The Politics of Breathing Troubles in COVID-19

Pandemic Inequalities and the Right to Breathe across India and Germany

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Abstract

'Breathing trouble' refers both to a biopolitical process and a metaphor for the current global condition. This Position Piece draws inspiration from the 'universal right to breathe' frame suggested by Joseph-Achille Mbembe (2021a) to discuss pandemic inequalities in Kolkata (India) from a location in the global north, Berlin (Germany), where the author currently lives and works. Drawing from the circumstances surrounding the interruption of my fieldwork in urban India, I argue how the border-crossing pandemic and the choking politics of the ruling governments in India and Germany are entangled in the production of pandemic inequalities. The coeval discussions of lived experiences and political grievances 'there' (India/Kolkata) and the critical questioning of the image of India from 'here' (Germany/Berlin) invite an understanding of breathing beyond its purely biological function to what we have in common, as the universal right to breathe. Such framing may help anthropologists to reattune to spatial, temporal, and ethical dimensions of excess empirical events in the constantly changing yet simultaneous pandemic realities.

Keywords

> If indeed, COVID-19 is the spectacular expression of the planetary impasse in which humanity finds itself today, then it is a matter of no less than reconstructing a habitable earth to give all of us the breath of life (Mbembe 2021a, S62).

Introduction

Breathing troubles are the *sine qua non* of COVID-19, and not only because of the immediate respiratory difficulties created by a microorganism, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). 'Breathing trouble' refers both to a biopolitical process and a metaphor for the current global condition. The pandemic marks our ubiquitous 'exposure' to the 'atmosphere'—the world of environmental (and microbial) disasters around us, making it increasingly difficult for (more-than-)humans to breathe well (DiCaglio 2021, 378). Since the beginning of the pandemic 'people filled their empty cityscapes not with bodies but with breath' (Pratt 2020, 2). During the ongoing pandemic, the 'politics of breath' has been mobilised by 'the shrieks, shouts, and whistles, along with banged pots, sirens, applause', and we have seen how people 'breathing on their own stood in for those who were not' (Ibid.). Breathing and dying in pandemic times are also profoundly embedded in racial (and other forms of social) injustice, evident in how marginalised communities are left without the necessary access to care, suffering from the structural impossibility of breath (Chary 2021).

As (scholar-)'breathers', how can we write about COVID-19 with dispassionate detachment (Selim 2021)? 'Breathing together' is challenging now more than ever in the confluence of critical atmospheric events that inspire many (scholar-) 'breathers' to work with the 'suppleness' of breath as an organising principle (Choy 2020). Encountering the pandemic with a political epistemology of breath is therefore more than playing the 'jigsaw puzzle' where the natural and social sciences add pieces together to get to 'the whole picture' (Mol and Hardon 2020, 1). Besides the mediation processes and the 'coexistence' of knowledge disciplines 'in difference' (idem, 4), this pandemic invokes the all too human existential reflections of troubled breathing. I argue that witnessing and articulating the pandemic with a 'universal right to breathe' (Mbembe 2021a) approach from and across our locations can expand the horizons of thinking, feeling, imagining, and agitating as affective, political scholars (Selim 2021, 2020; Stodulka, Selim, and Mattes 2018).

At the time of writing, more than 6 million people worldwide have not survived this pandemic. The death toll in India is more than 500,000 and so far 43 million people have been infected with the virus (WHO 2022). In Germany, more than 135,000 people among the 25 million infected have died (RKI 2022). Pandemic witnesses

(anthropologists among them) should consider how we preserve this critical phenomenon in our collective memory. To do so requires the condensing of an excess of empirical events in these past pandemic years, while maintaining an analytical distance in real-time seems hardly achievable with a 'Long COVID' era or the 'COVID decade' (The British Academy 2021) looming over us.[1]

