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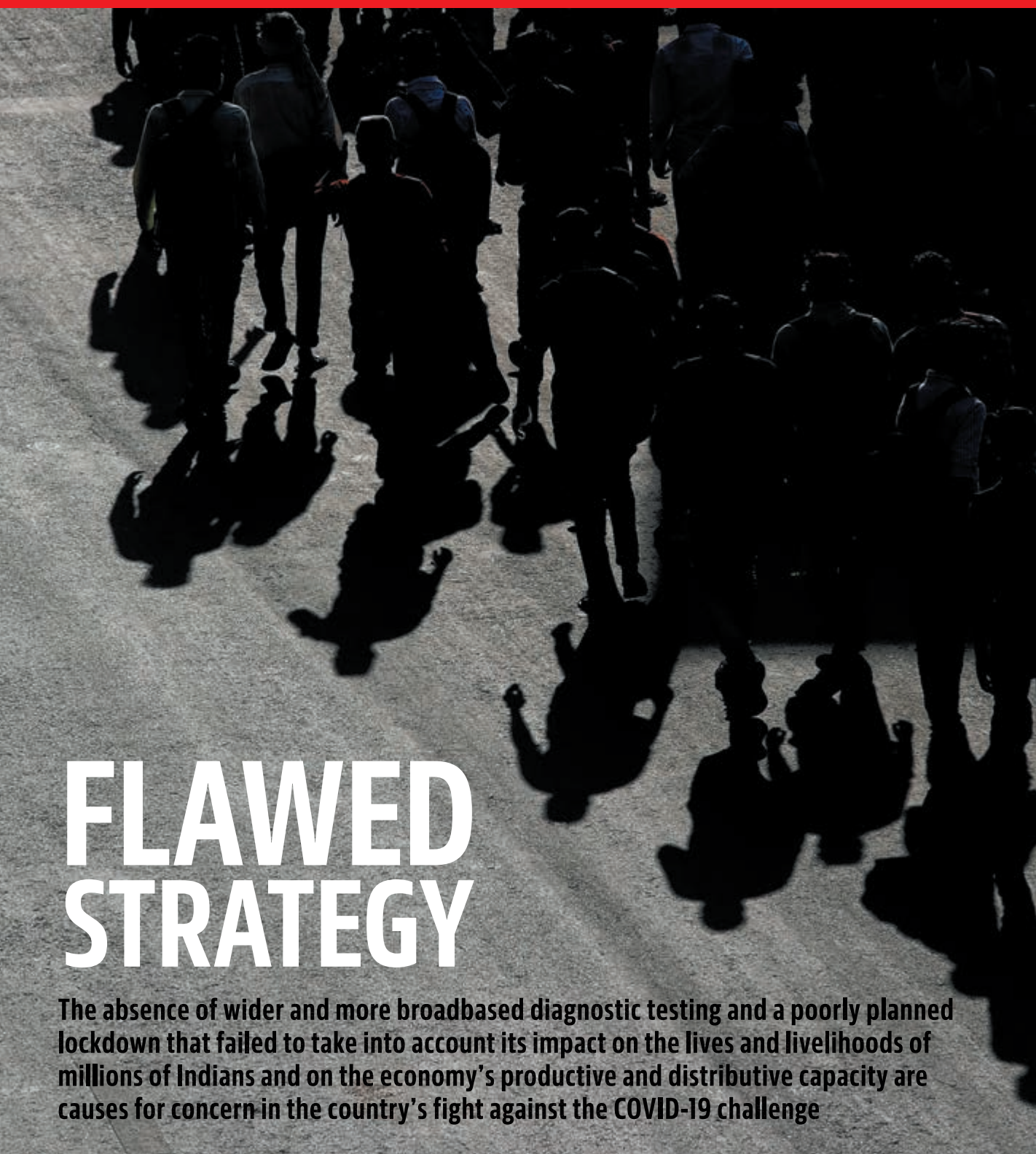
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FLAWED STRATEGY

The absence of wider and more broadbased diagnostic testing and a poorly planned lockdown that failed to take into account its impact on the lives and livelihoods of millions of Indians and on the economy's productive and distributive capacity are causes for concern in the country's fight against the COVID-19 challenge

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Chasing the virus

While COVID-19's onslaught has laid low the mighty United States and much of the developed world, in India there are differing perceptions on the 21-day lockdown strategy, which includes a low rate of testing, and its effectiveness in containing the infection. **4**

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On the Cover

Migrant workers walk to their distant villages following the announcement of the lockdown, in New Delhi.

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The Prime Minister's histrionics do not make up for his government's failure to respond effectively and in time to the COVID-19 crisis. **10**



The failure to detect, trace and isolate infected persons in the nearly two-month-long lockdown window reflects the government's irresponsible handling of the crisis. **19**



"Pandemics are inevitable and very costly," says David Quammen, author of "Spillover: Animal Infections and the Next Human Pandemic". An interview. **62**

ANNOUNCEMENT



Dear Readers,

The COVID-19-induced lockdown has changed our lives in unimaginable ways. India's print medium is no exception. For the first time in the 35-year history of Frontline, an issue of the magazine remains locked down in a press in Hyderabad. Our circulation team's efforts to take it to our subscribers and other readers could not succeed in the face of the unprecedented restrictions placed on the movement of people and goods across India. The April 10 issue (cover above), which has a comprehensive cover story package on the COVID-19 outbreak, could not be distributed owing to the lockdown. Again, for the first time in the distinguished history of the magazine, we have no option but to withhold printing of the April 24 issue. This e-book, with fewer number of pages than usual, will be distributed to our subscribers. The inconvenience is regretted.

Stay safe.
Editor, Frontline

COVER STORY

CHASING THE VIRUS

While COVID-19's onslaught has laid low the mighty United States and much of the developed world, in India there are **differing perceptions** on the 21-day lockdown strategy, which includes a low rate of testing, and its effectiveness in containing the infection. BY **R. RAMACHANDRAN**

AT THE TIME OF WRITING, THE TOTAL number of COVID-19 cases across the globe had crossed the 1 million mark and the epicentre of the pandemic, four months after it emerged in Wuhan, China, in December 2019, has moved from Europe (Italy) to the United States. The biggest economic power in the world is reeling under the impact of the disease with 3,11,544

confirmed cases and 8,488 deaths (as on April 5) even with stay-at-home advisories and physical distancing measures in place. It is feared that 100,000 to 200,000 could die from the disease in the U.S. In comparison, India's case load and death toll have been pretty much on the lower side, with 3,374 cases and 77 deaths (as on April 5).

On March 24, following an announcement by Prime Minister Narendra Modi the whole country went into a 21-day lockdown period beginning March 25. This was beyond the various non-pharmaceutical interventions (NPIs)—such as closure of schools and other educational institutions and selected workplaces, restrictive social measures such as physical distancing, stay-at-home/work-from-home advisories, avoiding mass gatherings, specific hygienic practices and a two-week self-quarantine by people with fever and cough—which were put in place gradually fairly early on since March 5. Obviously, preventing close contact among people through such measures without resorting to lockdown, slows down human-to-human transmission of the virus and as such the rate of increase in the case load would have come down, as was achieved in South Korea, Taiwan, Singapore and Japan. (In the wake of a consistent increase in the number of cases for two weeks, the Singapore Prime Minister announced a month-long partial lockdown, or what he calls “circuit-breaker”, to break transmission chains.)

It would seem, however, that a slight hike in the rate of increase in the number of confirmed cases from 12-15 per cent in early March up to March 17/18 to consistently over 20 per cent for the following six days (Figure 1) may have made the government press the panic button without probably looking at the real cause of that hike. Had there been a wider and broad-based diagnostic testing approach, the epidemiological cause may have shown up but despite the World Health Organisation's (WHO) advice to affected countries to ramp up testing, testing remains woefully sub-optimal, at around 20 per million population. Had the level of testing been adequate, appropriate measures could have been taken to contain the infection and prevent the large increase in the number of cases needing hospitalisation and intensive care. So, with a strategy that was not anchored to widespread testing, lockdown was perhaps seen as the only viable alternative to prevent the rapid spread of the contagion. The Indian Council of Medical Research (ICMR) presumably had rational medical arguments in the Indian context to advise the government thus.

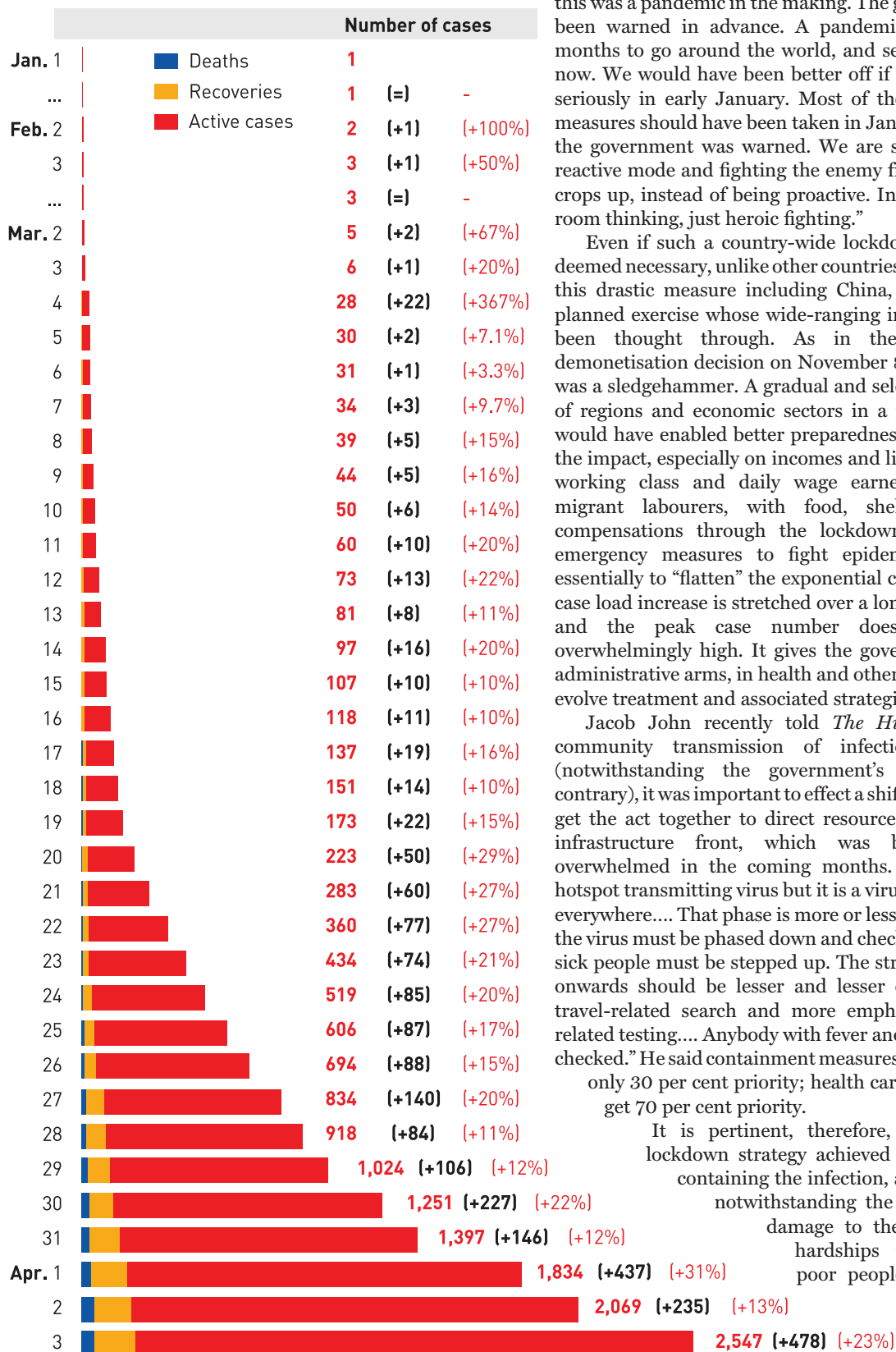
T. Jacob John, the noted virologist who was formerly with the Christian Medical College (CMC), Vellore, told Anadolu Agency, a Turkey-based international news

MIGRANT WORKERS along with their families waiting to board buses to return to their villages, in Ghaziabad, on the outskirts New Delhi, on March 29.



GETTY IMAGES

COVID-19 cases in India



Source: Wikipedia/MoHFW

agency: “India lost a good lead time when we knew that this was a pandemic in the making. The government had been warned in advance. A pandemic needed three months to go around the world, and see where we are now. We would have been better off if we had taken it seriously in early January. Most of the precautionary measures should have been taken in January itself when the government was warned. We are still mainly in a reactive mode and fighting the enemy from wherever it crops up, instead of being proactive. India has no war-room thinking, just heroic fighting.”

Even if such a country-wide lockdown was indeed deemed necessary, unlike other countries that have taken this drastic measure including China, this was not a planned exercise whose wide-ranging implications had been thought through. As in the case of the demonetisation decision on November 8, 2016, this too was a sledgehammer. A gradual and selective lockdown of regions and economic sectors in a phased manner would have enabled better preparedness and mitigated the impact, especially on incomes and livelihoods of the working class and daily wage earners, particularly migrant labourers, with food, shelter and cash compensations through the lockdown period. Such emergency measures to fight epidemics are taken essentially to “flatten” the exponential curve so that the case load increase is stretched over a longer time period and the peak case number does not become overwhelmingly high. It gives the government and its administrative arms, in health and other sectors, time to evolve treatment and associated strategies.

Jacob John recently told *The Hindu* that with community transmission of infection established (notwithstanding the government’s stand to the contrary), it was important to effect a shift in strategy and get the act together to direct resources on the health infrastructure front, which was bound to get overwhelmed in the coming months. “This is not a hotspot transmitting virus but it is a virus that transmits everywhere.... That phase is more or less over.... Chasing the virus must be phased down and checking the virus in sick people must be stepped up. The strategy from now onwards should be lesser and lesser efforts paid for travel-related search and more emphasis on illness-related testing.... Anybody with fever and cough must be checked.” He said containment measures should be given only 30 per cent priority; health care testing should get 70 per cent priority.

It is pertinent, therefore, to ask if the lockdown strategy achieved its objective of containing the infection, at least for now, notwithstanding the huge collateral damage to the economy and hardships to millions of poor people. Simple logic

tells us that it should have by slowing down the virus transmission drastically. Many modelling studies have shown how the widespread but planned and phased lockdown in China imposed on January 23 succeeded in first preventing the spread of the virus from Ground Zero at Wuhan in Hubei province to other provinces and then in bringing down the overall case rate in the country.

The lockdowns across China have been eased with Hubei being the last province to lift restrictions in a phased manner from March 22. The number of new cases in Hubei has dropped to practically zero a day. This is true of other provinces, too, where easing of restrictions began in February itself, as Imperial College epidemiologists observed in a recent study, though it is too early to judge the course of case load in the months to come. It remains to be seen if easing of extreme restrictive measures results in the emergence of a second wave of infections.

SECOND WAVE

“[W]e need to be alert for a potential second wave of infections,” *Nature* has quoted Ben Cowling, epidemiologist at the University of Hong Kong (HKU), as saying. According to him, if a second wave does come, it should happen by April end. One modelling study in the United Kingdom suggests that physical distancing measures, such as closure of schools and other educational institutions, may be needed for extended periods to keep the number of severe COVID-19 infections low. But China has kept its extensive testing and contact tracing in place, and if that strategy proves the model wrong and is able to avoid the need to prolong such measures, it could be a lesson for other countries to follow.

But, given the high infectivity of SARS-COV-2, the risk of new outbreaks in China is not low and many cases are out there undetected, Gabriel Leung of HKU told *Nature*. He said one lockdown might not be enough; severe measures to suppress the second wave might be needed. The virus, he said, would have difficulty in re-establishing itself if 50-70 per cent of the people had been infected and were now immune. According to him, even in Wuhan this number is probably only around 10 per cent, which means that a large chunk of the population is still susceptible to the infection.

In India, too, for six days after the lockdown (which seems to have been, however, greatly unplanned), the rate of increase in the case load did drop from 20-odd per cent to 15-16 per cent until a cluster of cases began to emerge from different parts of the country of people who attended a religious congregation called Tablighi Jamaat at the Nizamuddin Markaz Mosque in South Delhi during March 13-15, and their contacts. The surge of cases linked to the Tablighi Jamaat seems to mask the decline in the rate of increase in the number of cases after March 30 owing to the lockdown and has, in fact, resulted in an increase in the rate.

About 2,000 people, including 200 foreigners, many of whom had come to India as early as March 8, attended



A MOTORIST RIDES THROUGH a disinfection tunnel in Chennai on April 5.

the Jamaat congregation. The cases linked to it started showing up after the known average incubation period of about two weeks. The sudden increase in the number of cases in Telangana, Tamil Nadu and Delhi were traced to the attendees of this meeting. The fact that the meeting was allowed to take place points to a gross failure on the part of the law-enforcing authorities in the capital in implementing the Delhi government's March 13 order against large gatherings (of more than 200 people) in the wake of the pandemic.

Also, the directive from the Ministry of Health and Family Welfare Ministry (MoHFW) for 14-day home isolation and self-quarantine for all travellers coming into India was issued only on March 18, three days after the congregation. The earlier order for 14-day home/self-quarantine, issued on March 10, was only for visitors and tourists from select countries with a significant number of COVID-19 cases. While some of the passengers did indeed come from these specific countries, a large number of them came from countries such as Indonesia, which were not among the specified countries. Had the government been more aggressive and proactive in

With a strategy that was not anchored to widespread testing, lockdown was seen as the only viable alternative to prevent the rapid spread of the contagion.

containing the spread by enforcing the 14-day quarantine on *all* passengers arriving in India from the beginning of March itself, and not on March 18, the Nizamuddin mosque would not have emerged as the coronavirus hotspot. From this perspective, initiating criminal proceedings against all foreigners who attended the gathering would seem highly misplaced.

MORE LOCKDOWNS MAY HELP

A recent modelling study by Ronojoy Adhikari of the Institute of Mathematical Sciences (IMSc) and Rajesh Singh of Cambridge University looks at the impact of measures restricting physical and social contacts, including the 21-day countrywide lockdown. Unlike similar modelling studies on other countries, notably China, this study takes into account the particular age and social contact structure one obtains in India. The latter includes such aspects as three-generation households where children and grandparents live together, which gives rise to the possibility of substantial transmission between the first and the third generation given that the virus impacts the elderly severely. The paper points out that models that do not resolve age and social contact structure cannot capture the differential impact of each one of the measures enforced in India. The model makes the idealistic assumption of absolute absence of all social contacts and strict compartmentalisation, save household ones, and lockdowns are incorporated by total “switching off” of infection spread because of which the case load will decline immediately following a lockdown.

The study concludes that the 21-day lockdown is of insufficient duration to prevent resurgence. “Alternative protocols of sustained lockdown with periodic relaxation can reduce the infection to levels where social contact tracing and quarantining may become effective,” they write. The duo’s analysis further shows that a second lockdown of 28 days with a five-day gap cannot prevent the exponential resurgence after the 54-day period. Three successive 21-day, 28-day and 18-day lockdowns spaced by five-day gaps between them can bring down the case load per day to under 10 by June 10. But a more sustained single 49-day lockdown can bring down the case number to that level by May 13 itself.

