six cities of Mumbai, Delhi, Ahmedabad, Chennai, Pune and Kolkata counted for its half of the cases. As of 10 September 2020, Lakshadweep was the only region which had not reported a single case (MIB, 2020; The Quint, 2020).

The Indian decision of imposing a quick nationwide lockdown was highly appreciated by the United Nations and the World Health Organization (WHO). The Indian reply was hailed as a 'comprehensive and robust', and the lockdown restrictions were termed as 'aggressive but vital' for containing the spread and building necessary healthcare infrastructure. P. Scotland remarked, "The whole Commonwealth has been affected by the virus but India has made an immense effort to keep its people safe. India is the largest country in our Commonwealth. One of the things people are looking to India for is how PM Modi, the government and people of India have responded to the pandemic, controlled it and minimized it because it could have been so much worse" (Republicworld.com, 12 May 2020). In the meantime, the Oxford COVID-19 Government Response Tracker (OxCGRT) appreciated the government's swift and stringent actions, emergency policy-making, emergency investment in health care, fiscal stimulus, and investment in vaccine and drug R&D and gave India a score of 100 for the strict response. Michael Ryan, the Chief Executive Director of the WHO's health emergencies programme also observed that India had a tremendous capacity to deal with the outbreak owing to its vast experience in eradicating smallpox and polio (The New Indian Express, June 5, 2020; TOI, April 11, 2020).

The pursuing of the 'cluster-containment' strategy that focused on the early detection of cases was quite successful. Kerala, that witnessed the first case, flattened the curve via the creation of a contagion route map. Similarly Odisha's susceptibility to natural disaster gave it an advantage in crisis preparedness (WEF Report, 2020). According to Deep Knowledge Group (DKG) report in June, 2020 India was ranked 56th of 200 countries in COVID-19 safety assessment. Other commentators have raised concerns about the economic fallout arising as a result of the pandemic and preventive restrictions. The lockdown was justified by the government and other agencies for being preemptive to prevent India from entering a higher stage which could make handling very difficult, even out of control at a later stage (Thakur, 2021, 54).

The most severe effect of pandemic was noticed on economy. China's economy registered a growth of 3.2 per cent in April-June after recording a decline of 6.8 per cent in January-March 2020, when it was more affected by the virus. The late arrival of the virus in India by January 30, 2020 affected the April-June quarter more in India. According to National Statistical Office (NSO) report (2020) by the April-June quarter 2020, Indian economy had contracted by 23.9 per cent. GDP at Constant (2011-12) Prices in Q1 of 2020-21 is estimated at Rs 26.90 lakh crore, as against Rs 35.35 lakh crore in Q1 of 2019-20, showing a contraction of 23.9 percent as compared to 5.2 percent growth in Q1 2019-20 (The Economic Times, August 31, 2020). The manufacturing and the construction sectors were the worst affected areas. Agriculture stood out as the only exception while other sectors like manufacturing, construction and services, suffered steep declines. In the same quarter last year, India's economy had grown by 5.2 per cent. According to NSO, the gross value added (GVA) growth in the manufacturing sector contracted by 39.3 per cent in the first quarter of 2020-21, from 3 per cent expansion a year ago. Similarly the construction sector GVA shrank by a huge 50.3 per cent from 5.2 per cent expansion earlier. Mining output declined by 23.3 per cent, as against a growth of 4.7 per cent a year ago. Electricity, gas, water supply and other utility services segments too shrank by 7 per cent against 8.8 per cent growth a year ago. Similarly, trade, hotel, transport, communication and services related to broadcasting declined 47 per cent in the first quarter from 3.5 per cent growth earlier. Financial, real estate and professional services fell by 5.3 per cent in Q1 FY21 from 6 per cent growth in same period last fiscal. Public administration, defence and other services saw a decline of 10.3 per cent, from 7.7 per cent growth a year earlier (TOI, August 31, 2020). However, farm sector GVA grew at 3.4 per cent, compared to 3 per cent in the corresponding period of 2019-20 (Deccan Chronicle, Oct 25, 2020).

Besides the issues of economy and managerial challenges there were questions related with IGR and the jurisdictional overlappings, coordination and implementation of the state and national laws, the sphere of individual freedom, the problem of state legitimacy of the use of force, the containment, quarantine, zone based categorizations and freezing of inter-state and intra-state movements and so on. In India Covid 19 brought two laws into operation simultaneously, The Epidemic Diseases Act 1897 and the Disaster Management Act 2005. This brought two defined acts overlap in exercise theoretically and practice with cases of confrontations between the state governments and union government, though the purpose was to plug the further spread of the disease (Thakur, 2021).

British passed the 'The Epidemic Diseases Act' in 1897. However, the Act didn't define the or the diseases to be covered under the act. Therefore, it was used to control various diseases in India such as cholera, malaria, dengue and swine flu. Quite recently in 2018, the Act was enforced as cholera began to spread in a region of Gujarat. In 2015, it was used to deal with dengue and malaria in Chandigarh and in 2009 it was invoked in Pune to combat swine flu. Starting in March 2020, the act is being enforced across India in order to limit the spread of corona virus disease 2019 during the COVID-19 pandemic in India (Live Mint, 2020).