Since the beginning of the pandemic, I have experienced it simultaneously in India and Germany, witnessing its magnitude, rising, and its dwindling 'waves' from near and far. Articulating the breathing troubles across these ground realities requires the intimate bodily act of attention to breath and a biopolitical frame of 'the universal right to breathe' (Mbembe 2021a). Joseph-Achille Mbembe argues for vital connections between the long duration of suffocating structural oppressions and the recent, spectacular viral attacks on respiratory tracts:

> Before this virus, humanity was already threatened with suffocation. If war there must be, it cannot so much be against a specific virus as against everything that condemns the majority of humankind to a premature cessation of breathing, everything that fundamentally attacks the respiratory tract, everything that, in the long reign of capitalism, has constrained entire segments of the world population, entire races, to a difficult, panting breath and life of oppression (idem, 61).

The rather universalistic 'suffocation' that Mbembe invokes became concrete and visceral in the multiple entanglements of breath/ing as COVID-19 in India escalated into an acute humanitarian crisis. Breathing is always a 'matter of moving relations' across the material body, healthcare systems, and sociopolitical public arenas (Solomon 2021, 5). In the crisis of managing COVID-19 in India, the 'biopolitics of breathing' has operated along 'a thanatopolitics of gas' (Nieuwenhuis 2018, 202, 204) mobilised by the Hindutva ideology of the right-wing Bharatiya Janata Party (BJP, lit. Indian People's Party) government led by prime minister Narendra Modi,[2] as well as his collaborators and supporters across the country who were complicit in the social strangling. Together and concretely, they choked their people by not providing enough oxygen or ventilators for the severely afflicted to breathe, although the potential shortage of ventilators was predicted early on (Kumar and Kumar 2020).

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1 'With so many things going on, it will take more time and distance to even understand what has been happening in these pandemic years.' I am grateful for this comment made by my friend and interlocutor Deepa [a pseudonym] (26 March 2022), who emphasised the impossibility of having a critical analytical distance while on the ground, living with the multiple pandemic realities that I describe in this Position Piece.

2 Reading the final draft of this piece, Deepa insisted that 'the BJP government should be labelled as a fascist government' (26 March 2022). The political/analytical discussion around whether the current BJP government can be labelled as 'fascist' or not is beyond the scope of this piece. But given the ground realities in India, it is a comment worth noting here.

Such respiratory politics operate in the long shadow of colonialism that suffocates the South Asian subcontinent. Along with the (neo)colonial hangover embodied by Modi's governmentality, the neocolonial global north continues to choke India by insisting on not waiving vaccine patent rights. While postcolonial countries such as India or South Africa have led a campaign to waive patent rights for vaccines and treatments, the European Union and the German government imposed strong resistance to these initiatives in the context of the COVID-19 pandemic (EPRS 2021). Unequal vaccine patent rights continue to perpetuate global breathing inequalities across India and Germany today.

In this Position Piece, the discussion of the politics of breathing troubles in COVID-19 mobilises the framing of a universal right to breathe to carve out a conceptual and ethical space for collective thinking in addressing the evolving shades of life across multiple biopolitical arenas. We, ethnographers located in the global north, stay far from on-the-ground engagements in the global south and yet remain near to our interlocutors through virtual encounters. During these pandemic years (2019–2022) we are passing through a rapidly changing yet uncannily consistent simultaneous temporality, experiencing a supersaturation of empirical events that are difficult to make sense of. A universal right to breathe framing may offer anthropology the possibility of navigating these excesses of 'shades' of life—along spatially and temporally fractal scales—by collectively committing to the ethical concerns about pandemic inequalities and the right to breathe well.[3]

Masks and material entanglements of breath: Interrupted fieldwork

The slogan 'There is no vaccine against air pollution!' was popularised by the local NGO SwitchOn Foundation in Kolkata, West Bengal, in the wake of the COVID-19 pandemic. The organisation highlighted that there had been many more deaths due to air pollution in West Bengal, especially in its capital, Kolkata, in previous years than during the pandemic (SwitchOn 2021). Breathing troubles are not the contingent outcomes of the current pandemic, but far more insidious in the persistent air pollution in Kolkata.

