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How Pakistan's Terrible COVID-19 Response Forced Doctors Onto a Hunger Strike

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Pakistani authorities made a bad start to the coronavirus response, using the crisis to push through an IMF agenda of hospital privatization. Faced with protests by health professionals, the government immediately opted for repression — showing that it considers health care for the masses mere unnecessary spending.

On March 10, hundreds of health workers protesting in the province of Punjab were confronted by baton-wielding cops, ready to use force against the assembled crowds. Organized under the banner of the Grand Health Alliance (GHA), the protest in the city of Lahore called upon the government to halt plans to privatize the health sector and introduce US-style private insurance. As scuffles broke out between protesters and police, the government offered to negotiate with the GHA — momentarily diffusing the tense standoff.

In order to avoid an imminent bankruptcy, in May 2019 the Pakistani government signed a deal with the International Monetary Fund (IMF) that stipulated harsh austerity and cuts to social spending, including the health sector. As a result, the government formulated the MTI Act 2019 in August last year to carry out the privatization of the health sector but was unable to implement it due to a severe backlash from the medical community.

In early March 2020, as health workers were busy preparing for COVID-19, the government abruptly presented the bill in the provincial legislature of Punjab. This led to another round of protests from medical workers who felt the government was using a global emergency to push through its own narrow agenda. COVID-19 had been part of the global discourse for two months and was already devastating Italy — but the only discussion on health care in Pakistan was whether the government should follow the IMF's punitive orders to privatize the sector.

Pakistan has signed deals with the IMF over a dozen times before, on each occasion demanding that the government administer austerity, impose cuts to social spending, and make Pakistan "investment-friendly" for global capital. This has meant privatizing public entities, marketizing the transport and housing sectors, and cutting funding for health and education. Soon after the most recent deal was signed with the IMF, the government announced a 40 percent cut to funds for higher education, revealing its complete subservience to the interests of global finance. This, even as Pakistan's oversized military budget is seldom questioned, since it has provided a crucial service to imperialist interests in the region during the Cold War and the "war on terror." The result of this imbalance is that the capacity of the state to meet the basic requirements of its citizenry continues to be eroded, while the use of militarized violence to manage dissenting voices is on the rise.

The stranglehold of international financial institutions on the country's economy is a central feature of the context for the Pakistani state's woeful under-preparation when cases of COVID-19 began emerging. There continues to be a shortage of personal protective equipment (PPE), an issue raised

by leaders of the GHA in mid-March but ignored by the government and the media. But things began to change on March 22, when news broke that Dr Usama Riaz, a twenty-six-year-old physician from Gilgit-Baltistan, was in an intensive care unit, having contracted the virus after working with coronavirus patients without adequate equipment. The next morning, Dr Riaz passed away, becoming the most high-profile victim of the coronavirus in Pakistan at the time.

The news of his death amplified the concerns of health workers still working with inadequate protection despite multiple government promises of PPE. Tensions flared up again in the Western city of Quetta, where the Young Doctors Association announced a protest on April 7 to demand PPE for health workers. In an incredible turn of events, the police baton-charged the protesters, arresting fifty doctors for allegedly inciting the public against the government. The government was attacking its frontline workers in the midst of a pandemic — showing that the state is more afraid of organized collective action from below than of the deadly virus threatening society.

A few days after the incident in Quetta, a nurse working with COVID-19 patients died in the city of Gujrat. The government's refusal to test her for the virus led to condemnation from the GHA, alleging that the government was suppressing the news to avoid embarrassment and avoid having to pay compensation to the victim's family. When the government responded to these allegations and denied the widely acknowledged shortage of PPE, the leadership of the GHA announced a hunger strike camp at the health secretariat in the provincial capital of Lahore on April 16.