But as Gautam Menon of IMSc and Ashoka University has pointed out in his article in *The Wire*, all models make assumptions that one does not obtain in the real world; in this case, continued exposure to infection due to departures from the strict no-contact assumption. In an email response to a query from *Frontline*, Adhikari said: “Our model is general, but has been used to construct a best-case scenario: social distancing is assumed to be instantaneous and complete in all spheres of contact other than the home. This provides an epidemiological lower bound [to the morbidity and mortality numbers], just as the unmitigated epidemic scenario... provides upper bounds.... Mathematical models provide if-then scenarios, but policy decisions must take into account, amongst others, economic,



B. JOTHI RAMALINGAM

TAMIL NADU security personnel stitching face masks at Egmore in Chennai on April 1.

medical, social, and ethical considerations.”

A containment model with leaky compartments would have predicted that the numbers would continue to increase before beginning to drop, as ground data show. Since leakages of different magnitude at different strata of society—such as slum clusters and migrant labourers—would exist given the social realities in India, predictions of this and other models, on the basis of idealised assumptions as they invariably are, can only be guiding posts for NPIs at different points of time. Another problem with this model, Gautam Menon points out, is that it ignores asymptomatic infections, evidence for which is available in different parts of the world. Therefore, we need to watch the progression in the spread of infection in the coming days up to April 15, and how the government plans the exit strategy, about which there has been no word so far.

But what is puzzling is that, despite the low level of testing and the consequent non-reliability of case load data, why do the numbers in India continue to be low with the slope of the exponential only marginally steeper than the linear growth compared with the steep growth rates observed in other countries? According to worldwide data, particularly from extensive studies in China, we know that nearly 85 per cent of infections cause only mild symptoms from which patients recover soon by isolation and quarantine. About 15 per cent require hospitalisation and intensive care, a third of which die, most of whom belong to the age bracket of 60 and above. Of course, given the demographics in India with only 8.5 per cent in that age bracket, the fraction of deaths could be lower than a third but not significantly because China too has a low proportion (10.8 per cent) of elderly.

While much of the 85 per cent of the actual case load

(not to mention the asymptomatic carriers at any given point of time) are being missed because of inadequate testing in the population and, therefore, would be below the “very low aperture testing radar”, the 15 per cent requiring hospitalisation, with a significant number requiring intensive care, would “not be sitting at home”, as the public health professional N. Devadasan observed in his April 1 article in *Scroll.in*, but would present themselves in hospitals even if they had been missed by the narrow testing criteria of travel abroad and/or links identified by contact tracing from a known case.

For a country with a large population such as India, 15 per cent of patients with severe respiratory problems will not be a small number given the projections of huge numbers. For example, modelling by scientists at Johns Hopkins University, U.S., in association with the U.S.-based Centre for Disease Dynamics, Economics & Policy (CDDEP) led by Ramanan Laxminarayan, with the so-called IndiaSim model predict 1-2.5 crore infections between March and August, and some 90,000 cases requiring hospitalisation in Uttar Pradesh alone.

A third of the latter figure (or marginally lower) implies a huge number of deaths, which cannot go unnoticed. But there is no evidence of any noticeable surge in the number of hospitalisations or deaths. Given this situation, Devadasan argued that perhaps India overreacted to the emerging scenario without paying attention to what data indicated. But his argument of overreaction is in hindsight. Severe NPIs would be needed given the world scenario, if not complete lockdowns. Nevertheless, with the missing higher than normal rate of hospitalisation and deaths with respiratory complications, the question remains whether there is any uniqueness about the Indian population that the numbers have remained low.

Extrapolating from the past experience of low incidence of SARS (caused by SARS-COV-1 virus) in India in 2003 compared with other nations, it has been argued by media commentators that perhaps the innate immunity of the Indian population against coronaviruses arising out of its unique genetic make-up may be the reason for that. Of course, arguments such as anti-correlation between malaria prevalence and COVID-19 incidence and between level of BCG vaccination and COVID-19 incidence have been making the rounds in social media. But these are not based on hard data or analysis.

UNIQUE MUTATION

However, scientists from the International Centre for Genetic Engineering and Biotechnology (ICGEB) in a recent paper posted on the preprint repository biorXiv.org make an interesting observation. By comparing the published genome sequencing details of the novel coronavirus from its isolates in India, Italy, the U.S., China and Nepal as well as the genome data of the related viruses, SARS-COV-1 and MERS, they find that of these seven genomes only the Indian virus isolate has a unique mutation in the structure of the spike surface

glycoprotein S that binds to a particular receptor molecule in the human cells and helps the virus evade the host immune system to proliferate and cause disease. More interestingly, of the 51 microRNAs that one finds in the human host system, one particular microRNA termed hsa-miR-27b has the capacity to recognise this particular mutation in the viral genome and trigger an immune response.

MicroRNAs are small non-coding stretches of RNA molecule (about 22 nucleotides long) found in plants, animals (including humans) and viruses that are now increasingly understood as having an important role in host-virus interaction. Specifically, they can alter the viral gene expression and have the potential to control the pathogenesis of an invading virus if there are appropriate molecular targets that these microRNAs can recognise and latch on to and interfere with the viral replication process. The ICGEB scientists have found that the unique mutation in the Indian isolate of SARS-COV-2 is a potential target to which the human host's microRNA hsa-miR-27b can bind. Whether this particular host-virus interaction does offer any immune protection remains to be seen by studying many isolates of the Indian strain.

Rahila Sardar, one of the authors of the paper, is quick to point out that neither the paper nor the authors are claiming that the Indian virus is of low virulence and the Indian population can mount an effective immune response to it. “From the analysis of genome data of a single isolate, we cannot make any such claim,” she said. “We analysed only one genome sequence because, of the two genome data of Indian isolates available in the public database GIASID (Global Initiative on Sharing All Influenza Data) only one has better coverage of nucleotide sequences. We need more sample isolates to see if this mutation is common to all their genomes,” she said.

RNA viruses, such as SARS-COV-2, mutate often because the process they employ for replication is highly error-prone and their genomes accumulate these mutations during every replication cycle as the virus proliferates into millions of copies in the host system.

So one cannot conclude anything from a unique mutation observed in a single isolate. It would make sense only if the mutation turns out to be stable and is seen in a large number of isolates of a particular strain of the virus. Of course, this raises the question why more isolates of the Indian SARS-COV-2 strain were not studied and their genome data published. This would be of importance for evolving appropriate therapeutic intervention strategies in the Indian context.

So, such “feel good” arguments are of not much use during a pandemic caused by a highly infective virus, although there is certainly a need to epidemiologically understand the apparent low incidence of the disease in India. Is it because of the NPIs put in place early on or are there other factors at play? We do not know yet. Meanwhile, at an individual and societal level we need to observe all advised precautions to keep the virus at bay. □

Symbolism vs substance

The Prime Minister's histrionics do not make up for his government's **failure to respond effectively** and in time to the COVID-19 crisis.

BY VENKITESH RAMAKRISHNAN AND PURNIMA S. TRIPATHI

WHEN PRIME MINISTER NARENDRA MODI indicated on the evening of April 2, after a video conference with the Chief Ministers of various States, that his next COVID-19-related address to the nation would be at 9 in the morning instead of the usual television prime time of 8 p.m., sizable segments of the political class, the bureaucracy and the media in the national capital sought to interpret it as a sign of course correction. A key point that came up repeatedly in the discussions within and between these groups was that the Prime Minister and his team had learnt their lesson from the mayhem that broke out after his second COVID-19-related address to the nation, delivered at 8 p.m. on March 24, 2020, and had grasped the massive humanitarian and economic cost of that late evening pronouncement.

The announcement of a 21-day lockdown from the midnight of March 24 in that address allowed the people just four hours to prepare for the lockdown. This narrow window defeated the very purpose of the lockdown as lakhs of people, mainly migrant workers, started thronging public transport facilities and took to highways in order to somehow make their way back home. If the professed aim of the lockdown was to strengthen social distancing, that objective lay in tatters as people started moving across the country in huge numbers.

Many senior officers in certain key Union Ministries whom *Frontline* interacted with admitted that the situation was "hideous" and "grotesque". The Prime Minister, in his radio programme Mann Ki Baat, later apologised to the people for the difficulties caused by the lockdown but asserted that he had no other choice in the matter. Sections of the bureaucracy and the political class, including leaders of the Bharatiya Janata Party (BJP) and its allies in the National Democratic Alliance perceived this qualified apology and the April 2 video conference with Chief Ministers, where he sought their suggestions on planning a "staggered unlockdown", as pointers to an emerging course correction. Modi's choice

of 9 a.m. for his address to the nation was understood as an indication that he now wanted to give more time for the people to adapt to any tough measures that might be necessary in handling this crisis.

When the address actually happened, however, it was clear that the change of timing had nothing to do with either a "course correction" or with any consideration of allowing the country more time to adjust itself to tough measures. In form and content, the "morning show" was very much like the two earlier addresses. Bereft of any detail and information on what the government was planning in order to meet the COVID-19 challenge, all three addresses relied heavily on histrionics supplemented by exhortations to the people to make symbolic gestures ostensibly aimed at underscoring national unity. None of the addresses had anything concrete on how to tackle the pandemic and lessen its medical, social and economic costs for the people.

An economic package of Rs.1.7 lakh crore was indeed announced, but there were early signs, from the way it was rolled out on the ground, that it would turn out to be a tardy and ineffective measure. Several observers of economic policy have pointed out that the package is essentially a rehash of several other welfare projects announced in the past and contains nothing that specifically addresses the conditions created by the pandemic.

The 9 a.m. "morning show" of April 3 turned out to be an appeal to the people to switch off their lights at 9 p.m. for nine minutes on Sunday, April 5, and light lamps at their doors or balconies. "You are not alone, no one is alone in the fight against Coronavirus. The light from the lamps will show that we are together in this battle," Modi said. This was indeed of a piece with what the Prime Minister had come up with in his first address on March 19, in which he announced a "janata curfew" on March 22 and asked people to clap, ring bells or clang utensils to show appreciation for the health workers battling the virus at great personal peril.



PRIME MINISTER Narendra Modi lights a lamp as he appeals to the people to show a gesture of unity in the fight against COVID-19, in New Delhi on April 5.

At their core, all the three addresses reflect the policy paralysis, in conception and practice, that the Modi government has displayed right from the early days of the pandemic, with its piecemeal measures and knee-jerk responses. The histrionics underscored the government's, and particularly the Prime Minister's, penchant for using theatrics to gloss over and cover up governance mismanagement and its consequences. Each one of these performances revived memories of the demonetisation move of 2016 and the rhetoric that Modi used to justify it—one of the claims being that it was drive to eradicate black money.

COMMUNAL MASK

Meanwhile, the Sangh Parivar led by the Rashtriya Swayamsewak Sangh (RSS), the ideological apparatus that guides the Modi government, has been pushing a

communal campaign. Its object is clear—to cover up for the government's failures in combating the pandemic. A blatantly anti-Muslim communal propaganda on social media blames the minority community for the spread of the virus. The alarming spread of the virus following the Tablighi Jamaat congregation at Nizamuddin in Delhi, over the second and third weeks of March, is central to this campaign. The campaign carefully omits to mention that the Union Home Ministry had given permission for the congregation. It is also silent on the fact that the Union government was, right from January, in possession of the warnings on the COVID-19 threat that the World Health Organisation (WHO) had been issuing and yet allowed the congregation. The campaign is silent, too, on the Maharashtra government's exemplary intervention in the same period to the cancel permission granted for a similar Tablighi Jamaat event in Vasai, barely 50 kilometres from Mumbai. A similar action in Delhi could have prevented the spreading of the contagion.

The Modi regime's governance failures and administrative mismanagement in countering the pandemic are in fact being increasingly exposed. Official records and the ruling party's proclamations show that the government ignored early warnings. It became apparent as early as December 2019 that the novel coronavirus spreads faster much more lethal than viruses that trigger ordinary flu, which warrants quick action to contain it. All that the Indian government did in January was issue a travel advisory for only Wuhan, the province in China where the virus first appeared. This, despite India and China sharing a long border and close business and trade relations that necessitate constant interaction between the people of the two countries. The government sent Air India flights to evacuate Indian students stuck in Wuhan, but it did not close its borders or cancel travel between the two countries. It only issued instructions for thermal screening of passengers coming from China at seven international airports. Failing to realise that international travellers coming in from other countries could also have been possibly infected, given China's global footprint, India continued to allow international travel from other countries without any meaningful monitoring.

India's first case of novel coronavirus infection was reported on January 30, the day the WHO declared COVID-19 as a Public Health Emergency of International Concern. Yet, the entire month of February was wasted in frenzied debates and communal campaigns around the protests against the Citizenship (Amendment) Act, leading to unprecedented riots in Delhi. Amidst all this, the Modi government hosted United States President Donald Trump. The entire government machinery in February was engaged in the perception battle on social identities and with holding banquets for the U.S. First Family. By then, the virus had taken hold in Iran, Italy and South Korea, people were already dying in large numbers, and health-care systems were collapsing.

It was only in March that the government came up with some action. On March 3, the government suspen-



PTI

PEOPLE CLANGING UTENSILS to show gratitude to helpers and medical practitioners fighting the coronavirus, in New Delhi on March 22.

ded issuing visas and cancelled those already issued to people from Italy, Iran, South Korea and Japan. On the next day, it made thermal screening compulsory for passengers in all international airports. As late as March 13, when the country had already seen 81 positive Coronavirus cases (among the affected were a Canadian tourist and a group of 16 Italian tourists), the government was still claiming naively that there was no community transmission and that the cases were sporadic and limited to people in contact with international travellers. Luv Agrawal, Joint Secretary in the Health Ministry, claimed in his daily briefing to the media on that day that it was not a public health emergency at all.

Meanwhile, the political apparatus of the ruling dispensation, especially a team led by Home Minister Amit Shah, was engaged in plotting the downfall of the Kamal Nath-led Congress government in Madhya Pradesh. Jyotiraditya Scindia was weaned away from the Congress, along with 22 legislators loyal to him, making it impossible for the government to survive. A protracted operation culminated in the formation of a BJP government, with Shivraj Singh Chauhan in again as the Chief Minister.

As these political games were played out, the government showed the first signs of waking up to a medical emergency and issued an advisory for social distancing until March 31. An announcement on setting up an economic task force was also made, apparently to monitor the economic fallout of the crisis. The government put all its Central armed police forces on standby in battle mode and closed all educational institutions and prohibited mass gatherings of any type.

LACK OF PLANNING

But as lakhs of migrant labourers spilled out on the roads in a desperate attempt to head back home in distant parts of Bihar, Uttar Pradesh, Rajasthan, Madhya Pradesh, West Bengal and Odisha, it was clear that there was little or no planning behind the lockdown decision.. In con-

trast to the Indian government's failure to anticipate a panic-driven mass exodus, South Africa, with a population size much smaller than India's, had given 72 hours' notice to its people to move around and settle before the lockdown. It was also evident that the Centre had not taken the State governments into confidence about the decision ahead of the Prime Minister's television prime time announcement.

Social activist and Swaraj Abhiyan president Yogen-dra Yadav pointed out that the COVID-19 situation was not exactly like an earthquake where the response is necessarily *post facto*. "India announced a nationwide lockdown a full eight weeks after China did it in Wuhan, four weeks after Italy enforced it in some regions, and two weeks after the countrywide lockdown in Italy. That is a lot of time to think and plan," he said. He added that the failure to include agricultural equipment and farm operations in the first list of exceptions during the lockdown, which came during a harvesting season, showed that there was no plan of action for labourers in the unorganised sector."

PIECEMEAL STRATEGY

The lack of planning was visible on other fronts, too. In a series of desperate measures, the government asked automobile manufacturers to start producing ventilators, prodded the Defence Research and Development Organisation (DRDO) to produce protective personal equipment (PPE) for health-care professionals, and hurriedly converted train coaches into isolation wards for Corona patients. As late as March 24, the government hurriedly picked eight vendors for producing testing kits. Out of these eight, only two are functional at present.

One consequence of the government's not having acted in time is that health-care workers are forced to work without proper protective gear. Doctors, nurses and other health-care personnel are forced to wear raincoats and sunglasses in order to protect themselves from infection. This has created widespread outrage among health-care workers across India. Doctors have started protesting in Srinagar, Punjab and Delhi. In Delhi's Hindu Rao Hospital, several doctors and nurses have resigned in protest and a panic-stricken government, instead of listening to their concerns, has issued orders for disciplinary action against them.

Now that the government has finally woken up to the need for better policymaking and planning in the health-care sector, especially at the level of production and distribution of medical devices, drugs, protective equipment and manpower training, it has asked the NITI Aayog to prepare a road map. The NITI Aayog has reportedly started working on one for the pharmaceutical and biotechnology industry. It has started looking at ways to enhance India's relative performance *vis-à-vis* the world's and is also listing measures that can create a conducive R&D environment to foster development of innovative drugs, promote genomics and suggest changes for restructuring the current regulatory mechanism.



GETTY IMAGES

ON THE WAY TO BUY MILK during the lockdown, in New Delhi.

The government has also asked the NITI Aayog to suggest high potential segments in the medical devices sector, and suggest ways for augmenting investment in R&D. It has asked the planning body to suggest ways to ensure that the number of students studying chemistry, biotechnology, and genetics can be increased in premier institutions such as the Indian Institutes of Technology (IITs) and the Indian Institute of Science (IISc) by at least three times in the next three years so that trained manpower is available in these sectors. The NITI Aayog has been asked to submit these papers within three months. But given the pace at which government systems work, it is anybody's guess how long the process will take to reach the implementation stage.

THE OPPOSITION'S ROLE

Opposition parties have generally been responsible in their reactions to the crisis. The overall reaction to the Prime Minister's March 19 appeal was positive, with almost all political and social organisations supporting the idea of the "janata curfew", essentially in solidarity with the idea of social distancing. However, the April 3 "morning show" drew criticism in both political and social platforms. Political parties drew attention to the fact that Modi had failed to address the social and economic concerns that had emerged as a consequence of the lockdown and the immense human cost that it entailed.

The five Left parties— the Communist Party of India (Marxist), the Communist Party of India, the Communist Party of India (Marxist-Leninist)-Liberation, the Revolutionary Socialist Party and the All India Forward Bloc—issued a statement demanding that the government "attend to people's concerns on a war-footing". The statement pointed out that many of the problems caused by the lockdown should have been anticipated and that the government had failed to put in place remedial action before the announcement of the lockdown. It added that crores of people had lost livelihoods and that the exodus of migrant workers from urban centres had shown the

impact of the sudden lockdown on livelihoods. It also emphasised the need for arresting widespread hunger and malnutrition, which would make people susceptible to infection during an epidemic.

The Left leaders also demanded that the harvesting of agrarian produce should be facilitated and sought liberal financial assistance to State governments which were in the front line of relief activities. The statement underlined that most of the State governments were facing financial crunch. The signatories to the statement were Sitaram Yechury, CPI(M) general secretary, D. Raja, CPI general secretary, Dipankar Bhattacharya, CPIML general secretary, Debabrata Biswas, All India Forward Bloc general secretary, and Manoj Bhattacharya of the RSP.

Former Finance Minister and Congress leader P. Chidambaram reminded the Prime Minister that "serious thought to ideas and measures" was as important as symbolism. "Every working man and woman, from business person to daily wage earner, also expected you to announce steps to arrest the economic slide and re-start the engines of economic growth. The people are disappointed on both counts." His colleague Shashi Tharoor called Modi a "Photo-Op Prime Minister". "Listened to the Pradhan Showman. Nothing about how to ease people's pain, their burdens, their financial anxieties. No vision of the future or sharing the issues he is weighing in deciding about the post-lockdown. Just a feel-good moment curated by India's Photo-Op Prime Minister!" he tweeted.