When I arrived in the city in February 2020 for an initial visit to explore the politics of urban breathing disorders, I observed many people wearing masks, but not for the reasons readers might think today upon looking at the image captured in Figure 1. The perceptions and associations regarding someone wearing a mask have been profoundly altered by the breathing troubles of COVID-19—ironically obfuscating the long-term troubles of air pollution and other breathing disorders. In

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3   I thank the anonymous reviewer for an elaborate comment that I paraphrase here to articulate this point more clearly.

the pre-COVID-19 era, air pollution was the most prominent atmospheric condition that made it difficult for the city inhabitants to breathe, with Delhi and Kolkata competing to become the so-called 'air pollution capital' of India (Basu 2018).

Figure 1. A flower seller on a street corner covers her face to protect herself from ambient air pollution in pre-COVID-19 Kolkata. Photo by the author, 15 March 2020.

In February 2020 in Germany, COVID-19 was being considered a local outbreak. I did not pay much attention to it. My friend Deepa and I were more concerned about the increasingly toxic urban air and the dwindling number of trees in Kolkata (Selim 2019). We argued about the pros and cons of healing the disrupted human–tree relations in terms of breathing well in the city. We were overly optimistic in our assessment of the COVID-19 outbreak and we could not have been more wrong. Around noon on 11 March 2020, the virus hit the local headlines in Kolkata. COVID-19 was no longer a matter affecting only certain regions—a local outbreak, or even an epidemic. The World Health Organization (WHO) classified it as a global phenomenon—a pandemic—that very day. In the next few days, my life plans, like those of millions of fellow human beings, underwent a sudden change. The Indian government ordered the suspension of all flights to and from India from 22 March. I managed to get a flight to reach Berlin on 19 March. Today I still cannot make any predictions about when I might return to Kolkata for long-term fieldwork.

The dyspnoeic waves of COVID-19

'মৃত্যুর মিছিল / Mrittyur Michhil!', Deepa told me—'There is a procession of death in Kolkata!'. She informed me how even in the first moderate wave of COVID-19 in India, too many people she knew died, either due to inadequate oxygen supplies or the infrastructural delays of a health system reeling under pandemic pressure and panic. The first wave, impacting elderly lives, internal migrants, and people with precarious livelihoods, was still the topic of our phone conversations even by the autumn of 2020.

Deepa, a visual artist in her late 40s, lives in a middle- and low-income neighbourhood of Kolkata with her mother, a retired school teacher, who had fallen ill with COVID-19 that autumn. Fortunately, she survived, but still suffers from long COVID (see Callard and Perego 2021)—the lasting effects of the viral infection, experiencing respiratory problems, coughing fits, and chronic exhaustion.

Who had the right to breathe well in this pandemic? 'There are very few people left in Kolkata who did not get corona[virus]', Deepa told me, during a more recent conversation, at the end of January 2022, in which she seemed less anxious, before adding, 'but, corona[virus] has shown how the inequalities are glaring in the eye [করোনা চোখে আঙ্গুল দিয়ে দেখিয়ে দিল কতটা বৈষম্য]'. Experiencing an infectious disease pandemic in real-time inspired awe and existential fear until vaccines became available in Germany, although they were still not widely available at that time in India.[4]

The popular perception of the reduced severity of disease caused by the Omicron variant of COVID-19 in the recent wave in 2022 has perhaps taken away some of these anxieties. But the long-term consequences for the economy, education, and social cohesion in India will keep this pandemic firmly inscribed in collective memory. The adverse effects of the pandemic include not only the suffering of the afflicted, the loss of livelihoods, and existential fear, but also the near and distant mourning of the dead—and dealing with these consequences.