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The shortcomings of the EDA 1897 were recovered by the Disaster Management Act 2005 (DMA, 2005) which was enacted to control disasters at both Central and State levels. The DMA 2005 also defines a disaster under Section 2 as a 'catastrophe, mishap, calamity or grave occurrence in any area, arising from natural or man-made causes'. The Government of India on March 14, 2020 described Covid 19 as a 'notified disaster' and a 'critical medical condition or pandemic situation' and invoked DMA 2005 on March 24, 2020 imposing a 21 day national lockdown. The Act enables the Centre and States to enforce a lockdown and restrict public movement. It allows the Government to get access to the National Disaster Response Fund, the State Disaster Response Fund and the District Disaster Response Fund. It also has provisions for allocation of resources for prevention, mitigation, capacity building etc. Government further issued an ordinance to meet the instant problems arising out of the situation.

The Government of India announced the promulgation of an ordinance, 'The Epidemic Diseases (Amendment) Ordinance 2020', to amend the act, adding provisions to punish those attacking doctors or health workers.³ The ordinance was announced on April 22, 2020. The ordinance allows for up to seven years of jail for attacking doctors or health workers (including ASHA workers). The offense will be cognizable and non-bailable among other things. In addition to this, such cases need to be investigated in a time-bound and must be resolved in 1 year. Also, the law specifies that the guilty will have to pay twice the market value of the damaged property as compensation for damaging the assets of health care staff including vehicles and clinics (EDO, 2020). The Indian government, therefore, strongly pursued its objectives by providing for penalization of the offenders against the public safety measures (Thakur, 2021).

In the beginning there was a lack of coordination between the centre and state governments. However, the states had to take a backseat due to the use of the EDAs and DMAs that evoked public protests too. 'The fragmented manner in which these felony provisions were invoked indicates ambiguity in how the Centre and States have interpreted their roles below the Constitution' (Srivastva, 2020). The Disaster Management Act, 2005 imposes duty on the states to follow all the directions provided under Section 38 of the Act. But the subjects like health and police fall within the State List and if the states are taking appropriate measures to combat the epidemic, then the use of DM Act by the Centre as an absolute liberty overriding state powers is unacceptable. This endangers the fundamentals of the federal spirit and a more coordinated and collective efforts are required without stressing the jurisdictional lines. However, it was through the leverage of these acts that the Centre succeeded to a great extent in controlling the pandemic (Thakur, 2021).

The experience of Covid 19 pandemic has been informing in several ways. It brought to the notice of the government the problems like law and order issues, civilian rights, overcrowding on different occasions, infringement of the SD rules, assaults on medical teams, deliberate derailing of the lockdown by political forces and violation of the rules by social organizations and people like Tabligh,⁴ Granthis and Pujaris in religious places. Medical teams and health workers have also been assaulted in India by people calling Covid 19 measures as state autocracy. While the responses of different communities had patterned images the lockdown had its own side effects like freezing of the interstate migrants especially labourers, the generation of instant employment hiatus due to closing of economic activities, and the maintenance of law and order issues. Modi government announced a mega \$265 billion stimulus package on May 12, 2020 to save the lockdown-battered economy. The package focuses on tax breaks for small businesses as well as incentives for domestic manufacturing. The combined package works out to roughly 10 per cent of the GDP, making it among the most substantial in the world after the financial packages announced by the United States, which is 13 per cent of its GDP, and by Japan, which is over 21 per cent of its GDP (The Economic Times, May 15, 2020). Modi government's 'Atmanirbhar' (self-dependent) stimulus package to reboot India's micro, small and medium enterprises (MSMEs) sector includes \$46 billion in collateral-free automatic loans to MSMEs aimed at providing additional working capital to existing customers of banks and NBFCs. The package of the manufacturing and agricultural sector has provided oxygen for the dormant life and activity as the unlocking is under process. Additionally, on July 2, 2020 World Bank announced a US \$750 million budget support to 15 million MSMEs to increase liquidity access for viable small businesses impacted by COVID-19 (Wire, July 5, 2020). The huge loss that states have suffered due to pandemic policies has forced them now to focus on economic activities and invigorate the trade and business lines.

CONCLUSIONS

The response of the states has not been common to the Covid 19 virus. They were placed under a critical managerial ordeal. The nature of government, leadership quality, state of infrastructure and administrative efficacy have immensely influenced the potential of a state in dealing with the virus. The state responses after the official establishment of the first cases have been different leading to initial leads and the lags in containment. In the moment of crisis, the US response was hesitant marked by 'executive underreach' but the Indian response was startlingly swift in imposing national lock down and containment and mitigation measures. 'The executive overtake' helped curb the spread greatly in the initial phase of March to May 2020, though with the worst economic consequences, as Indian GDP according to World Bank, plunges by 9.6% in 2020-21. However, India had the advantage of learning from the western experience of tackling the pandemic and going for early lockdown.