Trinamool Congress leader Mahua Mitra told the media that Modi's address was both "callous and criminal". She pointed out that a fiscal package to protect poor workers should have preceded the symbolism of switching off electric lights and lighting lamps. "We can have all the symbolism that you want after taking care of people's hunger and lack of access to basic resources," she said.

Reports from the ground underscore the importance of urgent economic initiatives to stave off hunger and starvation. In several districts of Uttar Pradesh, Bihar and Jharkhand, *Frontline* found that the Rs.5,000 promised as part of the relief package to Jandhan account holders, below-poverty-line and unorganised workers had not been transferred even by the first week of April. Shortage of foodgrains and lack of access to proper health care facilities have started taking a toll on migrant and unorganized-sector workers who have travelled from various parts of the country towards their home town. Effective and hygienic quarantine facilities are also lacking in many States.

Amid the rising impact of the pandemic, these gross deficiencies in terms of policy, programmes and practical implementation add to the potential medical, social and economic perils India is facing. Indeed, India has not reached that stage of pandemic in which developed countries like the U.S., Italy and Spain find themselves in. Yet the fact remains that the Modi government's misplaced priorities have made India lose precious time in which it could have geared itself to face the crisis with a fair degree of success. □

Economy in deep freeze

The Indian government has failed not only to address the health emergency posed by the virus but address the **cataclysmic impact** it would have on lives, livelihoods and productive capacity. BY V. SRIDHAR

AS COVID-19 RAGED, COUNTRIES ACROSS THE world went into an unprecedented lockdown of their economies, triggering the biggest economic crisis since the Great Depression. And, as almost every affected country whipped out an immediate package of relief and support, India under Prime Minister Narendra Modi remains inexplicably committed to fiscal fundamentalism.

A grossly inadequate “relief” package and a monetary policy initiative that is destined to fail have been the only steps taken by a grossly unprepared government.

Heart-rending visuals of masses of migrants walking desperately to their villages hundreds of kilometres away after the sudden lockdown—possibly the biggest wave of mass migration in India since Partition—were not enough to move the government to unleash a more substantive, generous and meaningful set of measures to alleviate the suffering. The abiding feature of the Indian lockdown has been the utter neglect of planning and coordination in the seven weeks’ time the government had between late January, when the first case was reported in the country, and March 24 when the lockdown was announced. This, coupled with the lack of transparency about the government’s intentions, was the perfect recipe for a disaster.

As the accompanying piece by James Wilson asks, why was the government so gracious in giving international travellers four days’ notice while condescending to shut millions of Indians in a lockdown after a four-hour notice?

As the lockdown proceeded, it became evident that the Modi government had bungled on the two major fronts it needed to act on. While it failed to test and trace, which was best illustrated by its “screening” system leaking like a sieve, particularly at the busiest airport in the country, Delhi, it also ignored the elementary rules of planning for the lockdown.

Thus, the Indian response failed to address not only

the health emergency posed by the virus but also the cataclysmic impact it would have on lives, livelihoods and productive capacity.

WHERE IS THE WAR ROOM?

Indeed, as the expert virologist T. Jacob John asked a full two weeks before the lockdown (*The Hindu*, March 10), “Where is the war room?” Almost a month later, one may well add the question: Where indeed is the war chest to conduct the campaign against the virus and its effect? Insofar as the economy was concerned, it was evident that the government needed to act swiftly on two fronts.

The first required the management and coordination of the productive and distributive capacity of the economy in order to smoothen the impact of the lockdown. The second aspect of planning required it to ensure that speedy relief was provided to the most vulnerable and that the productive capacity temporarily shut did not collapse permanently for financial reasons. It is evident that the Modi government failed miserably on both these fronts.

When the country suddenly went into lockdown people were stranded. Physical distancing—never mind the term having an obnoxious ring to it because of India’s civilisational contribution of caste-based notions of purity—was enforced ruthlessly but selectively at short notice. This resulted in the severe disruption of the supply chain for every conceivable kind of goods across the economy. The very notion of “distancing” means that people have to be at the place safest for them during a lockdown, where they have the elementary social support networks that are needed for a person to remain in isolation for 21 days. It was but logical for migrant workers in Indian cities, where they invariably form the underclass, to drift towards the relative safety of their homes in their villages. And move they did in a desperate effort to reach home.

If the regime had paid attention, it would have been



TRUCKS stranded along a road following the lockdown, in Thane on April 1.

aware of this possibility. The Railways, for instance, ran special trains in the days before the lockdown in which thousands of migrant workers travelled in heavily overcrowded conditions. The fact that migrant workers, just back in the cities after exhausting their savings following the Holi festival in early March, had no other option but to try to return home as they were outside the scope of the public distribution network for their basic food supply.

If the migrant was thus stranded, workers in small establishments or those self-employed, a euphemism for petty trade or small businesses, found their supplies running out quickly. Meanwhile, the lockdown, which happened during (or after, in some States) the harvest, left farmers stranded. While prices crashed at the farm gate, they soared in cities. In hindsight, the Prime Minister's use of the word "curfew" to describe the lockdown appears to have been careless.

The reports of widespread police brutality against ordinary citizens can perhaps be traced to this utterance since a policeman's understanding of what a curfew is very different from what the Prime Minister may have intended.

Moreover, the police, used to enforcing the law, would have been utterly incapable of differentiating "essential" commodities from non-essential ones. It was only much later that the government removed this distinction through a notification, but by then significant damage had been done. In all the simple reality of transportation logistics, the fact that smaller consignments of goods typically move in mixed lots escaped the attention of the authorities.

This is an obvious reality at the last leg of the distribution chain, especially because they involve small establishments whose turnover is also relatively smaller compared with large establishments.

It would appear that a nationwide lockdown would have called for a central coordination team, starting at the apex level with the Prime Minister and his key Cabinet colleagues. Instead, every possible decision appears to have been left to Modi, with the rest nowhere in the picture. This has clearly hampered any coordination among the different assets and resources available to the government.

For instance, given the severe disruption of the sup-

ply chain, it would have been logical for the government to have roped in the services of the Railways, which now has a huge capacity that has been idle since the lockdown. In coordination with the Indian Army, which has a superbly oiled logistics machinery under its command, the Railways could have focussed on long-distance movement of goods on a priority basis, while leaving the Army to move it from point to point.

"We are well-positioned to move goods over short distances because we have a countrywide presence, and in coordination with the Railways, this would appear to have been a viable option if only it had been planned," a senior Army officer stationed in north India told *Frontline*.

The Railways, which normally moves goods traffic at an average speed of 25 kmph, could have moved goods much faster during the lockdown because its tracks were now free of passenger trains.

BURDEN ON INFORMAL LABOUR

The "informal" nature of labour engagement in India means that the lockdown imposed a severe burden on this section of the workforce, which, incidentally, is the overwhelming form of employment in India. According to Prof. K.P. Kannan, who served as a member of the National Commission for Enterprises in the Unorganised Sector, headed by the late Arjun Sengupta (<https://www.epw.in/engage/article/covid-19-lockdown-protecting-poor-means-keeping-indian-economy-afloat>), of the 460-470 million workers, about 369 million (more than three-fourths) are engaged in agriculture or work in micro, medium and small enterprises (MSMEs) employing less than 10 workers each.

Of the remaining, more than half are temporary or casual workers in the organised sector; the automotive industry is a prime example of organised industry employing workers on contract, apart from the government itself employing an increasingly large fraction of its workforce on contractual terms, often through contractors.

Thus, informality is to be seen not just as a transactional relationship but one that is embedded in social relations. The tenuous nature of this relationship could have a significant impact on the nature and extent of the

recovery, if and when it happens in the future, to which we will turn to a little later.

One of the biggest failings of the Modi government's handling of the COVID-19 crisis relates to its failure to coordinate measures with States on the health emergency and its economic fallout. For instance, it placed the onus on States to check the outflow of migrant workers without providing them support. This, despite the fact that States have to undertake almost all the health-related measures apart from providing relief in terms of supplying food and shelter. Many States such as Kerala, Karnataka, Tamil Nadu and Odisha have undertaken significant measures, but the point is that the Centre has not indicated that it is providing any kind of financial support to the beleaguered States.

The ongoing harvest in many States—and its recent completion in some others—meant that States urgently needed to procure the produce at their minimum support price (MSP) levels in order to prevent distress sales where harvesting was possible (in States like Punjab harvesting has not been possible in many places because of the shortage of labour).

Imaginative solutions such as those suggested by more than 600 academics and social activists (<https://frontline.thehindu.com/dispatches/article31154962.ece>) that the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) be used for harvesting and other operations, while maintaining distancing norms, have been ignored. Obviously, for this the States would have required the Centre's support, financially as well as otherwise.

In fact, a leading academic urged the immediate release of at least Rs.1 lakh crore through the Reserve Bank of India's (RBI) Ways and Means advances window, apart from the Centre's immediate provision of another Rs.1 lakh crore as an outright grant. Obviously, these suggestions found no takers in the government.

PRODUCTIVE CAPACITY AND INCOMES

If the failure to provide urgently needed relief to those hit the most has proved to be a fiasco, very little attention has been given to saving, protecting and salvaging national productive capacity. It is evident that the lockdown imposes the virtual evaporation of national output. How much of national output has been lost permanently?

The first such estimate for India, made by Tejal Kanitkar, who teaches at the National Institute of Advanced Studies in Bengaluru, reckons that a 40-day lockdown would result in a 20 per cent collapse of output (GDP); a 66-day lockdown would result in GDP declining by almost a third. These estimates, made using the classical Input-Output methodology made popular by the Nobel Prize-winning economist Vassily Leontief (1973), map out the detailed linkages between every single segment of the economy with every other. In effect, the matrix works on the principle that one segment's input is another's output and so on, thus accumulating all the linkages in a single matrix.

Asked if these estimates themselves could be an un-

derestimate, given the extent of informality in the Indian economy, Kanitkar replied in the affirmative. "If anything, these estimates would underestimate the extent of the fall in output given the fact that we know that the lockdown is disproportionately hurting informal activity." But even this is only the first round of the impact on economic activity. If businesses are unable to restart as soon as conditions become conducive, it will result in a further decline in national output, the second-order impact of COVID-19. With businesses remaining in lockdown, in order to live and fight another day, they need to stay afloat first. For that to happen, businesses need to retain their workforce, or, at the very least their core workforce, so that they can commence operations after the lockdown. But even that is not enough; they need working capital to stay alive between now and after the lockdown. With indications that the Indian lockdown may be lifted in a staggered manner, the uncertainty about the future only adds to the murky visibility for companies and businesses.

If enterprises have shut down only partially, they are not only incurring costs without any profits during the lockdown, but are seriously courting risks with their solvency. In effect, companies that are now facing only a liquidity crunch may well enter the zone of insolvency. A crisis of liquidity arises from the fact that returns on investments are postponed; this can be managed typically through debts. But a crisis of insolvency arises from the very viability of the business as a unit. The failure to quickly enable businesses to tide over the liquidity crisis would push them towards insolvency, the point of no return. If or when that happens, productive capacity would have effectively been destroyed; if played out over the scale of an economy, it implies a further collapse of incomes, hence of GDP.

Across the world there have been suggestions that companies be handed over urgently needed relief so that productive capacity is not destroyed and remains available when the crisis is over. For instance, there have been suggestions that the device of a "negative tax" be used immediately to transfer funds to companies during the crisis. Finance Minister Nirmala Sitharaman has announced tax deferrals and the RBI has announced a moratorium on loans from banks, but these are not of much consequence, especially to smaller firms. Tax deferrals are meaningless to companies whose revenues have already collapsed to zero. Similarly, moratoria are useless because they only postpone (higher) liabilities while earnings have collapsed here and now. Even more critically, neither moratoria nor tax deferrals provide any positive and immediate relief during the crisis.

It is in this context that a negative tax holds much appeal. The RBI's attempt to tempt banks to lend more by drastically narrowing the gap between the reverse repo (the rate at which banks park funds with the RBI) and the repo rate (the rate at which banks borrow from the RBI) is bound to fail. This is because banks may prefer to suffer a loss by parking in the reverse repo rather than lending in these risky times. Already banks, includ-

ing public and private ones, have intimidated customers that the moratorium will cost them dear.

INGENIOUS ECONOMICS

A negative tax has several advantages, the most critical being the fact that it can be delivered directly and immediately to companies. The government already has a vast database on taxpayers based on its GST Network, which give it an insight into the turnover of companies and other data. With this it is possible to identify companies in order to transfer payments directly to them. Since protecting labour may be of importance from a social justice perspective, a stipulation can be made that no worker be sacked. This could be verified by cross-checking the Provident Fund contributions of employers.

However, it needs to be emphasised that the extent of labour absorption need not be the only criteria; several sectors that are capital intensive, such as power, steel, petroleum and mining, may require protection not because they employ labour but because they would be critical to any economic recovery when that happens. Speaking to *Frontline*, the managing director of a Bengaluru-based SME said: "The problem with the idea of a GST-based identification of companies is not that it is not viable or possible, but whether the government is even thinking about the long-term damage it is causing by not acting swiftly."

T.K. Ramesh, who heads an SME that is part of the Ace Micromatics group of companies which is focussed on the manufacture of machine tools for industries like automobiles, told *Frontline* that his company, on the eve of the lockdown, had already been operating with an idle capacity of 35 per cent. The group, which, because of its operations in China, was alive to the possibility of COVID-19 affecting India, had taken some precautionary measures much before the lockdown. "Of course, at that time we only acted from a hygiene perspective, not a disease perspective," he remarked.

However, after Modi's first speech of March 19, his company started sending its employees back to their home bases. The group employs about 3,800 persons directly and 2,200 persons indirectly. Ramesh does not expect the situation to improve soon, even if the lockdown is lifted on April 15. "In my estimate, the effect of COVID-19 will last at least 12-18 months," he said. He believes that the post-COVID-19 world "may well change in ways that will force us to reorient ourselves". Business travel will certainly be much less, especially because executives have now familiarised themselves with conducting meetings online via video, as will more entrenched practices of working from home, he said.

Even if businesses eventually start operations if and when the crisis blows over, they will need workers to restart operations. This explains why employers are willing to provide some relief to their employees even if they remain idle during the lockdown. The head of an SME who wished to remain anonymous told *Frontline* that "this is not because of any great sense of altruism but simply because businessmen know that they would not

be able to harness labour with the requisite skills for the jobs they were needed for if they fire them now".

"The popular middle class notion that labour is a homogenous commodity that can be pulled off the shelf is a fiction, in reality no two jobs are the same and you need particular kinds of people to do specific tasks," he remarked. Ruma Ghosh, who runs a popular bakery in Jamshedpur along with her husband and employs about 25 persons, expresses a similar sentiment. She continues to pay them, not only because they have been with her through good times and bad for more than two decades, but because she says she would never be able to restart operations from scratch if she sacked her workers now.

COLLAPSE OF DEMAND

The Modi regime's lethargic response to the biggest national emergency since its birth as a nation means the ongoing collapse of national output is likely to be followed by a further collapse when capacities fail to fire even when the situation improves. But, meanwhile, a third-order impact could come from the utter collapse of demand in the national economy because of widespread unemployment and the resultant loss of incomes. Every country in the world sees the current expansion of the fiscal space as an insurance against a future drop in output. Put another way, the thinking goes like this: if governments can generate fiscal handouts now, there is at least the possibility that output in the future may not drop as severely as it would in the absence of relief delivered now.

All of them have abandoned all talk of the fiscal deficit because of the realisation that COVID-19 presents an existential crisis. As one friend points out, "You need the state to save capitalism from itself." This is not the time to worry about the fiscal deficit, seems to be the consensus. After all, a well-directed package that would ensure the greatest bang for the buck would be worth it if it prevented the collapse of national income to the tune of 50 per cent. The fears of any inflationary pressures arising from a monetising of the deficit are irrelevant in a lockdown simply because demand has collapsed anyway. Moreover, even after the lifting of the lockdown, demand in a range of sectors like travel and tourism and many others are likely to be subdued for some time. Additionally, the uncertainty about the future will further dampen demand. As for the pressure on the exchange rate and the possible outflow of capital, these can be managed, especially because oil prices are likely to remain subdued for some time in the future.

As every major economy comes to a grinding halt, the adage that in a recession everyone is a Keynesian has given way to another, that is, in a pandemic, everyone is a socialist. Remarkably, *Financial Times*, in an editorial (April 3, 2020), calls for "radical reforms" that are needed to "forge a society that will work for all". It recalled the spirit in the aftermath of the Great Depression and the Second World War and said the "demand for collective sacrifice" from people needed to be backed by a "social contract that benefits everyone". □

Test not, find not

The government's failure to detect, trace and isolate infected persons in the nearly two-month-long window of opportunity it had to protect people from the coronavirus shows **its irresponsible handling of the COVID-19 crisis**. BY **JAMES WILSON**

AN EPIDEMIC OF A RESPIRATORY DISEASE caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) began in China in December 2019. On February 11, the World Health Organisation (WHO) named the disease coronavirus disease 2019, or COVID-19. After infecting around 81,000 people and killing 3,162 people in China, COVID-19 spread to 113 more countries, infecting more than 37,000 people and killing 1,130 as on March 11. On that day, exactly one month after giving it a name, WHO declared COVID-19 a pandemic. At the time of writing, more than a million people have been infected and more than 50,000 died. And as this epidemic repeats a trajectory of exponential growth, as seen in China, it is stretching

health care systems across Europe and the United States to their breaking point.

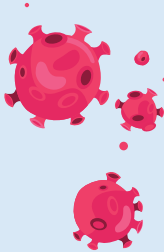
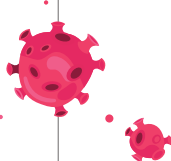
In India, the first COVID-19 infection was reported in Kerala on January 20. From early March, the virus started to spread across India; currently, 30 out of the country's 36 States and Union Territories (U.Ts) are affected. On March 11, a high-level Group of Ministers under the chairmanship of the Union Health Minister met and announced drastic travel restrictions with effect from March 13 until April 15 banning the entry of foreigners and suspended all visas, barring a few categories. On March 19, Prime Minister Narendra Modi spoke to Indians at 8 p.m. and asked them to observe a "Janata curfew" on Sunday March 22. On March 23, Modi ad-



THERMAL SCREENING of a passenger from China in New Delhi on January 21.