Mourning deaths, suffering afflictions, and experiencing the lived consequences of the long duration of respiratory troubles in COVID-19 ignite the affective charge of doing the politics of breathing troubles as '(scholar-)breathers'. Beyond mourning personal losses, such politics invites the intellectual (and affective) labour of understanding the multiple breathing troubles happening in COVID-19 as the result

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4   According to news reports, Germany started offering free vaccines to all adults on 7 June 2021. But the official roll-out of vaccines for the priority groups started earlier, on 26 December 2020 in Germany and 16 January 2021 in India. While there seems to be a gap of only a few weeks between the beginning of vaccination in both countries, reports from the ground (like Deepa's) draw attention to the fact that the vaccines were not widely available and accessible to the general population in India, especially during the acute humanitarian crisis created by the deadly second wave (spring and summer 2021).

of viral and biopolitical intersections. In doing so, we can perhaps begin to claim and mobilise breathing as a universal right (Mbembe 2021a).

During the crisis of managing COVID-19 in India in early 2021, the acute shortage of oxygen in the hospitals robbed the severely ill (those with COVID-19) of the opportunity to be ventilated, literally depriving them of their right to breathe. The central BJP government under Narendra Modi was primarily responsible for the humanitarian crisis that ravaged India during multiple waves in 2020–2021. Due to the BJP government's irresponsible policymaking there was a severe lack of the vital breathing element (oxygen) and disruption of the breathing infrastructures (required to ensure a functional oxygen supply chain) nationwide. The supply and distribution of vaccines and testing kits were also seriously jeopardised, rendering further vulnerability to the unvaccinated and the untested to fall victim to severe respiratory difficulties.

Moreover, the Saffron rulers[5] of India (BJP) invoked the effectiveness of Vedic sciences, bovine urine, and *pranayama* (yogic breathing) as remedies while India gasped for breath (PTI 2020). For many decades, 'global breathing' meant mobilising the post/colonial traditions of breathing meditations as techniques and technologies of well-being circulating across the global south and north (van der Veer 2020; Selim 2014). The 'holy science' promoted by BJP's Hindu 'bionationalism' is an example of how the body techniques (of breath) became 'central to the imagination of […] scientific nationalism' (Subramaniam 2019, 10–11). In pandemic India, the breathing techniques of the 'holy science' of yoga turned rapidly into lethal ideological tools of a national government that denied its subjects the right to breathe*.*

In April 2021, having heard that I would be on a priority list to very soon receive my first free dose of vaccine in Berlin, I asked Deepa about the situation in Kolkata. She told me, 'Forget about vaccines! It takes 4 to 5 days to get an appointment for testing. There is no question of free testing here!' (23 April 2021). At that time, very few government health facilities offered free rapid antigen tests in Kolkata and hundreds of people had to wait for hours in crowded lines to get tested. Testing at home was expensive and the unregulated prices were accessible only to those who could afford them. Three weeks earlier, during the second wave in India, Deepa herself had fallen ill with COVID-19. After two weeks of high fever, loss of taste, and extreme weakness, she was once again available to talk on the phone. Deepa told me that her daily routine consisted of a desperate search for oxygen, vaccines, and reliable test centres for her relatives and friends. After several attempts, she managed to get a second vaccination appointment for her mother.

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5   Both Hindu and Buddhist monks wear saffron-coloured robes in India. BJP and its Hindu nationalist corollaries, however, have appropriated and propagated saffron as the revered color of Hindu nationalism.

At the height of the crisis of managing COVID-19 in India, answering my anxious query about the COVID-19 situation in Kolkata, Deepa was silent for a moment and said, 'The world needs to know what is happening here in India!'

What was indeed happening in India? How may we make sense of the 'COVID crisis' there in hindsight? I have found solace and strength in the universal right to breathe frame, and perhaps other scholar-breathers too would find this framing helpful to understand the synchronic and diachronic inequalities in this pandemic, being forced to stay far from my interlocutors in the field, but maintaining intimacy through daily (albeit virtual) communication.