In US the handling of the pandemic in the initial phase was beleaguered by the governmental nonchalance, failure in assessing the potential impact of the virus and proclivity to deviate from the factual state. The preoccupation of the leadership with the presidential

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elections, the mitigation of the virus as a hoax and the inadequate IGRs helped the epidemic take a mammoth shape. A lack of coordination and a policy hiatus was visible that led to varied public responses causing managerial issues. 'Donald Trump's continued aversion to council and expertise has had tremendous impact on the federal government's response to COVID-19. The cost, unfortunately, is measured in a loss of American lives that over a 2-month period has surpassed the number of deaths resulting from nearly two decades of war in Vietnam' (Rutledge, 2020). However, later the US federal government worked in a better coordinated way with the state and local governments and applied the SDMs more effectively. The US political tradition of prioritizing individualism over state protectionism and welfarism has been the cause behind the unequal health care system and failure in pandemic management. The SDMs like lockdowns and the effective communication with the public had a big effect. In US where they were followed like New York and surrounding states the virus spread was lowest against the Southeast, Southwest and West Coast. The U.S. Department of Health and Human Services (DHHS) and the CDC, though truncated, however, played significant role pandemic management.

Keeping in view the density and vastness of the population India has fared comparatively better than the US, Brazil and the European states. However, it is very early to celebrate any success over the pandemic, but the fact that Indian efforts have been in the correct direction is borne out by relatively smaller number of cases and deaths despite a mammoth and concentrated population (Darswal, 2020). The federal inconveniences due to incoordination among federal and state governments (mostly ethnically diverse) in the US and India were dealt differently. The Central leadership under Prime Minister Modi went for early containment measures like national lockdown, cluster containment and necessary legislations like 'The Epidemic Diseases (Amendment) Ordinance 2020' to implement the anti-Covid 19 steps sternly. This also helped in checking the community violence, law and order problems, assaults on medical teams and the fast spread of the virus. The Indian government has been proactive in implementing the pandemic containment and mitigation measures and ethically stood with 'human life first principle' that has kept the mortality rate quite low till January 30 2021. One more reason attributed to Indian success is the fact that India has been continuously engaged with natural disasters that has helped it develop better response system with the availability of thousands of health and other grass roots workers who could be mobilized swiftly (Thakur, 2021). The long experience and the efficient leadership to deal with the unique ground situations is the strength of Indian system of governance. Bill Gates also remarked this as a reason behind the less preparedness of the west to fight a sudden threat. In grievous situations like this, the leadership, therefore, has to play a crucial role and the federal hindrances have to be overrun by fresh legislations and ordinances in the interest of public health. A cooperative federalism where states and federal governments both utilize their powers in a coordinated fashion is the need of the hour.

Notes

1. World Health Organization (WHO) defined coronavirus as a family of viruses that range from the common cold to the Middle East Respiratory Syndrome (MERS) coronavirus and the severe acute respiratory syndrome (SARS) coronavirus.
2. On March 24, 2020 Jair Bolsonaro said, "In my particular case, with my history as an athlete, if I were infected by the virus, I wouldn't need to worry... I wouldn't feel anything or, if very affected, it would be like a little flu or little cold and media created hysteria". Retrieved on October 27, 2020. <https://indianexpress.com/article/world/fantasy-a-little-flu-brazils-jair-bolsonaro-faces-backlash-but-sticks-to-covid-19-denial/>.
3. Section 2 of the Act authorizes the state governments to take special measures and pass regulations to control spread of the disease. It was under this provision that several governments promulgated this act. Consequently, the Himachal Pradesh government has announced The Himachal Pradesh Epidemic Disease (COVID-19) Regulations, 2020, the Delhi government has announced The Delhi Epidemic Diseases COVID-19 Regulations, 2020, and the Government of Maharashtra has announced The Maharashtra COVID-19 Regulations, 2020. Section 3 of the Act makes it a criminal offence to disobey any regulation or order under the Act. This punishment is according to Section 188 of the Indian Penal Code, which provides for a fine of Rs 200 and simple imprisonment of one month for violating an order of a public servant. The penalty of Rs 1,000 and imprisonment of six months can also be imposed, depending on the impact of the disobedience. Section 4 gives protection under the law to officials and/or persons acting under the law. Section 2A empowers the central government to inspect ships or vessels leaving or arriving at any port in India and detain people if necessary.
4. On 18 April, the Central Government stated that 4,291 cases (or 29.8% of the total 14,378 confirmed cases of COVID-19 in India) were linked to the Tablighi Jamaat, and these cases were spread across 23 states and Union Territories. As of 4 April, about 22,000 people who came in contact with the Tablighi Jamaat missionaries had to be quarantined.

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