How India moved to the lockdown - A timeline

Date	Status of COVID 19	Travel Advisory by MoHFW/Actions taken by Govt. of India
17.01.2020	41 cases reported from China and 1 person died. 1 case each from Japan & Thailand	TA-1 No evidence of human-to-human transmission. Hygiene precautions to passengers travelling to China, especially to Wuhan city. Advised anyone who travelled to China and fell sick within one month to seek medical help and disclose travel history to China.
26.01.2020	1,985 cases and 41 deaths in China. 29 cases reported from 10 more countries (including Japan, Nepal, France, South Korea & USA)	TA-2 Mode of transmission is unclear but available evidence points to human-to-human transmission occurring between close contacts through respiratory route. Asked people to avoid all non-essential travel to China.
05.02.2020	24,363 cases & 491 deaths in China. 191 cases & 1 death in 24 more countries. 3 cases from India.	TA-3 Indian travellers are hereby advised to refrain from travel to China. All existing visas of any foreign nationals travelling from China are declared void. Intending visitors may contact Embassy in Beijing or the consulates in Shanghai and Guangzhou to apply afresh for an Indian visa. Advised that people travelling to China will be quarantined on return.
26.02.2020	78,191 cases & 2,718 deaths in China 2,918 cases & 44 deaths in 37 more countries 3 cases from India.	TA-4 Fresh visa for visitors from China for essential purposes continued. Indians are advised to avoid non-essential travel to Singapore, South Korea, Iran and Italy in addition to China. Advised that people coming from or with travel history to the above-mentioned countries may be quarantined for 14 days on arrival.
02.03.2020	80,174 cases & 2,915 deaths in China. 8,774 cases and 128 deaths in 64 more countries. 5 cases from India.	TA-5 Added Japan to the list of countries in quarantine list. NOTE: WHO upgraded the threat of Corona virus on Global level from HIGH TO VERY HIGH on 28.02.2020 as per Situation Report No.39 (Before that only China was held as VERY HIGH)
03.03.2020	80,304 cases & 2,946 deaths in China. 10,565 cases and 166 deaths in 72 more countries. 6 cases from India.	TA-6 All Visas granted to nationals of Italy, Iran, South Korea & Japan, issued on or before 03.03.2020, suspended with immediate effect. Also, visas issued to all foreign nationals who travelled to the above countries and China on or after 1.02.2020 cancelled. For essential travels, fresh visas issued by Embassy/Consulates. A self declaration form with phone no. & travel history was insisted for all foreign and Indian nationals entering India from any port. Insisted medical screening at port of entry for all foreign and Indian nationals arriving from 14 countries.
05.03.2020	80,566 cases & 3,015 deaths in China. 14,759 cases & 266 deaths in 85 more countries. 30 cases from India.	TA-7 COVID-19 negative certificate was made essential for passengers travelling from/having visited Italy or South Korea with effect from 10.03.2020.
06.03.2020	80,711 cases & 3,045 deaths in China. 17,481 cases & 335 deaths in 88 more countries. 31 cases from India.	TA-8 All TA issued before are combined as a single one. In addition, a self-declaration form with contact number and address in India was insisted from all international passengers for universal health screening at all points of entry.

Date	Status of COVID19	Travel Advisory by MoHFW/Actions taken by Govt. of India
10.03.2020	80,924 cases & 3,045 deaths in China. 32,778 cases & 872 deaths in 109 more countries. 63 cases from India. 	TA-9 People travelling to 100-plus countries (where infections reported) or people who have travelled abroad might possibly have come in contact with people affected with COVID-19 during their stay or even while in transit at airports. All passengers having travel history to China, Hong Kong, the Republic of Korea, Japan, Italy, Thailand, Singapore, Iran, Malaysia, France, Spain and Germany are advised to undergo self-imposed quarantine for a period of 14 days from the date of arrival. All visas issued to France, Germany and Spain on or before 01.02. 2020 and all regular visas issued to foreign nationals with travel history to these countries after 1.02.2020 cancelled. A Standard Operating Procedure (SOP) to handle international cruise ships at major ports in India issued. Any international cruise ship or any member of its crew or any passenger therein having a travel history of visiting any of the COVID-19 affected countries (mentioned in the WHO Situation Report) since 01.02.2020 will not be permitted to enter any Indian port. Symptomatic patients were quarantined in the ship itself. Any person having contact with anyone within the last 14 days prior to travel who has travel history to mainland China, Hong Kong, Macau, Iran, South Korea or Italy or any other affected country is automatically denied boarding.
11.03.2020	80,955 cases & 3,162 deaths in China. 37,364 cases & 1,130 deaths in 113 more countries. 70 cases from India. 	High-level group of Ministers under the chairmanship of the Health Minister met in the context of WHO declaring COVID-19 a pandemic. All existing visas except diplomatic ones suspended and visa-free travel facility granted to Overseas Citizens of India (OCI) card holders suspended wef 13.03.2020 to 15.04.2020. All incoming travellers, including Indian nationals, arriving from or having visited China, Italy, Iran, Republic of Korea, France, Spain and Germany after February 15th 2020 shall be quarantined for a minimum period of 14 days wef 13.03.2020. TA10 A consolidated travel advisory, including all previous ones issued. R1 International traffic through land borders will be restricted to Designated check posts with robust screening facilities.
13.03.2020	80,991 cases & 3,180 deaths in China. 51,767 cases & 1,775 deaths in 122 more countries. 91 cases from India.	R2 All passenger movements through 20 check points, in eight states bordering Bangladesh, Bhutan, Nepal and Myanmar suspended from 15.03.2020. Border trains and border buses Bangladesh suspended wef 15.03.2020. Checked people with travel history to seven COVID-19 outbreak designated countries for screening.
14.03.2020	81,021 cases & 3,194 deaths in China. 61,513 cases & 2,198 deaths in 134 more countries. 107 cases from India.	R3 India-Pakistan border land check point closed wef 16.03. 2020. Health screening extended to U.N. and diplomats who crossed over via the Integrated Check Post at Attari. 
16.03.2020	81,077 cases & 3,218 deaths in China. 86,438 cases & 3,388 deaths in 150 more countries. 119 cases from India.	TA11 Expanding compulsory quarantine for a minimum period of 14 days for passengers coming from/transiting through UAE, Qatar, Oman and Kuwait wef 18.03.2020. Travel of passengers from member countries of the European Union, the European Free Trade Association, Turkey and the United Kingdom to India is prohibited wef 18.03.2020. 

How India moved to the lockdown - A timeline

Date	Status of COVID19	Travel Advisory by MoHFW/Actions taken by Govt. of India
17.03.2020	1,79,111 cases & 7,426 deaths from 158 countries (As rest of the world equal to China, only global figures given). 137 cases from India.	TA12 Travel of passengers from Afghanistan, Philippines, and Malaysia to India is prohibited with immediate effect. 
18.03.2020	1,91,127 cases & 7,807 deaths in 159 countries. 151 cases from India.	SOP for passenger movement post disembarkation issued. High-risk passengers identified for quarantine would be asked to fill up a declaration opting for paid hotel facility/ government quarantine facility. Passengers without any risk factors would be sent for home quarantine after providing them with their passports, the home quarantine advisory and collecting a declaration from them to remain strictly under home quarantine or face penal action as per the rules. The possibility of stamping the passengers with home quarantine stamps would be explored. These passengers would be linked to the Integrated Disease Surveillance Programme surveillance system. 
19.03.2020	2,09,839 cases & 8,778 deaths in 166 countries. 180 cases from India.	TA13 No incoming scheduled international commercial passenger aircraft shall be allowed to disembark its passengers "on Indian soil" (foreigner or Indian) after 20:01 hrs GMT from March 22, 2020. 
20.03.2020	2,34,073 cases & 9,840 deaths in 172 countries. 180 cases from India.	Directorate General of Shipping issued directions to the ports/ minor ports to follow the SOP to ensure essential supply of goods and fuel. 

ressed the nation, again at 8 p.m., to announce a 21-day nationwide lockdown from midnight.

The available medical literature on COVID-19, though limited, shows that it is a highly infectious disease. Even if a person is asymptomatic, a condition that normally may last 5 to 14 days after getting infected, 28 days in extreme cases, the infected person will transmit the virus to others, and it is airborne too. Highly infectious diseases follow a trajectory of exponential growth, and unless, steps are taken to flatten the curve, which means reducing the speed of transmission of the infection rather than the number of cases, the infection will stress or break health care systems; these are designed to take care of non-infectious diseases and other health issues.

No country in the world, no matter how wealthy, is in a position to create a mammoth health care system to deal with the possibility of an epidemic. This is because 90-95 per cent of this capacity would remain unutilised most of the time. Despite the now-prophetic and dire warnings from Bill Gates and others, countries do not plan and build infrastructure for epidemics for two reasons: one, because it would amount to a suboptimal use of resources and, two, because it would not be possible to

predict the nature of an epidemic and what resources may be required to counter it.

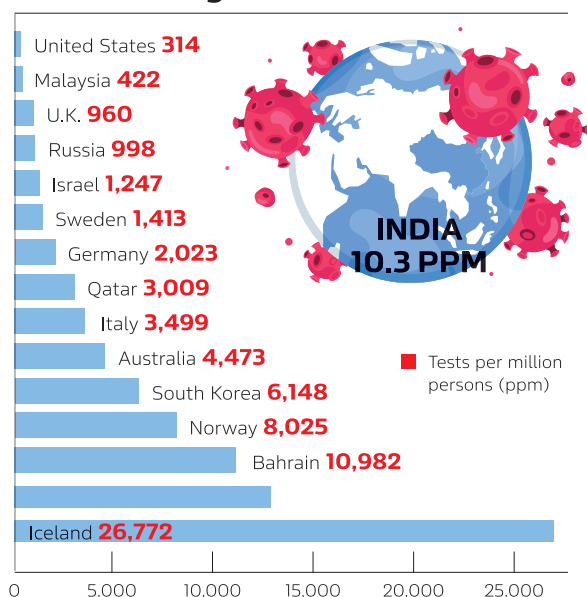
Thus, the only rational approach to managing an epidemic is to apply methods of early detection, followed by containment and, if available, vaccination and medication. The world was in a way blindsided by COVID-19, which caught everyone short; vaccines are anywhere between a year or even two years away, and therapeutic medicines are non-existent. That leaves containment as the only viable approach to COVID-19.

TRAVEL ADVISORIES

Since the source of COVID-19 was clearly foreign, alert governments ought to have thought of stopping carriers arriving from abroad. The Ministry of Health and Family Welfare (MoHFW) issued its first travel advisory on January 17, which obviously meant tracking the possibility of human-to-human transmission. The second advisory, issued on January 26, seemed to concede that such transmission was possible through close contact with an infected person.

India's containment strategy at that crucial point was thermal screening, which solely targeted symptomatic

Global testing rates for COVID-19



Source: <https://www.statista.com/statistics/1104645/covid19-testing-rate-select-countries-worldwide/>

Note: As on March 20, 2020

travellers from China in the beginning and which was later extended in stages to include travellers from a handful of high-risk South East Asian countries. What should be noted here is that in a highly networked world dominated by West Asian travel hubs, many travellers transit through airports in that region even though their journeys may begin in the East. Such intricacies of world travel, where direct flights cost more than ones that swing through one or even two hubs, escaped the attention of the MoHFW mandarins.

WHO Situation Report No. 39 dated February 28 upgraded the global threat level from Corona virus from “high” to “very high”; before that, “very high” was reserved for China alone. But Indian authorities continued to let their nationals into India without any screening. It was only on March 6 that the MoHFW finally woke up and issued instructions to conduct universal thermal screening of all international passengers. It did not seem to matter to the Ministry that each day lost through lethargic decision-making may cost the country gravely.

Visa suspension of travellers from China started from February 5. The travel advisory issued on February 26 advised a 14-day quarantine for travellers with a travel history to China, Singapore, South Korea, Iran and Italy. Japan was added to this list on March 2. The March 5 travel advisory mandated a “corona-negative” certificate from passengers arriving from or who had visited Italy or South Korea. Despite the indications that these countries were by then hotspots of the disease, this was not with immediate effect but only from March 10. It was only on that day that the MoHFW seemed to wake up to the possibility that people who had travelled abroad could have come into contact with infected people or vectors during their stay or during transit at airports or even in flight. However, the advisory was aimed at only passen-

gers with a travel history to China, Hong Kong, South Korea, Japan, Italy, Thailand, Singapore, Iran, Malaysia, France, Spain and Germany. They were advised self-imposed quarantine for 14 days from the date of arrival. This was not, however, legally mandated.

On March 11, after the WHO declared COVID-19 a pandemic, for the first time, a high-level meeting chaired by the Union Health Minister was convened, and the government decided to suspend all existing visas with effect from March 13. The visa-free travel facility for OCI (overseas citizen of India) cardholders was also suspended. Finally, only on March 19 did the government take the long-delayed decision to announce that no incoming scheduled international commercial passenger aircraft would be allowed to disembark its passengers (foreign or Indian) on Indian soil after 20:01 p.m. GMT on March 22.

According to MoHFW figures, 1,524,366 passengers have been screened until March 22. The timelines of the MoHFW’s advisories, a chart of the spread of the disease among the Indian populace and the loss of lives are included for a clearer picture of India’s containment strategy and progress.

EFFICACY OF THERMAL SCREENING

As India’s containment strategy was limited to thermal screening of travellers, first from China, then from a few other countries and, finally, all international travellers, it is imperative to see how effective this was in containing the import of COVID-19.

A study by Billy Quilty *et al.* of the London School of Hygiene and Tropical Medicine, published on January 31, estimated that 46.5 per cent of infected travellers would not be detected, depending on the incubation period, sensitivity of exit and entry screening, and the proportion of asymptomatic cases. Airport screening is unlikely to detect a sufficient proportion of infected travellers to prevent them from entering a country. This finding is endorsed by a study by Katelyn Gostic *et al.* of the University of Chicago, published on February 24, which found that even under best-case assumptions screening would miss more than half of the infected people.

This finding by international experts was endorsed by a study dated February 29 carried out by a team of scientists led by Sandip Mandal *et al.* from the Indian Council of Medical Research (ICMR) and published in *The Indian Journal of Medical Research*. Titled “Prudent public health intervention strategies to control the coronavirus disease 2019 transmission in India: A mathematical model-based approach”, it categorically said that in order for airport screening to have an appreciable effect on delaying the establishment of transmission of COVID-19 in India, it would need to have near-complete capture of incoming COVID-19 cases, including asymptomatic ones.

These scientific studies prove beyond doubt that the MoHFW’s strategy to stop the spread of COVID-19 by containing import of the disease through thermal screen-

COVID-19 testing in India



States & UT	Tests done	Positive cases	% of +ve cases
Maharashtra	10,703	423	3.95
Kerala	7,908	286	3.62
Rajasthan	7,353	133	1.81
Karnataka	4,034	124	3.07
Delhi	3,038	293	9.64
Tamil Nadu	2,868	309	10.77
Uttar Pradesh	2,640	121	4.58
Gujarat	1,862	88	4.73
Bihar	1,615	24	1.49
Telangana	1,428	154	10.78
Andhra Pradesh	1,307	132	10.10
Punjab	1,283	47	3.66
Madhya Pradesh	1,193	107	8.97
Odisha	1,113	5	0.45
Jammu and Kashmir	1,080	70	6.48
Assam	962	16	1.66
Haryana	934	49	5.25
Chhattisgarh	930	9	0.97
West Bengal	605	37	6.12
Uttarakhand	477	7	1.47
Himachal Pradesh	199	3	1.51
Goa	167	6	3.59
Tripura	161	0	0.00
Jharkhand	139	2	1.44
Andaman & Nicobar	137	10	7.30
Chandigarh	116	18	15.52
Arunachal Pradesh	62	1	1.61
Mizoram	58	1	1.72
Ladakh	26	13	50.00
Sikkim	23	0	0.00
Total	54,421	2,488	4.57



NOTE: Data as on 2,04,2020 except Telangana 26,03,20, Madhya Pradesh 31,03,20, West Bengal & Mizoram 1,04,20

ing and focussing on symptomatic patients was flawed by design. The porous strategy let many asymptomatic travellers enter society unmonitored, and it was left to State governments to trace and chase them down when they started to show symptoms.

Another failure was limiting the thermal screening to arrivals from certain countries designated as high risk. Most airports and aircraft are carriers of COVID-19 because of the intermingling of passengers from across the globe. The high number of infections detected in returnees from Gulf countries, as noted in Kerala, can logically be attributed to global transit air hubs such as Dubai, Abu Dhabi and Doha even though the Gulf countries had relatively few cases at the time of the travel ban.

The MoHFW's travel advisories clearly show how liberal India was with international travellers and non-resident Indians. Every time a travel restriction was imposed, there was a gap of two to three days before it came into effect.

On the day the Prime Minister mooted the symbolic and eventually ineffective "Janata curfew", COVID-19 had infected more than 200,000 people and taken some 8,800 lives in 166 countries; in India, it had infected 180 persons and taken more than 20 lives.

Enough scientific pronouncements and literature are available globally that declare that the passing of the limit of 100 people infected and the failure to trace the origin of infection are tell-tale signs of community transmission. It has also been established that beyond this level, the COVID-19 infection entered an exponential growth trajectory.

RIGID TESTING CRITERIA

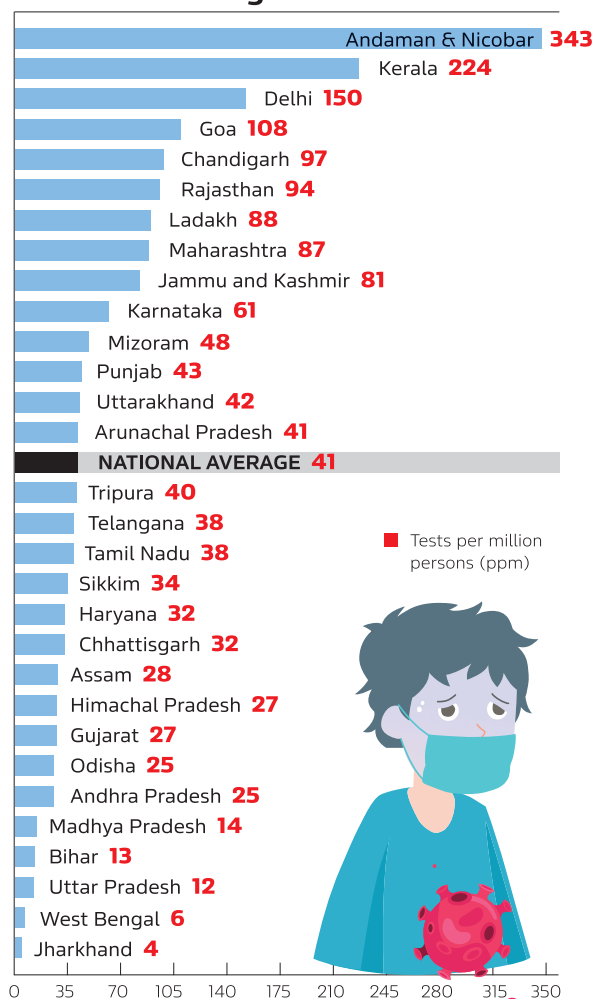
While the WHO and other experts prescribe social distancing, washing hands regularly with soap, keeping hands away from the face, wearing face masks, and so on, to flatten the exponential trajectory, they also insist on wide scale testing to detect infections so that infected people can be isolated. WHO Director-General Dr Tedros Adhanom Ghebreyesus exhorted countries to "Test, test, test", saying that this was the "backbone" of the global response and emphasising that it was not possible to "fight a fire blindfolded" and that social-distancing measures and handwashing would not alone extinguish the epidemic.

On January 15, the ICMR received the laboratory protocols from the WHO to conduct reverse transcriptase-polymerase chain reaction tests by taking a swab from inside a suspected patient's nose or the back of his throat. The ICMR's protocol was in the beginning limited to testing symptomatic patients from the designated countries alone. It selected 13 virus research and diagnostic laboratories (VRDLs) in 11 States in addition to the apex laboratory at the National Institute of Virology in Pune for COVID-19 testing. After February 29, this was enhanced to 31 VDRLs. Even as late as March 13, the ICMR was only testing about 5,900-plus samples, which implies a test rate of 4.4 people per million (ppm) of the population. The tests were extended to all international travellers on March 17 following persistent questioning by experts and the media; notably, the tests were still confined to symptomatic cases.