The evolving shades of the pandemic across multiple biopolitical arenas and regions exert considerable barriers against exercising the universal right to breathe. However, a broader conceptualisation of the pandemic with an affectively grounded and politicised 'breathing epistemology' can still draw attention to the rethinking of 'life futures' (Mbembe 2021b), helping scholar-breathers to think, feel, and pursue the right to breathe collectively. Novel spheres of reason are co-constituted by the molecularisation/viralisation and atmospheric properties of life conditions in pandemic times (Mbembe 2021a, 2012b). Talking back to the pandemic power of 'brutalism' (Mbembe 2021b), as exercised by 'brutal' national and international governments, requires the rethinking of how we portray the crisis of managing COVID-19 in India alongside respiratory politics.

Rethinking the image of India (in Germany)

Who has the right to *breathe well*? (Selim 2022). I live and work in Germany, where popular everyday observations, conversations, images, and narratives often represent a public image of India that can be categorised as 'romantic' (India offering spiritual salvation for German tourists) or 'utilitarian' (India as a land of commercial opportunities for German investors). These representations in German public life are rarely politicised. Spirituality, yoga, Indian food, talented software programmers, business opportunities, and a cheap place for backpackers define the exoticised, orientalised, and commercialised images of India in the German context (Brosius and Goel 2006; Lütt 1998). This popular perception hardly engages with the raging personality cult of prime minister Modi, the ruling Hindutva ideology, and the unholy alliance of right-wing nationalism with the dogmas of neoliberal capital. Such image (and image-making) of India in Germany enables a kind of brutalism by obfuscating the complicity of global elites (including the EU Parliament and the German government) who benefit from the popular 'utilitarian' image of India, in supporting corporate investment, highlighting the profit German/European industries make in India, while failing to condemn the BJP

government's role in handling COVID-19 and brutally refusing universal access to vaccines.

Few Indophilic Germans are aware of (and still others take an active part in obfuscating) the fact that, despite repeated warnings from virologists and health experts of a second wave, the Modi government refused to take the necessary preparations (Reuters 2021). Instead, his government not only allowed but encouraged 'superspreader' events, such as temple inaugurations, mass gatherings for major religious festivals, and cricket matches. For instance, Deepa informed me that before the 2021 state elections in West Bengal, the Modi government organised several mass-attended election rallies without any safe breathing measures such as compulsory masking and adequate physical distancing.

At the height of the crisis of managing COVID-19 in India, author and activist Arundhati Roy emphasised the vital breathing element (oxygen) in her articulation of the pandemic:

> Oxygen is the new currency on India's morbid new stock exchange. Senior politicians, journalists, lawyers—India's elite—are on Twitter pleading for hospital beds and oxygen cylinders. The hidden market for cylinders is booming. Oxygen saturation machines and drugs are hard to come by (Roy 2021).

Figure 2. A caricature of the prime minister of India during the first and second waves of COVID-19. Image by Orijit Sen (2021), used with permission.

Later in 2021, India entered its third successive wave, driven by the unavailability of vaccines, reduced access to testing, and persistent failure of the central BJP government to put measures in place. All these factors have deepened the breathing inequalities to which Roy alluded. Millions in India suffering from COVID-19 (and its consequences) are still struggling to breathe: not only as afflicted, survivors, post-vaccination, or with long COVID, but due to an atmosphere of dyspnoea, as the result of suffocating social and political injustice (as too do the poor and marginalised in the global north).

The Indian health system can mobilise the necessary resources to help the affected and allow its people to exercise their right to breathe. But it does not. This is not because of a fundamental lack of resources or know-how; rather, it is because of a brutal refusal on the part of the neocolonial political elite. Their 'brutalism' (Mbembe 2021b) is further exemplified by their enthusiasm to build spectacular infrastructures (e.g., the construction of a palace for prime minister Modi and a new parliament building) that swallowed billions of Euros of the national budget at the height of the crisis in managing COVID-19 (PTI 2021).