The hunger strike lasted for a week and a half, yet the government maintained a confrontational stance toward the doctors and claimed a lack of resources. The hunger strike ended with the arrival of the Islamic month of Ramadan as health workers and government officials entered a new round of negotiations. The protest camp finally ended on May 1 as the GHA reached an agreement with the Punjab government. The government agreed to investigate the death of the nurse in Gujrat, while it was agreed that a team of GHA officials will be formed to ensure that each health worker is able to acquire PPE. In a country where less than one percent of the workforce is unionized, the victory of health workers is now a symbol of workers' power — and a model for successful mobilization in the midst of a lockdown.

Class War From Above

The standoff reflects a much larger crisis of neoliberal capitalism in Pakistan, whereby an increasing number of people are becoming redundant from capital's point of view. And the clumsy manner in which the government announced a lockdown — offering no adequate protection for workers, or indeed any program for wealth distribution — has created a humanitarian crisis. A number of export-driven companies in the garment industry, manufacturing for European and US brands, illegally fired their workers during the pandemic. For example, Nishat Apparel, owned by Mian Mansha, arguably the richest man in Pakistan, dismissed nine hundred workers at the onset of the lockdown — claiming the company did not have enough resources to take care of its workers.

Whether it is health workers, factory labor, or daily wagers, the lockdown has pushed the entire working class toward a logic of disposability. On the one hand, this growing precariat no longer has enough resources to pay rent or acquire food or other basic necessities of life. On the other hand, the government is unable or unwilling to provide any significant welfare, with the existing health infrastructure unraveling rapidly in the midst of the crisis. A large section of the population is being forced to pick between hunger and disease — a morbid choice at odds with basic human dignity.

The government's refusal to move toward any semblance of wealth redistribution shows that, despite the chaos in society, structures of power and political economy remain immobile in Pakistan. In fact, Prime Minister Imran Khan announced a Rs. 100 billion (\$600 million) relief package for the

construction industry to “reopen the economy,” while his health minister continues to claim that there are not enough funds to provide PPE to all the doctors. The class war is now openly taking a fatal turn.

Militarized Control

Currently, Pakistan has more than twelve thousand confirmed cases of COVID-19, and the number is expected to rise dramatically over May — putting further strain on an already decrepit health care system. As the government refuses to take measures in wealth distribution, there are signs that society will be placed under further militarized control. A number of elite areas are already cordoning themselves off from poorer sections of society, placing heavily guarded check posts near working-class neighborhoods because of their fear of increased social strife.

The deepening of the existing spatial apartheid due to COVID-19 fits into a longer process of marginalization justified in the name of hygiene. In Lahore, the first urban check posts were built by the British at the Mian Mir Cantonment in the nineteenth century to keep locals away from British officers, who considered the former to be vectors of dangerous diseases. The nexus of hygiene, militarization, and apartheid then have a long history in South Asia — once again coming into sharp relief during the current crisis.

Moreover, the transformation of workers into surplus populations and the blurring of lines between health work and self-harm has produced an immense crisis of reproduction. With so many bodies exposed to hunger or disease, it is understandable that health is becoming a pivotal node of resistance against the onslaught of neoliberal capitalism globally. In fact, the Lahore protest camp has already become the center for activists including laid-off workers, feminists, teachers, journalists, and leftist students who have expressed solidarity with health workers.

Moreover, trade unions and grassroots organizations are raising funds to buy PPE for health workers and food rations for the unemployed, filling the void left by the government’s spectacular abdication of responsibility. At a recent press conference, Dr Salman Haseeb, leader of the Grand Health Alliance, paid glowing tributes to left-wing activists and trade unionists who supported health workers at a time when the government had declared war on its own frontline warriors. “All marginalized groups must work together in these difficult times,” he asserted, adding, “We are fighting for life under the dark shadow of death. We will win if we fight together.”

Such encounters between disparate sectors of the working population offer us hope for a new kind of politics. They show that a world shaped by manufactured scarcities and policed by authoritarian states can be replaced by one rooted in solidarity and democracy. These acts of defiance in poorer countries such as Pakistan must be linked with progressive and anti-imperialist movements in the Global North to build a global campaign against the parasitic hold of international financial institutions and for the universal right to health care. The current crisis teaches us that this necessary alliance must be forged soon, as humanity is running out of time.

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