On March 20, the ICMR decided to extend the testing to all hospitalised patients with severe acute respiratory illnesses as also to asymptomatic direct and high-risk contacts of confirmed cases. By March 20, the ICMR's testing was enhanced; rates now reached 10.3 ppm but were still far lower than many other countries. The graph created from this data source shows how other nations were testing their people on that date and how poor India's testing was.

Meanwhile, many experts also questioned the ICMR's low testing strategy. Health reporters repeatedly questioned this as more testing revealed more positive cases. The ICMR was forced to extend its testing to more samples, and as of April 2, it has tested 5,5851 samples, a rate of 41 ppm. As more samples were tested, India started to detect more and more positive cases. This

COVID-19 testing rates in India



NOTE: Data as on 2.04.2020

evident as on March 13, when 81 positive infections were identified from 5,934 samples, or 1.36 per cent of the total number of samples, while this increased on April 2 to 2,056 positive infections from 55,851 samples, or 3.68 per cent of the total number of samples.

As the infections crossed the 2,000 mark at a fast pace, the ICMR was forced to deploy large-scale rapid antibody tests to test asymptomatic patients in the hot-spots identified in the country, and its testing criteria were published on April 2.

The ICMR was forced to enhance testing, increase the number of laboratories that could carry out testing and introduce the rapid anti-body tests thanks to the efforts of a handful of enthusiastic women journalists covering the health beat in Delhi who upped the ante against the snail pace of testing. It is not known whether it was a problem of inventory or some other issue.

The discrepancy in the total number of positive cases shown on the websites of the MoHFW and the ICMR created confusion and doubts. Further to this, the ICMR, did not release data on March 25 and then only released data for March 27. Instead of examining this discrep-

ancy, the MoHFW announced that the ICMR would not publish the data and all data would be published on Ministry's website.

OPAQUE SYSTEM

The MoHFW website shows just a dashboard of the all-India data and a table of State-wise cumulative figures of confirmed cases, recovered cases and deaths. Although this website until recently provided the total number of passengers screened at airports, it does not provide the number of tests done either at the all-India or State level. There is no archived data, so one cannot track data over time. The website is so rudimentary that it fails to update the States' data even hours after the respective State government websites publish the same. A small group of enthusiastic journalists repeatedly asked questions about this throttling of information, the export of medical protective gear even after WHO recommended that countries enhance their inventory, India's inventory of test kits, and so on. Neither the Union Health Minister nor the Prime Minister held a press conference to clear the air; instead, this task was left to officials of the MoHFW and scientists of the ICMR.

The media's continuous probing irritated the government, which was waiting for an opportunity to gag the media. When the Supreme Court was hearing a public interest litigation petition relating to the plight of migrant workers due to the lockdown, the Solicitor General pushed for a media gag order. The Supreme Court sided with the government and, on March 31, directed that the media were to refer to and publish only the official version of developments. After this order, the next press conference ended up with three questions!

When people's lives are at stake, it is quite distressing to witness the MoHFW's slapdash information management and poor data dissemination after it had arrogated to itself the right to publish such data. On the one hand, the Indian government touts digital India and greedily grabs every bit of data it can on its citizenry; on the other, it hides vital information that could, if made available in the public domain for analysis, prevent the worsening of a looming calamity. Outrageously, no State-wise testing data are being presented by the MoHFW. This is information is critical because it can help identify clusters or hotspots of the disease, thereby enabling better and speedy targeting of scarce human and material resources to tackle the impact of COVID-19.

STATE-WISE TESTING DATA

Given this state of affairs, this author tried to collect State-wise testing numbers by trawling through health department websites, public relations department bulletins and Twitter handles of various functionaries of State governments and U.Ts. This was an essential exercise if one was to understand how each State was faring and to establish a statistical correlation between positive cases and representative sampling numbers.

Certain State governments and U.Ts provide detailed information through bulletins and dashboards on their



K. MURALI KUNAR

AT THE newly inaugurated diagnostic laboratory and testing facilities for COVID-19 at Bangalore Medical College and Research Institute in Bengaluru, on March 10.

websites; others neither give out any information nor update their websites for weeks together. Eventually, data from 30 from States and U.Ts were collated and analysed as of April 2.

States such as Kerala and Maharashtra that attempted more testing from the beginning found more positive cases early on. But States such as Tamil Nadu and Delhi that dragged their feet on testing in the initial days have witnessed a sudden spurt of cases in recent days. This clearly indicates the asymptomatic nature of cases, which porous thermal screening and the rigid testing regime failed to capture. A look at how the ppm value of these 30 States and U.Ts differ helps one understand how much of a representative population is captured through the testing. Fourteen States and U.Ts are testing above the national average of 41 ppm, while 16 are testing below. The Andaman & Nicobar Islands (343 ppm) is at the top but with a much smaller number of tests and Kerala (224 ppm) is second followed by Delhi (150 ppm) and Goa (108 ppm). In contrast, the larger States led by West Bengal (6 ppm), Uttar Pradesh (12 ppm), Madhya Pradesh (13 ppm) and Bihar (14 ppm) are testing at a terribly low level. This data makes it clear which States India should concentrate on when it goes for the next round of rapid antibody tests.

BUNGLING ALONG

The limited testing strategy of the ICMR and the porous thermal screening system the MoHFW employed likely resulted in the entry of many asymptomatic travellers. In recent days many health workers have tested positive for COVID-19. This is probably because of transmission from asymptomatic cases; health workers without proper protective gear have been exposed while treating

COVID-19 patients in isolation wards. It is now obvious that if the Modi government had restricted air travellers at least one or two weeks before it eventually did so, that is, soon after the WHO declared all countries as high risk (on March 2), it would have been in a better position to detect, trace and control the spread of the virus. For example, if a compulsory quarantine of all air travellers for three weeks had been made mandatory from early March, travel to India may have reduced by at least 50 per cent. Meanwhile, the time could have been better utilised to either delay the lockdown or to prepare for it instead of letting the economy drift into chaos as is happening now.

In fact, the paper published by the ICMR scientists about the vulnerability of the thermal screening process points out that Indian scientists were fully aware of its limitations and knew that a loose strategy would ultimately lead to the situation that India is in now. As the spread of COVID-19 gathers pace—a 23 per cent increase in the number of cases in a single day between April 2 and April 3, when the number of cases breached the 3,000 mark—the ICMR was considering the possibility of issuing “revised” testing guidelines, confirming India’s status as the laggard in the global battle against the deadly virus. The inescapable conclusion that can be drawn from the evolution of India’s testing protocol for COVID-19 is that its narrow design at inception was meant to not detect early signs of community transmission. Its sole motto seems to have been: test not, find not.

It is telling that Modi was willing to give international travellers almost four days’ notice before shutting down airports but was happy to give ordinary Indians—among them the most vulnerable people in the country—just four hours to prepare for the disastrous lockdown that forces millions to choose between the virus and starvation. □

James Wilson is a civil engineer and an avid data cruncher.

Conservatism rules

The inadequate “relief” package and the emphasis on monetary policy to mitigate the effects of the virus-induced shock indicate that making the necessary fiscal effort in terms of hugely enhancing spending to provide relief is not the Centre’s priority. BY C.P. CHANDRASEKHAR

WITH THE COVID-19 SHOCK PUSHING A tanking economy into recession, an unusual response from the state was expected. The government’s policy response cannot but entail a sharp increase in expenditure to cope with the medical fallout and the “sudden stop” in a wide range of economic activities that the virus attack has imposed. That response had to come primarily from the Centre, which has far greater fiscal flexibility than State governments, whose revenue receipts are under strain for multiple reasons and which are subject to stringent borrowing limits.

Workers without regular employment displaced from their jobs have to be provided transfers in kind and cash so that they can manage themselves and their families. Expenditure on testing, tracking and tracing; on

protection for the medical workforce; and on ramped-up isolation and treatment facilities for the infected has to be substantial. Measures to ring-fence production of essential commodities to ensure that supplies are adequate and shortages do not lead to social chaos will need some financial backing. Some industries and economic activities must be supported with transfers to ensure that they are in a position to return to business when normalcy returns. And the government may consider raising expenditures to spur demand and trigger a recovery after the virus attack moderates and production is restored. Overall, therefore, this is not a situation demanding just conventional “stimulus” spending. Enhanced outlays are required first for tackling a public health emergency, for providing relief to the poor and the economically vulner-

able who are being devastated by the shock and the responses to it, and for restoring normalcy in production and supply, and only then for stimulating a recovery.

Given this range of reasons why expenditure would have to increase in the aftermath of the coronavirus shock, expectations are that governments in most countries, including India, would have to substantially step up spending. It is also true that while the state may aim to finance a part of such expenditures with private donations to institutions such as the Prime Minister’s National Relief Fund (PMNRF) or the newly created “public charitable trust” named the Prime Minister’s Citizen Assistance and Relief in Emergency Situations (PM CARES) Fund, that can only fund a very small part of what is needed. Emergency funding of the kind that the coronavirus shock demands cannot come directly from the private sector but must overwhelmingly come from the state. More precisely, in the Indian case, such funding must come from the Centre even if a lot of the spending will occur at the State level because shrinking revenues, especially after the introduction of the goods and services tax regime and the onset of decelerating growth, have already strained the fiscal powers of State governments.

The Centre cannot at this moment resort to enhanced taxation to finance these expenditures since business too is reeling under the effects of the shock. A large step-up in borrowing, including borrowing from the central bank at lower than market interest rates, seems to be the only sensible way to go. However, such action requires going against the fiscal conservatism propounded by the economic thinking that has come into dominance in the age of finance since the 1980s. Global finance and big busi-

ness have demanded adherence to the precepts of so-called “fiscal prudence”, influenced, among other factors, by the fear that debt accumulated today will encourage the government to tax tomorrow when circumstances are more congenial to a tax heft. This conservative stance was embraced by the policy establishment in India as well and has been advocated almost with pride as the hallmark of macroeconomic policymaking under the two Narendra Modi-led National Democratic Alliance governments. Economic leadership in the current crisis situation requires renouncing such conservatism and pushing out the state spending envelope since otherwise the devastation wreaked by the virus-induced shock will be of much greater magnitude. Not surprisingly, some of those who preached such fiscal conservatism, in India and abroad, have now called for dropping that stance, even if temporarily, in response to the crisis.

However, a leader who was willing to experiment with the unwarranted and damaging demonetisation exercise and is willing to impose a 21-day lockdown without even the minimum preparation, as subsequent developments showed, seems unwilling to make that shift. There are a number of indicators of this reticence to make the shift. The first consists of the contents of the Rs.1.7 lakh crore “relief” package for the poor, the Pradhan Mantri Garib Kalyan Yojana announced by the Finance Minister, which, besides coming late, ignores a whole range of areas where new or additional spending is required. Although the package promises to reach a small amount of free foodgrains and pulses to the needy over the next three months, much-needed cash transfers to the vulnerable are limited to a small number and are niggardly in scale (Rs.1,000 per individual for poor senior citizens, widows and the disabled and Rs.500 for each woman Jan Dhan account holder). Many of the other elements of the package (such as bringing forward payment of the first instalment of Rs.2,000 to farmers under the PM Kisan Yojana or allowing organised sector workers who are covered under the Employees Provident Fund Scheme to avail themselves of a non-refundable advance from their own contributions) refer to funds already committed or that are not being provided by the government. Similarly, State governments have been told they can use funds from the Rs.31,000 crore available under the Building and Other Construction Workers’ Welfare Fund to provide relief to workers in that sector who are badly affected, and from the District Mineral Fund to finance medical initiatives. These funds already exist, are available to States and some had even started using them for relief.

This suggests that the Rs.1.7 lakh crore figure as the size of the “new” relief effort is an exaggeration. But that figure too, amounting to less than 1 per cent of the gross domestic product, is far from adequate. By way of com-

UNION HOME MINISTER Amit Shah receiving a cheque for the PM CARES Fund from the paramilitary forces, in New Delhi on March 29. The cheque was for Rs.116 crore, which amounts to one month’s salary of all the personnel.





B. VELANKANNI RAJ

BOATS DOCKED at Kasimedu fishing harbour in Chennai on March 28 because of the COVID-19 nationwide lockdown. The fishing community is one of the most affected by the lockdown.

parison, Kerala, with around 3 per cent of the country's population, which has thus far been among the most affected and has responded extremely well on all accounts, has prepared a plan to address the crisis that is expected to cost Rs.20,000 crore. That amounts to close to 12 per cent of the national package announced by the Finance Minister. Such a difference in proportion clearly indicates that significantly enhanced spending is not on the agenda of the Central government.

That a fiscal effort by the Centre is not its first priority is also suggested by the decision to set up, separate from the PMNRF, the PM CARES Fund, to which, besides rich philanthropists and corporates with their social responsibility funds, ordinary Indians, including public employees, are expected to contribute. While making a personal contribution in a crisis situation is to be welcomed, directing such contributions to a new institution, when others already exist, whose organisational structure and spending rules are not transparent has raised concerns about actual intent. The new fund is unlikely to garner more than a fraction of the resources required, but it would provide a plank to announce schemes that would be presented as being the result of the personal push of the Prime Minister himself, aimed at overshadowing the efforts of governments such as Kerala's. This effort at private financing appears to be aimed at making a show of national solidarity under one individual and cannot be a serious complement to public funding that helps take much of the relief effort off-Budget.

Finally, that a fiscal push is not seen as the dominant component of the crisis response is indicated by the decision of the Reserve Bank of India (RBI) to make an off-cycle, emergency announcement of a monetary policy package, which includes a significant 75 basis points reduction in the policy (repo) rate, a cash reserve ratio reduction that frees liquidity and allows banks to lend

more, and permission to banks and non-bank financial companies to postpone payment of the next three equated monthly instalment (EMI) payments on a host of loans, including for housing, automobiles and other durable purchases.

This monetary policy push is related to the conservative fiscal stance. An important component of the economic policy perspective that advocates fiscal conservatism is a stress on the role of monetary policy in macroeconomic management. When inflation is moderate and the economy is in recession or growth is slow, it is argued, central bank intervention injecting cheap liquidity at extremely low interest rates through measures like "quantitative easing" is the way to drive recovery and growth. It is this perspective that has determined policy in developed nations during the recession years since the 2008 financial crisis, with limited or marginal impact. The real effect of this injection of cheap liquidity was an asset price bubble in financial and real estate markets, which has been only partially corrected even after the coronavirus shock. Yet, the grip of finance has meant that there has been little deviation from these unconventional monetary policies for more than a decade.

A similar emphasis on monetary policy in the current situation in India, as reflected by the RBI's COVID-19 response, will also not work. If production is stalled because of the crisis and demand is falling because many people are being deprived of their wages and earnings, pumping money into the system is unlikely to serve any of the government's purposes. Banks are unlikely to lend to those without the means to service such debt. At most, some who need marginal support to prevent default on debt and producers who need some credit to get through the worst of the shock may be backed. But whether even they get the support promised will depend on whether banks take up the options offered by the RBI's policy initiatives. Burdened with non-performing assets and expecting more loan defaults because of the crisis, they may prefer to go slow on credit provision. Attempting to outsource part of the effort to address the crisis to banks may not yield significant results.

This raises the question of what is holding back the government and its "decisive" leader from stepping out of this ineffective policy framework and hugely enhancing spending to provide relief and mitigate the effects of the shock. The only ones who would oppose such a proactive role for the state would be those businesses, sections of finance and individuals who fear that if the government's debt rises sharply a part of the surpluses they earn in the near future may be tapped through taxation to finance the government's increased debt service commitments. To pre-empt such a possibility, they would prefer that the government held back its fiscal reins and limited the scale of its crisis response. They would also support inadequate alternatives such as the PM CARES Fund that divert attention from that limited fiscal effort. Only a desire to favour these forces and/or succumb to their pressures can explain fiscal conservatism in the midst of the current crisis. □

‘Regional lockdowns would have been better’

Interview with Dr Naman Shah,
infectious disease epidemiologist. BY T.K. RAJALAKSHMI

DR NAMAN SHAH, M.D., PHD, IS A FAMILY medicine physician and infectious disease epidemiologist at Jan Swasthya Sahyog (JSS), a community-based health system in rural Chhattisgarh. He has worked in the areas of pandemic influenza planning, disease-control research and programme management with health departments, the Indian Council of Medical Research and the World Health Organisation. Speaking to *Frontline* on the COVID-19 outbreak (SARS-COV-2) in India and the aspects that need to be prioritised, including health preparedness, Dr Shah believes that cases will grow exponentially in India and that there is an acute need to centre-stage institutions such as the National Centre for Disease Control which was set up for research in epidemiology and the control of communicable diseases. Excerpts from his interview:

While the COVID-19 outbreak has been a wake-up call for public health systems all over the world, it has affected the developed world more than the developing countries. Are there any epidemiological lessons in this? Or is the worst yet to come?

The outbreak is indeed a wake-up call. At a time when social and international relations feel increasingly fractured, I’ve found it amazing that colleagues all across the world are preparing for, or responding to, the same disease now. Cases appear higher in developed countries, but that is a function of their higher international connectivity—as imported cases drive the epidemic in the early stage—and their increased testing. Our worst is yet to come; cases are growing exponentially and we now have virus transmission that is community-based rather than related to travel. We’ll be able to make more meaningful comparisons with time.

In recent years, we have seen a shift of emphasis from



communicable diseases to non-communicable diseases. Despite the shift, there have been several outbreaks such as Ebola, Zika, Nipah and so on. Do you think the shift distracted policymakers from focussing on communicable diseases?

You are correct. Infections will not be going away. India has both non-communicable diseases and communicable diseases. We have just been ignoring the latter, including our frightful tuberculosis burden, among others. One thing that has struck me in this outbreak so far is the relative ab-

sence of the National Centre for Disease Control. The NCDC should be India’s nodal agency for responding to epidemic disease, especially communicable ones. They were set up for this purpose and have an extensive history of contributions. NCDC is our equivalent of the United States’ famous Centers for Disease Control and Prevention, but only in name. Unfortunately, it has lost what scientific edge it had to bureaucratisation, and like many public institutions, we have allowed it to bleed away its talent and resources. They [NCDC] have been working against COVID-19, but not leading [the campaign] as we would expect.

The government claims that India is not in the stage of community transmission. The government has also placed some very limited testing criteria, confining it to those who have a travel history abroad and those who have come in contact with them. No symptomatic person needs to be tested. Do you think the low testing is a mechanism to keep the numbers low?

This is silly word play by the government. If we have insufficient testing and testing criteria which excludes the community, we won’t have the necessary evidence. Some very limited sampling, from a while back, does not answer this question. We know the disease is here; we know it is very infectious and spreads exponentially. I do

not understand what the government thinks they gain by denying this when we are already taking action against community transmission. And yes, the testing strategy needs a complete overhaul. Although our case numbers are low, that is not the goal of our limited testing. Here, I would invoke the old adage to not assume malevolence when ignorance will suffice.

In any event, does testing for an outbreak like this involve prohibitive costs, and could the technology be developed at a reasonable rate so that there is widespread testing?