A popular (and misleading) trope about the 'egalitarian' nature of the pandemic circulated widely within and across India and Germany, although this 'egalitarian nature' has been questioned since the beginning (Biswas 2020). Governmental responses to COVID-19 have deepened preexisting inequalities and made new forms of inequalities emerge, the framing of which requires new articulations, such as the 'breathing troubles' framework that I propose here. The 'displacement, starvation, and brutalization' (idem, 11–12) of the poor and the marginalised in India may have been the predictable results of the long legacy of structural violence, but pandemic inequalities are greatly accentuated due to the (lack of) interventions by a democratically elected, neocolonial, Hindu right-wing elite. By not condemning the BJP government's role in handling COVID-19 on the one hand, and by stating persistent reservations against a universal waiver of vaccine patent rights on the other, the EU Parliament and the German government remain complicit.

Conclusion

'We've been living the politics of breath' (Pratt 2020, 1). Pandemic inequalities are profoundly entangled with the trans/national politics of breath (Ibid.; Górska 2016). These inequalities are evident in 'who gets access to oxygen, respirators, ventilators and who does not; who are told to stay home, who are required to be exposed, who are trapped in crowded institutions, who can self-isolate, who are provided protection and who are not; who can get tested and who cannot' (Pratt 2020, 1).

'The virus could evolve today and trigger a pandemic tomorrow.' In his pre-COVID-19 'pandemic prophecy' articulations, Carlo Caduff (2015) featured 'the flu' as the 'paradigmatic threat of the future' (183). COVID-19—the (latest) flu triggered by the most novel coronavirus—is not the first pandemic, and it will not be the last. Numerous scientists from various fields of research have repeated this adage for quite some time. However, before COVID-19 took the public by surprise, not many had listened to their warnings.

The paradox of the non-recognition of perpetual pandemic realities runs deeper. Neither in India/South Asia nor Germany/Western Europe can we hide behind closed borders. Our shared misery on our divided planet demands solutions (the waiving of vaccine patent rights among others) that include the lived experiences and political grievances 'there' (India) and the critical questioning of the image of India from 'here' (Germany), which are embedded in the biopolitics of breathing. Thinking and articulating COVID-19 with a right to breathe approach politicises how we frame pandemic inequalities from and across our locations by understanding 'breathing trouble' as both a biopolitical process and a metaphor for the entangled global condition. As (scholar-)breathers, therefore, we need to understand breathing beyond its biological function, in asserting the rights we must have in common across geopolitical locations, as the 'universal right to breathe' (Mbembe 2021a, 61).

Pandemic inequalities multiply (in terms of the effects on mortality, economy, social services, access; the list continues) at the intersection of the politics of the 'local' (Indian/BJP-Modi), the 'global' (transnational dis/agreements over waiving vaccine patent rights), and 'everyday' realities (un)shared by the lived experiences of Deepa, my friend-interlocutor in Kolkata, India, and the ethnographer-I stuck in Berlin, Germany.[6] The saturation generated by the excess of empirical events (more often than not, of social injustice) cannot be understood (and transformed into social justice) without foundational political-economic actions of solidarity and widespread social movements for structural change. Yet the conceptual and ethical framing of the universal right to breathe may help us reattune ourselves to the fractal scales of spatial (geopolitics), temporal (Mbembe's dis/continuity of inequality; when and who gets access to what), and ethical (who has the right to breathe?) dimensions, providing a necessary breathing space amidst moments of anthropological despair.

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6   I thank the anonymous reviewer for a set of insightful comments that inspired me to articulate the concluding argument here more clearly.

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About the author

Nasima Selim is a writer, anthropologist, and educator. Her academic research and teaching interests include global health inequalities, healing practices, politics of breathing, affective ecologies, and public engagements in and across South Asia and Western Europe. She is a former physician and public health researcher affiliated with the James P Grant School of Public Health, Brac University, Bangladesh. Currently, she is a postdoctoral research associate with teaching duties at the department of anthropology of the University of Bayreuth, Germany. She is co-founder of the Public Anthropology working group of the German Anthropological Association. Her current ethnographic book project is titled *Breathing Hearts: The Politics and Practices of Sufi Healing in Berlin*. This Position Piece is an outcome of the preparatory phase of her postdoctoral research project, 'Who Has the Right to Breathe? The Politics of Respiration and More-than-Human Lifeworlds in South Asia'.

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