This is a good question. While our current testing is far too low, I do not believe extensive testing is desirable either. We have to ask what the purpose of testing is. For the patient, testing does not currently change their treatment as mild cases do not need treatment; in severe cases, it would be reasonable to treat based on a clinical diagnosis alone. For public health purposes, testing assists with isolation in the early stages, but won't be workable as the numbers rise. We cannot carry out widespread facility-based isolation. In both cases, testing increases inter-person contact and the risk for spread. Many people with symptoms will have other viral illness and gathering at health facilities exposes them to COVID-19. As you indicated, extensive testing will also be expensive and those funds could be better used elsewhere. Now, the tests cost over Rs.1,000 (compared with Rs.20 for malaria) and have limited sensitivity, that is, they miss 20-30 per cent of positive samples. That rate, along with the price, improves in blood-based rapid tests, but the rationale for testing doesn't change.

The primary benefit of testing is for surveillance, where we need a more modest number of tests to understand our trends and to target interventions such as economic and physical restrictions for reducing spread.

Was a complete lockdown called for in India? Should it have been a graded lockdown?

We were unprepared, and still are. A national lockdown was extreme, and its side-effects are even more severe in a society where many citizens already live precarious lives and social support mechanisms are weak. These very citizens are also the most vulnerable to the virus. So the situation was grave, and while the lockdown has given us critical time as it will slow down community transmission, note that a lockdown will not reduce cases in the long run. Cases will rise rapidly as it is lifted.

Regional lockdowns would have been a better approach, but we would need adequate data to know where to apply them. Certainly, it was poorly planned.

With even 48-72 hours of warning and preparation, we could have decreased many of its harms. The other open question is how long the lockdown is needed. I think we should be able to prepare faster now and end it before the full 21 days.

The virus' trajectory is another matter of discussion. For instance, it has begun to taper in China.

I think a sustained decline after the initial peak is unlikely, based on past similar epidemics. Most have secondary peaks, if not more. It depends on the spread of

the coronavirus within a community and between communities, and how many people remain susceptible, among other factors. We also cannot take into account the impact of uncertain, but not uncommon, developments of key events such as an effective vaccine, new treatments, or mutations in the virus, which can radically affect the course.

Globally, there is a shortage of health infrastructure, especially in the provisioning of public health. Do you think any lessons will be learnt from this worldwide or will it be a case of business as usual once the situation normalises?

Crises are a wonderful opportunity for change. I am hopeful that citizens and their leaders will take stock of these events towards three ends: 1) to build meaningful universal health coverage, 2) to make sure we support each other through adequate social safety nets, and 3) to restructure and rebuild our disease control infrastructure. Traditional public health measures, that is, surveillance, outbreak response and hygiene, are often overlooked as their successes are not visible, but they prevent events from happening.

Do you think that the fact that the Indian population is younger means it is at a lower risk? What is the likely implication of the poor health situation of the Indian population?

It is hard to predict our population risk. On the optimistic side, we are a younger population and our rate of some co-morbidities, diabetes and heart diseases, is lower. Undernutrition is embarrassingly common but its contribution to risk in COVID-19 is not yet known. In our work at JSS in rural Central India, undernutrition is rampant and is a major risk factor for complications and poor outcomes in many other diseases.

If the virus spreads to rural areas, does the health system have the necessary wherewithal to track it and deal with it?

Not where we work. Here many routine health services still struggle for simple tasks. This includes the care of many acute fevers such as scrub typhus or leptospirosis, or managing birth emergencies, or the administrative aspect of reporting notifiable diseases. I believe a new illness that is widespread and which invokes fear of contagion will be very difficult to tackle. Additionally, social trust is low, with many caste divides and a history of overlooking the needs of tribal residents. Our best hope is equipping people with enough support, food, transport, and access to medical centres for at least basic treatment. We should make good but achievable plans as our history is largely one of repeated implementation failures.

How big is the likely gap between the need and the availability of PPE for health care workers?

So far, because the cases are just starting, the situation is okay. At JSS, we are adequately stocked at this time and have even received additional supplies from the state. The real test will be a month or two from now, when cases peak. I hope we can make enough PPE and distribute them well. □

Stung by scarcity

As the Indian health-care system is up against many odds in its struggle against COVID-19 with **shortage of health care** professionals, protective gear and ventilators, the relatively low rate of mortality may not be a cause for cheer. BY **T.K. RAJALAKSHMI**



MEDICAL STAFF of Guru Nanak Dev Hospital in Amritsar protest against the supply of alleged low-quality of PPE.

AT A ROUTINE BRIEFING, REPRESENTATIVES of the Union Ministry of Health and Family Welfare, Union Home Ministry and the Indian Council of Medical Research (ICMR) on health preparedness and the implementation of the nationwide lockdown, sought to give an impression that things were under control, that directives to State governments were being regularly issued and that there was little cause for panic. The Health Ministry, which had been in a bind over the spurious distinction it had made between local and community transmissions, sought to dispel the notion that the virus was spreading virulently by comparing the rate of increase of cases and case fatalities in India with that of developed countries. Until April 4, a total of 2,088 cases had been confirmed and 56 people had died.

There was, however a marked difference in the nature of the press briefings held in April and in the period soon after the start of the lockdown. In the latter case, questions from the media were encouraged. The briefings in early April were exceedingly brief, with officials taking very few questions from reporters, most of whom happened to represent the official media. This marked shift was perhaps because questions have been regularly directed at the government regarding the prevalence of community transmission, the low rates of testing, the availability of personal protective equipment (PPEs) for health workers, the availability of ventilators, and the attacks on health workers. There has been widespread

acknowledgment that public health systems the world over have been woefully inadequate. Acute shortages of almost everything, especially PPEs, have been a feature of this epidemic. This situation is not unique to India. In every other country, even in the United States, which has higher public spending, there have been shortages of ventilators and PPEs. The situation in the United Kingdom is as bad. One reason for these countries not going in for a complete lockdown is their concerns about its impact on the economy. Now it is felt that the “stay at home” policy might relieve the overburdened health systems a little.

Health workers, who have been called “warriors”, are in a particularly difficult situation. There have been reports of attacks on health-care workers in Indore, Haryana and a few other places and of the protective gears provided to them not being up to World Health Organisation (WHO) standards. Some 50 health workers in India have been confirmed to have tested COVID-19 positive by the Health Ministry. Health workers in developed countries have faced similar risks. But the problem is potentially far more serious in a country with a high population like India where the ratio of beds to patients and doctors to patients is low and medical equipment is in short supply. It has a ratio of one doctor to 10,189 persons against the WHO recommendation of 1:1,000, which amounts to a deficit of six lakh doctors. The nurse-patient ratio is 1:483, indicating a shortage of two million nurses.

On March 30, the government announced that factories producing essential items and ordnance factories were working “round the clock” to make PPEs for medical personnel working in isolation areas and Intensive care units (ICUs). These were apparently always imported for hospital use in the country before this crisis. Given the global shortage of PPEs, the government involved the domestic industry, shortlisted 11 manufacturers and placed orders for some 21 lakh coveralls. The government also said that it had approached companies in Korea, Singapore, Vietnam and Turkey to supply PPE kits.

Despite these measures, the immediate needs of medical personnel were not being met. About 3.34 lakh PPE coveralls were available in all the hospitals taken

together. Some 10,000 PPEs had been received from China, which had also supplied them to Spain and Italy.

The country faces acute shortage of ventilators, crucial for patients with Acute Respiratory Disease Syndrome. The government had commissioned Bharat Electronics Limited (BEL) to address the problem. As of March 30, 20 people with COVID-19 infection were on ventilators. Some automobile majors offered to produce ventilators, and the government planned to source 10,000 ventilators from China. It has asked one company in Noida, Uttar Pradesh, to manufacture ventilators, which were supposed to be ready in the first week of April.

N-95 masks were also in short supply. The government contacted two domestic manufacturers to produce them, and the Defence Research and Development Organisation (DRDO) is collaborating with them. Some 11.95 lakh masks are now in the possession of hospitals. Drug companies have said that there would not be any shortage of drugs. But apparently they faced transport hurdles, which the manufacturers association reported to the media. The government has not been candid about the nature and extent of shortfalls in medical supplies in the event of a more serious outbreak.

The Jan Swasthya Abhiyaan (JSA), a public health campaign, estimates that only 20 to 30 per cent of the hospitals had Infection Prevention and Control Guidelines in place. The Delhi government had requested the Centre for PPEs. As of April 3, 809 persons had been admitted in the nine hospitals equipped for COVID-19 treatment, and 369 people had tested positive. The hospitals had a total capacity of 1,545 beds. Some 3,120 samples were collected for testing, and reports were received for 2,745 of them. The Delhi government had at its disposal a total of 243 ventilators, 3,261 PPE kits, 4,63,450 surgical masks, 20,566 N-95 masks and 22,366 sanitisers.

The JSA pointed out that despite guidelines issued by the ICMR and the National Centre for Disease Control (NCDC), hospitals had never invested adequately in PPEs. Given the global shortfall of PPEs and India's import dependency, the supply of PPEs to all health workers is facing serious challenges. The JSA has urged the government to step up production of PPEs by involving manufacturing units in each State. The Central government-owned HLL Life Care is the central procurement and distribution agency for PPEs. The JSA said the government could also consider deploying more public sector units as procurement and distribution units.

The JSA acknowledged that the National Pharmaceutical Pricing Authority's (NPPA) move to control prices of products such as sanitisers and masks and declare them essential items was a good step. The NPPA also issued an order declaring all medical devices as drugs, thereby bringing them under the ambit of the Drug Price Control Order.

The lockdown has prevented overcrowding of public hospitals. But this also means that those who are in need of medical attention may not be able to visit in time

because of non-availability of transport. Another reason for the relatively low pressure on hospitals is the relatively low morbidity and limited testing.

The efforts by State governments in Rajasthan, Telangana, Andhra Pradesh, Punjab, Chhattisgarh and Madhya Pradesh to "take over", either partially or completely, private hospitals have been widely welcomed. The conversion of existing hospitals into dedicated COVID-19 treatment and isolation centres has given rise to concerns that regarding routine procedures and treatment of non-COVID patients may be affected. An advisory was issued to hospitals not to conduct routine and elective surgeries. The anxieties of patients seeking treatment for other communicable and also non-communicable diseases have not been addressed sufficiently. Likewise, the government's decision to allow Central government employees to access the Central Government Health Scheme (CGHS) facilities has been met with criticism as that same leverage has not been extended to other patients.

ICMR'S NEW DIRECTIVE

After some initial criticism of inadequate testing, the ICMR issued an order stating it had no objection to testing being done by government institutions such as the Department of Biotechnology, Department of Science and Technology, Council of Scientific and Industrial Research and Department of Atomic Energy, as long as they took up the responsibility for it. It said that it would "not provide diagnostic kits/reagents to these laboratories" and that samples referred by State health officials or State Integrated Disease Surveillance Programs should be the only ones to be tested. Yet the ICMR note cautioned them about SARS COV-2 being a "high risk pathogen with high transmissibility and infectivity. Sample handling at too many points and by inadequately trained staff can lead to high spills and laboratory outbreaks". The ICMR has listed out a series of safeguards that the laboratories managed by these institutions need to take.

Yet the total number of people tested is small for a population size of 1.3 billion. The Joint Secretary, Health Ministry, admitted on April 3 that testing for confidence-building could not be done as test kits were limited. Testing in India is at present confined to a defined category of persons with travel histories and their contacts and people with Acute Respiratory Infections and Influenza Related Illnesses. This covered health workers as well. As of April 2, 66,000 samples had been tested so far in 150 government and 52 private laboratories.

Malini Aisola, co-convenor of the All India Drug Action Network, said: "The delay in the procurement of PPEs has already irreversibly jeopardised the public health response to COVID-19. While some positive measures have been initiated, such as involving Invest India and enlisting of the government's e-marketplace platform, the chances of their success remain limited owing to challenges arising from the lockdown. There has to be more concerted and co-ordinated effort by the government and its agencies." □

Double distress

The Central government announced the lockdown abruptly and with apparently no thought for how India's millions of **vulnerable and socially excluded** people would be able to cope with the consequences. BY **DIVYA TRIVEDI**



PERSONNEL OF an NGO serving meals to homeless families at Andheri in Mumbai on April 1.

IN THE WEE HOURS OF MARCH 21, A DAY before the “Janata curfew”, the Mumbai Police brutalised members of a denotified tribe sleeping outside a cinema hall and evicted them in order to “clean” the streets. Twenty families of the Pardhi community, who had lived and sold their wares on the pavement for decades, were displaced in the middle of a pandemic.

On March 26, a 32-year-old man who was out buying milk in Howrah district of West Bengal died after the police allegedly baton-charged him, a claim they denied.

News of police excesses poured in from across the country as the 21-day lockdown transformed India overnight into a “police state”. Governance took a back seat and the bureaucratic machinery was reduced to firefighting issues as and when they surfaced.

While arguments can be made in favour of the lockdown, the fact remains that it was announced with zero preparedness. The vast majority of vulnerable and so-

cially excluded communities were provided with no means to cope with the deadly consequences of the lockdown.

HOMELESS

The Prime Minister's exhortation asking people to “stay at home” was meaningless to the more than 1.7 million “homeless” residents of India, who live in concrete pipes, places of worship and mandapas; under flyovers and staircases; or on roadsides, pavements and railway platforms (as per Census 2011). While the Central government's “plan” protected to a certain extent the needs of the middle and upper classes, it completely overlooked the disempowered, who constitute a huge chunk of the population. The disabled, the homeless, nomads, beggars, Rohingya refugees, sex workers, prisoners and riot-affected people, to name just a few, faced the double whammy of marginalisation and a health hazard. Even as they worried about protecting themselves from the virus, their first priority remained to secure shelter and food.

Shambhu, who used to sell cucumbers on the railway platform and wash cars before he was rescued and rehabilitated by the New Delhi-based non-governmental organisation (NGO) Chetna, said: “There is immense fear among the people. Most street children have taken refuge at an employer's or acquaintance's place. But for how long will these people feed them? Rumours are flying thick and fast about the lockdown being extended. If something is not done soon for street-connected people, we will be in for a severe crisis.” Shambhu now teaches other street children to become empowered like he is. His father makes chapattis at a local dhaba and is currently out of work because of the lockdown. While most people in the Sarai Kale Khan *basti* (slum cluster) in Delhi, where he lives, adhere to the lockdown, those without toilets have no choice but to venture out to the nearest community toilet. “They try to go at four in the morning before the cops become active and then sometime later in the evening,” he said. The slum dwellers have been cutting a bar of soap into two and using one half to keep their hands clean as none of them can afford sanitisers.

Despite the Prime Minister's declarations that rural India is open defecation free, and a spurt in the construc-

tion of toilets by the authorities, the reality is that many people in rural areas have to go out of their homes to relieve themselves and those in urban spaces have to share toilets with dozens of others.

As the Housing and Land Rights Network (HLRN) says on its website (<https://www.hlrn.org.in/homelessness>): “According to the Census of India of 2011, India has more than 1.7 million homeless residents, of which 9,38,384 are located in urban areas. These figures, however, grossly underestimated the real numbers of the homeless. Civil society organisations estimate that at least one per cent of the population of urban India is homeless. Based on this, it can be extrapolated that the population of the urban homeless is at least 3 million. In the capital city of Delhi alone, at any given point, civil society estimates place the number of homeless at around 150,000-200,000, of which at least 10,000 are women. India also has the highest number of street children in the world but there is no official data on their numbers or adequate schemes to respond to their special needs and concerns.”

The HLRN has given a slew of suggestions for what the government can do to control the negative impact of the lockdown, including the use of Army vehicles to transport stranded people to their homes. It has also asked for protocols and facilities to be put in place across the country for the isolation and quarantining of homeless people and those living without adequate housing.

THE DISABLED

When the government announced its “stay at home” strategy, it did not consider the scores of disabled who are hawkers on trains, do petty jobs or otherwise earn their livelihood in the unorganised sector but are unemployed now and have no other source of income, said Muralidharan, general secretary, National Platform for the Rights of the Disabled.

The COVID-19-related guidelines of the Ministry of Health and Family Welfare for the “protection and safety of persons with disabilities” state that “persons with disabilities should be given access to essential food, water, medicine and to the extent possible such items should be delivered at their residence or place where they have been quarantined”. Muralidharan worried that the rider “to the extent possible” was likely to be cited to deny the disabled such a service.

Finance Minister Nirmala Sitharaman announced a one-time ex gratia amount of Rs.1,000 for disabled persons through direct transfer. This is to be given in two instalments spread over three months, which averages to Rs.333.33 a month. Stating that this added insult to injury, Muralidharan said: “No less than 65 per cent of the disabled population is unemployed. The guidelines fail to suggest measures to address their concerns. The Rs.333.33 per month ex gratia is grossly inadequate. Social security measures have to take into account the extra expenditure that disability entails, more so in such situations.” The ex gratia amount should be increased to Rs.5,000 a month, he said.



MIGRANT LABOURERS in New Delhi on March 28 waiting to board buses provided by the government to transport them to their hometowns.

Census 2011 identified 2.68 crore persons as having disabilities. As per data released by the Department of Empowerment of Persons with Disabilities, the Ministry of Social Justice and Empowerment, around half of them do not possess a disability certificate, which is mandatory for access to any government entitlement. Therefore, even this miserly amount is not available to a large number of disabled people identified in the census. In addition, the census enumerated only people with seven disabling conditions. Since then, the number of conditions recognised as disabling has increased to 21.

A day after the lockdown was imposed, Anjee Agarwal, a disability rights activist and co-founder of Samarthya, a disabled people organisation, wrote a distress post on social media: “We are three with muscular dystrophy (high support need) [and] can only manage with human assistance. Today we sent our attendant to get a ‘curfew pass’ [issued only by local police] so that he can come to our house to assist us.” The attendant was denied the pass despite Anjee Agarwal ringing up the police and explaining that with all three members of the family affected, it was impossible for them to function without a trained assistant at least during the day. She had to reach out to higher authorities, and managed to obtain a pass after five hours.

“It is pertinent to mention that while ‘social distan-

cing’ is the only way to fight against #COVID19, however there has to be a mechanism in place [for the] issue of special passes to ensure that people with disabilities and [the] elderly who are dependent... have access to their trusted/already hired/trained personal care attendants,” she said on social media.

Finally, after a lot of lobbying, the Disability Commissioner of Delhi sent an order to all District Magistrates: “Caregivers of person with disabilities (PwDs) should be allowed to reach PwDs by exempting them from restrictions during lockdown or providing passes in a simplified manner on priority.”

PRISONERS

With the World Health Organisation saying that closed spaces such as prisons were susceptible zones for the spread of the virus, countries across the globe took steps to release prisoners. There were 4,66,084 prisoners in India in 2018, according to the National Crime Records Bureau. Even if a fraction of them were to get infected with the virus, the consequences would be devastating for the country.

On March 23, the Supreme Court took *suo motu* cognisance of the matter and directed each State and Union territory to constitute a high-powered committee (HPC), comprising the Chairman of the State Legal Ser-

vices Committee, the Principal Secretary (Home/Prison) and the Director General of Prisons, to determine which prisoners could be released on parole or interim bail for an appropriate period of time.

Following the order, some States announced they would release prisoners. Madhya Pradesh planned to release 5,000 convicts on emergency parole for 60 days and 3,000 undertrials on interim bail for 45 days. Delhi’s Tihar jail promised to release 3,000 inmates who lived in Delhi, while Uttar Pradesh released 11,000 inmates from 71 jails.

Maharashtra promised to release 11,000 inmates serving or booked for jail terms for up to seven years but excluding foreign nationals, people from other States and people charged under the Maharashtra Control of Organised Crime Act, the Prevention of Money Laundering Act, the Maharashtra Protection of Interest of Depositors (in Financial Establishments) Act, the Narcotic Drugs and Psychotropic Substances Act and the Unlawful Activities (Prevention) Act.

In a letter addressed to the Chief Minister, the Chief Justice of the Bombay High Court and others, a group of advocates from Maharashtra said: “This categorisation is shocking and unfair. By such exclusion, the Right to Life envisaged under Article 21 of the Indian Constitution of undertrials charged under the various Special Acts and/or undertrials who are from other States is under threat. To have such criteria also violates the principles laid under Article 14. Such an exclusion would mean that the rights are not equally guaranteed by the Constitution to all and those in the excluded categories are ‘unequal citizens’ in the eyes of law.”

They suggested that instead of putting a blanket restriction on releasing undertrials of foreign nationality and those from outside Maharashtra, provisions should be made to send them safely back to their place of residence so that the burden on the prison system is relieved. They requested that vulnerable people in the categories excluded by the HPC be considered for release. “Excluding them only on account of the nature of crime charged with is like giving the death sentence to them. Any restriction on the basis of the crime they are alleged to have committed is unfair and violates their fundamental rights,” the letter said.

For instance, this exclusion will not allow the release of Prof. G.N. Saibaba, a 90 per cent disabled convict despite the fact that his deteriorating health puts him at high risk for infection. His wife, Vasantha Kumari, is distraught as the jail authorities have not allowed her to talk to him via phone and refused to convey her messages to him. “After the lockdown, *mulakat* [meeting] with the lawyer has also been stopped. I don’t know how he is. Every week on Saturday, the advocates gave him medicines. Now this cannot reach him,” she said.

In unprecedented times, instead of showing compassion and magnanimity, the authorities are busy cracking the whip further on political prisoners. While the temporary bail applications of Shoma Sen (60) and R. Varavara Rao (80), both of whom face charges in the Elgaar

Parishad case, were rejected, the Yogi Adityanath government in Uttar Pradesh invoked the Epidemic Diseases Act, 1897, against the anti-Citizenship (Amendment) Act (CAA) protester Dr Ashish Mittal, general secretary of the All India Kisan Mazdoor Sabha (AIKMS). The provisions of the Act have no bearing on the case against Dr Mittal, the AIKMS said, implying that it was sheer political vendetta on the part of the Bharatiya Janata Party government to use all possible avenues to harass its political opponents. At a time when the government should be focussing on controlling the epidemic, it is trying to milk the epidemic to get back at political opponents.

Smita Chakravarty, an advocate of the open prison system, has a photograph that shows 74 inmates packed into a 17-person capacity barrack in Phaloudi jail, Rajasthan. She said that this was no time for knee-jerk reactions. "Prison overcrowding is endemic to the Indian prison system, the national average being 150 per cent. Overcrowding leads to complete systems failure in terms of health, hygiene and sanitation standards inside prisons." She added that prisons had a large population of elderly inmates who were more vulnerable to catching an infection, and they should be released immediately as they posed no threat to society.

ROHINGYAS

While vulnerable Indians do have avenues they can pursue to get a better deal for themselves, the ordeal of Rohingyas seems endless. In the Bari Brahmana area of Samba district of Jammu and Kashmir, members of the Rohingya community earn their livelihood by working in factories, doing construction work or rag-picking. As all these livelihood options have now been suspended, there are fears that there will be starvation deaths among the many single mothers and children in the community.

In Khajuri Khas, Delhi, home to 67 Rohingya families, the situation has been worsening since the anti-CAA protests began in January even though they had nothing to do with the protests or protesters. Most of them were evicted from their rented accommodations. The Rohingya refugees in Madanpur Khadar and Badarpur (in Delhi) and Nuh (in Haryana) are facing a similar fate. Nearly 6,000 refugees, including old men, women and children, were at risk of being put out on the streets and dying of starvation, said Sabber Kyaw Min, founder and director of the Rohingya Human Rights Initiative. No international organisation has stepped in to rescue them, he added. There are 40,000 Rohingya refugees in India as per the official count. The ramifications of getting infected would be disastrous for an already tormented people.

RIOT AFFECTED IN DELHI

The displaced Muslims of North East Delhi who fled marauding mobs in February now face the danger of starvation. With the memory of the communal violence that engulfed their neighbourhoods fresh in their minds and with rehabilitation not even begun, they struggle to

deal with this new threat to their existence. The Eidgah that was providing relief to some of those still trying to pick up the pieces of their broken lives was forced to halt work because of the coronavirus. Hundreds of riot-affected Muslims of Delhi are displaced once again.

Volunteers working with the community told *Frontline* that many families had moved to the homes of relatives or friends. Those who could had resettled in rented accommodations around Mustafabad. Food and rations needed to be arranged for 5,000 families. Individuals and NGOs were giving what they could, but transporting people and material under the lockdown was proving to be a great challenge. Given the situation, they had asked for monetary donations and decided to procure rations locally, but the prices of essential commodities were spiralling in the area, and they wondered how long they would be able to sustain their efforts. "*Peechhe se hi maal mehenga aa raha hai* [prices have been increased from wholesaler's end]. Besides, the retailers know that this is a riot-affected area, and we are at their mercy, so they are demanding *mooh-maange daam* [highest prices]," said a local resident on condition of anonymity. The previous day, right-wing goons had threatened him and told him to stop distributing relief, and he wanted to remain as inconspicuous as possible to avoid being targeted. "We are getting SOS calls from Gokulpuri, Chand Bagh, Khajuri Khas, Brijpuri and Mustafabad. The scale is too large," he said.

The food relief centres set up by the Delhi government are proving to be grossly inadequate. "In some places the quantity of food served to each family is a joke; in some other place, they served only *poori bhaji*. In yet another centre, people had to go hungry after standing in long queues as the food got over," said an activist.

As the Central government and its right-wing leaders remained silent on the plight of the riot affected, Human Rights Watch said: "Muslims displaced by the communal violence in February urgently need relief, compensation and shelter." HRW also expressed its increasing concern about stigmatisation of individuals and a rise in vigilante violence.

HRW said on its website: "Despite rising mob violence in India, the governments of Rajasthan and Karnataka made the names and addresses of people affected by COVID-19 public, putting them at risk of assault. In Delhi, Chandigarh, Maharashtra, Rajasthan, West Bengal and Uttar Pradesh, officials marked homes where people were under quarantine, in some cases displaying their names. The Election Commission allowed the use of indelible ink to stamp on people a message stating that they have to be in home quarantine and for what duration, and the Maharashtra government said it would stamp the left hand of all those sent to home quarantine, heightening the risk of abuse."

While a lockdown is imperative to stem the spread of the virus and reduce the number of deaths that might occur, it is equally important to ensure that people do not suffer because of it. □

Left high and dry

The nationwide lockdown **dealt a death blow** to the livelihoods of lakhs of already beleaguered workers in the unorganised sector. Even as an exodus of migrant workers overwhelmed bus terminals in Delhi, State governments did little to reach out to the worst affected. BY **T.K. RAJALAKSHMI**



MIGRANT WORKERS going home to their villages sitting atop a bus following the lockdown, on March 28.

WHEN PRIME MINISTER NARENDRA MODI announced, at 8 p.m. on March 24, a 21-day nationwide lockdown to break the chain of COVID-19 transmission, he did not spare a thought for the fate of lakhs of workers in the unorganised sector. Even as the public was informed that there was a need to fight the virus together, the televised announcement effectively rendered several workers without jobs and homes in one fell swoop.

As the effect of the announcement sank in, work came to a standstill in manufacturing units, assembling units and construction sites. The Union Home Ministry issued orders to State governments that the lockdown would have to be enforced at any cost. Overnight, lakhs of

domestic workers, roadside vendors and daily-wage labourers were left without jobs. Public transport was severely restricted.

As State governments grappled with the situation at short notice, the police in many cities in North India had a field day beating up anyone they chanced on roads. E-commerce delivery boys were not spared either, despite orders from the government that the transport of food and medicines, which come under the ambit of essential services, should not be hindered.

People could neither step out of their homes, nor was any help at one's doorstep forthcoming. There was no public provisioning of food and other essential items as

had been the case in Kerala, where the Pinarayi Vijayan government undertook special efforts to reach out to the people.

In Delhi, a team from the National Campaign for People's Right to Information (NCPRI) did a quick survey of ration shops and found that many were not functioning. People had been left to their own devices. The Central funds announced under the PM Garib Kalyan Yojana on March 26, a full 36 hours after the lockdown came into effect, was limited in its coverage and reach. Had the lakhs of daily wage labourers and factory workers been assured of funds in time, it is likely that the mass exodus on March 27 and 28 would not have happened.

Thousands of workers walked from as far as Punjab and Haryana to reach the Anand Vihar Bus Terminal in Delhi from where they hoped to take buses to their villages. On March 27, the inevitable happened. The Anand Vihar Bus Terminal was overcrowded with people anxious to get on to any bus that would take them from the cities. Initially, there were assurances that buses would be organised by the Uttar Pradesh State Road Transport Corporation (UPSRTC) at the border for migrant workers, but the buses never reached the designated places even as the Delhi and the U.P. government evaded responsibility and pointed fingers at each other.

According to media reports, the UPSRTC announced that it would operate 200 buses every two hours on March 28 and 29. The U.P. government had also reportedly made arrangements for food and water for migrants at bus depots in the State. Evidently, the migrants had set off only after some assurance of transport had been given. However, it also a fact that the Delhi government did not have enough time to prepare for the situation. The Central government held three Central cadre officers of the Delhi government accountable and suspended them. The bureaucracy received another jolt when a video circulated of the U.P Chief Minister pulling up an officer using unparliamentary language. The officer went on long leave. Even a week after the lockdown had been announced, the Union Home Ministry continued to issue orders to the Chief Secretaries of States to implement the lockdown order strictly, stop the movement of migrants, provide them with food, shelter and quarantine facilities as well as ensure payment of wages and non-eviction by landlords.

The Centre of Indian Trade Unions (CITU) wrote a letter to the government on two occasions, demanding urgent statutory measures to ensure that workers were not displaced from employment and that all requirements of food, shelter, health care and clothing were provided to them. The letter said that "appeals" alone would not work.

A huge section of migrant workers from States in north India, West Bengal, Orissa, Karnataka and Telangana work in the informal and formal sector in metropolitan cities across north India, especially in the construction sector. While some left for their villages in panic following the lockdown announcement, many others stayed back. In Haryana, ruled by a Bharatiya Janata



MIGRANT workers and their families stopped at a police checkpoint during the lockdown, on March 28.

Party-led government, the CITU set up helplines on its own initiative in district headquarters and received several distress calls on these helplines. Jai Bhagwan, general secretary of the State CITU, told *Frontline* that there were around 22 lakh migrant workers from Bihar, U.P., Madhya Pradesh, Jharkhand and West Bengal in the industrial areas. Nearly 12 lakh of them were construction workers. Jai Bhagwan said: "We have received distress calls from workers in construction sites of even big companies. The owners have left them high and dry. Not all construction workers are registered with the Construction Workers' Welfare Board. Only those registered will get the benefits of the cash transfer. The government has promised Rs.4,500 for a period of three months and has released Rs.1,000 to some." The problem was that the majority of workers were not on the "rolls" of employers. Only 25 per cent of them were on the records of the government. In Panipat, Jai Bhagwan explained, there were three lakh workers, women and men, but only 3,500 of them had Provident Fund accounts and were registered with the Employees State Insurance. "So the number of people who will get the benefit will be very few," he said.

DRACONIAN MEASURES

The Haryana government announced draconian measures for those violating the lockdown. A widely circulated video showed two Accredited Social Health Activists, or ASHA workers, on their way to work being beaten by the police for violating the lockdown. These were the front-line health care workers the Prime Minister had asked the public to applaud on March 22.

On March 29, the Union Home Secretary and Cabinet Secretary, at a video conference with Chief Secretaries and Directors General of Police of State governments, expressed "alarm and unhappiness at the large-scale movement of migrant labour on roads on foot followed by

an accumulation of a large number of people, especially at the Anand Vihar Bus Terminal." They also observed that "in order to disperse the crowds, buses had to be provided in large numbers on the evening of March 27 and 28". At the video conference, State government representatives were instructed to follow the lockdown directions under the Disaster Management Act. District Magistrates and Superintendents of Police were instructed to ensure that there was no movement of people on roads. State government officials from Delhi, Punjab, Haryana, Maharashtra and Gujarat were told at the video conference that the nation was facing a public health emergency. The broad framework of the orders passed by the Central government officials laid down that inter-State borders were to be sealed; no person, whether travelling in a bus, truck, tractor, trolley or on foot or by bicycle, would be allowed to cross and if they did, they would be "returned without exception"; persons travelling within districts on foot on highways and roads would be picked up, placed in buses and left in localities from where they started; police were to make announcements that no buses would be allowed to ply from the Anand Vihar Bus Terminal to U.P. or beyond.

The State Home Department of Haryana, while implementing the orders in letter and spirit, went a step further and declared that "big indoor stadiums or other similar facilities" would be used as "temporary jails" to house those who disobeyed. "A zero tolerance policy would be adopted towards anyone violating the lockdown guidelines" and "jaywalking on the roads with luggage or family member" was completely prohibited.

Even as such drastic measures were put into place, the State government did not seem to be doing much to reach out to those who had been worst affected. Jai Bhagwan said that many employers had switched off their mobile phones and were unreachable. The salaries of many workers for the month of March had not been credited. Workers in the unorganised sector were told to fill forms with details of Aadhaar numbers and get them verified by the local corporator in order to get some

monetary relief from the government. Jai Bhagwan said the workers were made to run from pillar to post to get even a little amount of money sanctioned, and that in many places they had reported that the government officials were missing. The government helplines were ineffective. The district administration and the police, he said, had not given CITU volunteers enough travel passes. "Initially they gave us some passes so we were able to deliver rations to some 4,000 persons in parts of Gurugram, Faridabad, Jind and Rohtak, and provide food to several workers in places from where we got distress calls. Now some non-governmental organisations ideologically affiliated to the government have been given permission to prepare food and reach out to the individuals," he said.

The situation of about two lakh brick kiln workers was just as dire. Most of them, hailing from U.P., Rajasthan, Bihar and Madhya Pradesh, lived on the brick kiln sites with their families, far away from the city centres and at the mercy of the owners. They were not registered in any government scheme as they had not been registered as workers in their employers' records. Jai Bhagwan explained: "This work is seasonal in nature. It begins in December and goes on until June. Most of the workers are stuck at the brick kilns itself as villages have banned their entry owing to the virus scare."

HARVESTING OPERATIONS

On March 27, the Haryana government issued an order to all farmers and agriculturists that harvesting operations would be done only by machines, ostensibly to ensure physical distancing. But this had a negative effect on employment to agricultural workers. The guidelines for harvesting from the Additional Chief Secretary sent to all Deputy Commissioners, a copy of which is in *Frontline's* possession, says that "manual harvesting to be used as a last option." Even where combine harvesters are to be used, not more than two to five persons are to be deployed. According to the guidelines, clothes worn during harvesting should not be re-used and arrangements for drinking water and eatable items are to be made separately for each individual.

Fahim, a daily wage labourer in North East Delhi's Welcome Colony told *Frontline* that the government should have transferred at least three months' wages into the accounts of unorganised sector workers before announcing the lockdown. "The first time they hit us hard was during demonetisation, and they have done it again. People will die more due to hunger than the virus," he said.

For the unorganised sector workers for whom demonetisation and then the economic slowdown had dealt a severe blow, the lockdown dealt a further assault on their livelihoods. The mass exodus of migrants gave a glimpse of the crisis in the sector. It is clear that efforts to mitigate the situation in a piecemeal manner are not working. Neither is the forceful confining of the workers and their families in quarantine camps a sustainable option. □

Marooned in the city

The lockdown has only exposed the existing problem of the devalued and invisibilised labour of **100 million internal migrant workers** and an economy that cannot ensure their sustenance and safety in the regions they work. BY NIVEDITA JAYARAM AND RAGHAV MEHROTRA

NAIM* AND HIS CO-WORKERS, MIGRANT workers from Uttar Pradesh, live on Khairani Road, a densely packed industrial hub in Sakinaka in Mumbai (Maharashtra), where at least one large fire has destroyed lives, wages, and documentation every year for the past three years. Under ordinary circumstances, employers such as Bablu, who run units producing flammable material, forbid smoking onsite, let alone cooking. But now, to survive the shutting down of neighbourhood dhabas (where they usually eat) and the militant enforcement of the lockdown by the police, Naim and his colleagues are compelled to put themselves at the mercy of the same fire hazards that, just three months ago, took two lives and destroyed 30 units just a 20-minute walk away.

Bablu, a marginal producer himself, has seen his earnings diminish because of the lockdown and is running out of rations and money to feed his workers, compelling Naim to cook in hazardous conditions. According to estimates by Aajeevika Bureau**—a labour organisation that works with informal and migrant workers—70 per cent of the workers live on such high-risk worksites: cramped and poorly ventilated, where they sleep—and now spend their entire days—near old, hazardous, second-hand industrial machines, including metal cutters, power-presses, and drilling machines.

In Ahmedabad (Gujarat), Ramlal and his co-workers, migrants from Rajasthan who worked as daily-wage labour in the construction sector, had gone out of work a few days prior to the announcement of the lockdown. In the city, they live in an informal rental space, where 15-20 workers cram themselves into single, unventilated rooms—the most premium of which are 10x12 feet in size going at the rate of Rs.500 per worker. Many of the workers sleep on the tin roofs of the rooms, while others squeeze themselves in the hollows of the walls meant for

storage. For them, the lockdown means spending 24 hours jam-packed into these cowshed-converted rooms in the scorching heat. The rooms do not have sanitation or water, but their occupants run the risk of police harassment if they step out. Their landlord, a local Rabari, from the cattle-rearing community, relies solely on the rent from migrant workers, and the ration shop that he runs, which caters exclusively to these groups. He cannot afford to lose out on rent or supply rations for free.

Ramlal and the other workers attempted to seek accommodation in a homeless shelter but were turned

away. They were asked for their identity documents, told that they were not homeless, and that the shelter did not have capacity. There are roughly 1.3 million migrant workers in Ahmedabad, according to Aajeevika's estimates. Left without other options, many of them set out to their villages on foot. As a result, over 40,000 migrants had congregated at the Gujarat-Rajasthan border in Ratanpur on March 25.

THE LONG MARCH HOME

Since the Central government announced the 21-day nationwide lockdown, along with the suspension of all transportation and the strict sealing of inter-State borders as a precaution against the spread of COVID-19 infection, Aajeevika's labour helpline has been ringing continuously. It logs an average of 200 distress calls daily from migrant workers who have been left without work, wages, food, water and, sometimes, shelter.

The announcement for a lockdown came without any prior notice for the estimated 100 million internal migrant workers in the country. In a matter of hours, the unanticipated public health crisis in India triggered an even larger, humanitarian crisis, the toll of which was borne by the most vulnerable sections of its population. So desperate were these workers to leave the cities and towns where they worked that they left in scores to their villages on foot, braving hunger and thirst, the scorching summer sun, police harassment, forested areas, and the threat of disease and death. Those who could not leave

called helplines in desperation, seeking food, supplies and shelter, or begging to simply be transported back to their villages. Many were stuck at borders, forming large crowds, where they were stranded, sprayed with disinfectants, or asked to provide "health certificates" which they had no means to procure, before being allowed to enter their home States.

This is not an unanticipated event. For decades, internal migrants toiling in cities have remained uncoun- ted in national statistics, excluded from urban governance facilities and services, and unrecognised either as workers or as citizens by their employers or governments. Before announcing the lockdown, the government had forgotten that its celebrated economic growth model—based on high-growth sectors and world-class infrastructure in large urban agglomerations—is built through the labour of rural-urban migrants.

Like Naim and Ramlal, migrants live in informal and unrecognised spaces in cities. This includes worksites, with workers living inside construction sites, small manufacturing units, hotels and dhabas or headloading markets, often in peripheral and isolated industrial locations. Some migrants live in informal rented accommodation with no rental contracts, at the mercy of extractive local landlords, who charge them arbitrary rents for a few facilities. Many live in the open to save on rent—on pavements, under flyovers, near railway tracks or on private or public land.

While worksites and industrial areas remain outside the jurisdiction of urban local bodies, informal rental spaces are often on illegally held land, which are not regulated by the state. Migrants living in open spaces, on the other hand, interact with the state only during evictions by the municipal authorities or the police, where their assets are seized and they are asked to leave with no options for alternative accommodation. When asked about migrants' access to basic public provisioning in the city, officials from the Ahmedabad Municipal Corporation responded thus: "We can only provide for 'taxpaying' residents and our resources are limited. The industry should be responsible for the labour they bring."

However, distress calls from migrants across the country reveal a different story—industry hires migrants precisely because they can cut costs and remain competitive by not providing for their welfare. In many cases, employers such as Bablu are themselves marginal, taking cheap orders with very small profit margins from large dealers who then aggregate and sell these products in domestic or international markets. Without orders, they are likely to face cash and ration shortages themselves. They pass on the losses to their workers by cutting wages and benefits.

Where employers are large and work-units themselves are organised, migrant workers are still hired on a casual or contractual basis. In a cement company in Kutch, 5,000 migrants called the helpline demanding rations. The company had refused to provide for them as they were hired through a labour contractor. While the main contractor had fled to Ahmedabad before the lock-



PRASHANT NAKWE

MIGRANT LABOURERS from Madhya Pradesh, Uttar Pradesh and Karnataka who could not board trains home were stranded in Mumbai after the lockdown. Here, they rest on the railway track on April 2.

down, the petty contractor was unable to provide rations to a large number of workers. While he gave advances to some workers to purchase rations, they did not know how much would be deducted from their wages when work was resumed. When the local administration and the police were apprised of the matter, they made the petty contractor sign an agreement to arrange rations, as the labourers were his responsibility.

With a large number of intermediaries between employers and migrant workers, they find it hard to identify the employer or even the company that hires them, remaining solely dependent on the petty contractor. Many more migrant workers are labelled as “self-employed” but in reality are piece-rate or home-based workers. For instance, the garments industry in Narol, Ahmedabad, employs a large number of migrant women who work from their tiny rooms or in small units to stitch buttons, cut extra thread from textiles or sew beads on to garments, which are then sold to large international brands. They receive work from local agents who pay them a marginal amount based on their output. The lockdown has meant a loss of orders, and these women workers are left with no employer to ask for their wages. When the government announced that employers must pay wages to workers despite the suspension of work, migrant workers were left without standard work contracts or identifiable employers to pay them.

LITTLE RELIEF

Similarly, the Garib Kalyan Yojana announced by the Finance Ministry and the slew of measures promised by different States provided little relief to migrant workers. Despite these announcements that have been presented as adequate to assuage their fears, they continued to leave in hordes to their villages. In its report to the Supreme Court, the government attributed migrants’ continued exodus from urban areas to misinformation and fake news which spread panic.

What went unsaid was that the relief packages relied on advancing the benefits under welfare schemes based on the existing lists of beneficiaries. Migrant workers do not make it to these lists—they do not have residence-based identity documents in the cities they work in because their living spaces are un-enumerated or unrecognised by urban local bodies, which view them as “illegal” or outside their scope. Without documents to prove that they are “residents” of the city, they cannot access free ration from the public distribution system (PDS) or demand water and sanitation in their living spaces.

The Labour Ministry has announced that cess funds collected by the Building and Other Construction Workers’ Welfare Boards (BoCWVB) would be used to transfer money to registered construction workers. However, in many States, dysfunctional welfare boards and complex documentation requirements result in migrant workers being unable to register themselves as construction workers.

Furthermore, women make up a large section of construction workers for whom access to BoCWVB re-



MIGRANT WORKERS from Uttar Pradesh and Bihar working in a metal scrap workshop staying inside the workshop in Mazgaon, an April 3 picture.

EMMANUEL YOGINI



SHIV KUMAR PUSHPAKAR

gistration is even more challenging. They are rarely identified as independent workers, but hired as a family unit, along with a male relative, who is then paid the wages for 1.5 labour units. This is in spite of the fact that the construction sector is the largest employer of migrant workers and the second largest employer of women in the country. As a solution, some States have opened free meal kitchens, but migrants, socially, culturally and geographically excluded from central city areas where these kitchens are set up, do not have the information or means to reach them during lockdown, and where overcrowding of local populations for accessing food is also a problem.

POLICE BRUTALITY

As a response to the crisis, the Ministry of Home Affairs released an order on March 29 asking States to prevent the exodus of migrants by ensuring that they have rations and shelter, receive their wages and do not have to pay rent. However, it did not prescribe how these measures are to be operationalised. On the contrary, the order has had the effect of increasing police brutality towards migrants.

Two days after the order was passed, the helpline received a call from a group of 120 workers who were attempting to return from Karnataka and Maharashtra to their villages in Rajasthan. At the Maharashtra-Gujarat border, they were apprehended by the Gujarat Police, who questioned and brutally assaulted them before stuffing them into a container truck that was to take them back across the border. Suffocated inside the truck, they began banging the insides, due to which the truck driver abandoned them on the road in Palghar district, Maharashtra. The group included women and children, and was left without basic supplies or any means to get anywhere to seek shelter.

Interestingly, when Sanchit, who arrived in Mumbai from Jharkhand only a month ago to work in an automobile parts assembly line, found himself without food since the factory’s mess had closed down and approached his employer, he was given a singular response: Why didn’t you go home as well? He explained, “Everyone else was local, so they had no issues, they just went back home. It was just us, a few from Jharkhand, others from West Bengal and Odisha, and one from Bihar—we were stuck.” Similarly, Dolaram, who was stopped by the police when attempting to arrange rations in Mumbai, was asked: “Why are you still in the city, everything is going to be closed for the next 2-3 months.”

UNJUST SYSTEM

With short notice and little means to act independently, urban local bodies are unable to identify and reach out to migrants who have been systematically excluded from both citizenship and labour rights in their work destinations. While each of these stories reveals particular men-

AT RING ROAD near Basai Darapur in New Delhi on March 30, a migrant worker, along with his child, on his way to his hometown during the lockdown.

tal, physical and emotional tolls, they all point out to migrant workers' dependence on informal networks to access sustenance in the cities. Left out by the state and abandoned by their employers, migrants rely on their small employers, petty contractors or marginal landlords, who are themselves dependent on incomes earned through the exploitation of migrant workers for their subsistence. Without work and wages, migrants cannot afford to purchase minimum consumption from these informal networks that cater to them. Even ordinarily excluded from public provisioning—their ability to sustain in the city has been exacerbated by the pandemic and lockdown. Those that they depend on for their survival are themselves reeling from the effects of wage losses, closed enterprises, and scarce food in the markets.

In other words, the pandemic has revealed a centuries-old system, where the poor contest the poor for access to scarce and unequally distributed resources in an urban economy, which does not guarantee unconditional survival to migrant workers. The physical and mental tolls of the pandemic are therefore compounded on to the existing costs for migrants, suggesting that the movements in large numbers towards their rural homes are not exaggerated but rather are created by our very systems of employment and provisioning of food and shelter.

Migrant workers come from the most socially marginalised categories of citizens, over-represented by Dalits, Adivasis, Other Backward Classes (OBCs) and religious minorities. They also overlap with the most impoverished and vulnerable categories of the workforce, earning the lowest incomes. They form impoverished rural populations, for whom the withdrawal of state support to the agricultural sector, lack of decent rural job creation and alienation from land, water and forest resources which have been seized by rural elites and large corporations, have meant that distress migration for low wages and poor terms and conditions of work is the only means for survival. It is telling of India's policy priorities that this vast section of its population—10 times larger than India's international migrants—was left to fend for itself, while the government took proactive measures to ensure the safe return of Indian expats before sealing off its international borders.

WHAT CAN BE DONE

The government must take urgent measures to mitigate the disastrous consequences of the pandemic and lockdown on migrant workers. As a first step, the universalisation of PDS, where migrants can access rations without residence-based identity documentation or any eligibility barriers is imperative. Safe shelters, with food and health care facilities, can alleviate the challenges faced by migrants who have been evicted from their worksites and living spaces. To be able to reach out to migrant populations, urban local bodies should identify migrant clusters in the city and regularise them for the provision of essential services such as food, water, sanitation and health care.

This can be done in collaboration with civil society organisations and trade unions, while police cooperation can be sought for delivery of essentials to migrant clusters, with strict orders against the harassment of workers.

In addition to these measures, special steps are necessary to prevent the intensification of the wage and employment crisis in the country. Legal aid cells with phone-based services at the Central and State levels will prove useful in resolving cases of non-payment or unfair deduction of wages, and forced retrenchments. In addition to this, a special relief package for micro and small enterprises will assist small and marginal producers in retaining and providing for the workers that they employ.

Similar to unemployment benefits under the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), the government must ensure the payment of minimum wages to daily-wage, piece-rate and home-based workers for the loss of work for the period of time it takes for the effects of the pandemic to get resolved. Since many migrant workers are not registered as workers or do not have operational and accessible Jan Dhan accounts, local-level identification and cash disbursements can be a solution.

The COVID-19 pandemic and lockdown has only exposed and aggravated an existing problem, that of the devalued and invisibilised labour of millions of migrant workers and an economy that demands the mobility of workers across State borders but cannot ensure their sustenance and safety in the regions where they migrate for work. The recognition of their presence in cities has come too late and with catastrophic results for this invisible army behind the country's explosive urban growth. □

**This article uses cases which came to Aajeevika Bureau's labour helpline, which it runs in collaboration with the Rajasthan government, since the announcement of the lockdown as well as the findings and perspectives from the organisation's research and field operations since 2005. Names have been changed to protect the identity of the workers who reached out to the organisation for assistance.*

*** Aajeevika Bureau is a non-profit organisation which is involved in research and policy advocacy, as well as delivery of legal, skills, health care and financial services to informal and migrant workers. It was established in 2005 and works in Rajasthan, Gujarat and Maharashtra.*

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Mental health concerns

“Social distancing” is the antithesis of all that is considered therapeutic in mental health. **Enforced isolation deprives** human beings of social contact, the need for which is hard-wired into human brains. BY **VANDANA GOPIKUMAR,**

DEBORAH PADGETT, ALOK SARIN, ROBERTO MEZZINA, ANDREW WILFORD AND SANJEEV JAIN

As a group of mental health professionals, academics and social scientists from India, the United States and Italy, we are acutely aware of our privilege as a part of a minority who enjoy the luxury of being able to intellectualise the health, humanitarian and existential crisis around COVID-19. In this knowledge, we attempt in all humility to present a broad interdisciplinary narrative of how population mental health may be addressed, both now and in the longer term. In doing so, we revivify mental health, broadening its scope, incessantly cognisant of its multifactorial causal pathways, especially in anomalous times such as this.

HEALTH SERVICES IN MANY COUNTRIES ARE under enormous pressure and face unprecedented challenges. Medical professionals and scientists, among others, have been at the forefront of relentlessly driving the effort to save lives and build systemic responses both by dissemination of adequate public health approaches, and in parallel, genetic mapping, drug and vaccine development. Despite persistent efforts, millions will be infected by the coronavirus and several thousands will die. This emergency has put all aspects of normal everyday life on hold, with expectations that individuals as well as institutions will focus on a single goal: containment and mitigation. Meanwhile, mental health care must take



A TRAIN in Bangkok on March 31.

MLADEN ANTONOV/AFP

(seemingly) a back seat to life or death decisions made by exhausted health care workers. For a newly mutated virus that has no vaccine or cure, the only tool that we have to slow the velocity of spread is reducing social contact. So apart from maintaining hygiene, the mechanism of “bending the curve” of the spread is “social distancing”. The problem is that “social distancing” is the very antithesis of all that is considered therapeutic in mental health. Enforced isolation deprives human beings of social contact, the need for which is hard-wired into our brains. Indeed, in human primates, the need for social behaviour is as keenly experienced as that of hunger. The difficulty is obvious. “Social distancing” takes away what people need most in times of great distress—warmth, support and collective meaning-making.

In this situation, psychological distress, inextricably linked to social losses, has to be addressed adequately. Narratives of the catastrophic effects of the pandemic (such as mass unemployment, depletion of support networks, gender-based violence and housing instability), find fertile breeding grounds in disenfranchisement and marginalisation. Although not yet documented by epidemiologists, there will likely be an increase in deaths by suicide, in severe depressive episodes and in spikes in anxiety, characterised by feelings of apathy, excessive rumination, loss of control and hopelessness. Similar trends were observed around the Spanish Flu Epidemic of 1918 and the Great Depression in the 1930s, indicating that mental health concerns and care may not have changed significantly over time.

What has changed has been the exponential growth of a mental health “industry” of providers working in hospitals, clinics and private offices. Regrettably, access to mental health care has not kept pace with access to health care and “specialist” outpatient services are mostly restricted to those who can pay for them—leaving public mental health services over-burdened and somewhat inaccessible in times of need. Key principles of effective mental health care, such as close engagement and involvement with clients, cannot be maintained from a distance or solely through a computer screen (assuming the person in need has access to a computer). Barriers of cost—now compounded by distance requirements—render mental health care unattainable. The individual relationship, the main instrument of therapy and assistance in mental health, can no longer be used freely and directly.

Franco Basaglia, the Italian mental health reformer, envisaged the “restitution of the social body” as the utopia for modern mental health reform. This is now under threat as social networks shrink to the essential. Increasingly people are exhorted to distance themselves from the social body and social contacts are reduced to connections on the Internet, telephone or television. This, in turn, generates increasing exposure to unreliable sources, exploitation and perceived loss of security, amplifying the experience of stress and suspicion. Alienation generated by the absence of social ties and exacerbation of conflict experienced within families can also sharpen,



MIGRANT WORKERS wait for food distributed by the Central Reserve Police Force, in Chennai on April 1.

leading to moments of domestic crisis. While, we do not wish to pathologise and classify reasonable, unprocessed and innate distress into a diagnostic box, sudden and overwhelming stress may indeed exacerbate depressive traits.

Developed in the early part of the 20th century, psychological first aid was the first response of mental health professionals as part of the treatment for shell-shocked soldiers facing the horrors of a brutal war that rained death from within and beyond one’s gaze. Attending to basic needs, providing succour, demonstrating empathy and concern, and hope were seen as essential to the process of healing. While a mental health professional would typically offer therapeutic support of this nature, it may be an opportune time to focus on the social alongside the intra-psycho. Therapy and bio-medical care when required can provide essential recourse, no doubt. However, emergent needs mandate that human service professionals formulate collaborative care plans and account for and address structural and systemic barriers as well, that often precipitate and perpetuate distress with a vigorous capability to influence ill-health and recovery trajectories. Integration of democratic and supportive methods such as open dialogue and socio-therapy is essential, now more than ever before. In order to enhance the effectiveness of problem-solving efforts and mental health solutions, a comprehensive life span perspective

that addresses legitimate concerns of service users, is recommended.

THE UNEQUAL BURDEN OF BOTH EPIDEMICS

The social gradient in mental health is reinforced in the current crisis. For the majority caught in a web of economic marginalisation, social disadvantage, inequity, gender disparity and powerlessness, the human experience of the pandemic and related social losses and opportunity costs could bolster a further downward spiral into a state of hopelessness. Globally, health, social and economic inequities, stand unconcealed and evident today more than ever before.

The COVID-19 outbreak came amidst an already-deepening crisis of rising economic inequalities and homelessness in much of the world. Mandated “stay-at-home” policies have been a cruel reminder that homeless persons have no place to seek refuge. Moreover, the dominant model of homeless services—crowding dozens or hundreds of people into a shelter with poor sanitation and poor nutrition—was a recipe for impending disaster. Globally, encampment “clearings”—sweeps by sanitation workers and the police—continue unabated and remove what little refuge their inhabitants have managed to cobble together, exposing them to the elements and greater risk of infection. With foot traffic on the streets and access to casual labour virtually non-existent, opportunities to generate a meagre income have disappeared. The loss of jobs—especially low-wage service industry and jobs in the informal sector—is likely to push more

and more people into homelessness. Similarly, lockdowns in many parts of the world have exposed other vulnerable groups and communities to further risk. Women may find themselves in the way of harm, exposed in isolation, to intimate partner violence and/or domestic violence, with no reprieve in sight. Casteism, classism and other ritualistic practices in communities are often both amplified and justified, in times such as this, resulting in further alienation and othering, as herd mentality and group identity gets the better of reason, humanity and social connectedness.

It has never been more urgent to step aside from conservative and rigid kinship practices, social processes and individualistic notions and embrace the values and practices of sharing and solidarity, both civil and social. This is critical if we want to enhance the sense of being part of a community. In this context, mental health services can act as bridges. In a re-discovery of the self, we should pay attention not merely to physical care, for example fitness and healthy lifestyle, but focus on a form of Foucauldian “care of the self”. What do we really need? What is essential? Who are we, as individuals and groups? How do we behave? Important questions in today’s day and age. As we are thrown back on ourselves, something quite new to many of us, we must seize the opportunity to listen to ourselves and, at the same time, reinvigorate a sense of community and common struggle.

OTHERING AND IDENTITY OF THE VIRUS

We see both dimensions of our human nature on display in our response to this pandemic. Everything appears normal, and yet we are told that danger lurks in every touch, on every surface, and in every breath shared with others. At the same time, we are also made aware that the virus is a mutation of the influenza virus, that it originated in bats, can spread only by droplet infection, and can cause death only in a small segment by an acute inflammation of the lungs, identified by ground glass opacity (GGO) in the lungs. In a population that has limited social capital and unequal access to education and health care, the voice of reason and science may be drowned by the fear of disease, amplified by polemical discourse. The need to democratise science and medical care and make it transparent and accessible to all is an essential approach to quell fear and unfounded terror and panic, often a cause for knee-jerk reactions and self-harm.

On the ugly side, we have seen callous indifference to the economic divides within our society that allocates resources, economic, medical and educational, in response to our varied lockdowns and “social distancing” measures. A few communities, in particular, are experiencing racist rhetoric and attacks on an alarming scale, exacerbated, sadly and unnecessarily, by labelling the virus as the “Chinese virus”. Expert knowledge shared by medical professionals and immunologists is publicly doubted and derided through a political lens that amplifies conspiracy theories and gives voice to irrational forms of political denialism. The need to label, deflect and externalise that which levels all of humanity is on full

display with its attendant ugliness, racialisation, and (oftentimes religious) obscurantist anti-expert populism. Catastrophic events of this nature are bound to deepen and widen fault lines, be they personal, societal, economic or communal. Anxieties emanating from the uncanny and sublime often lead to frenetic and feverish archiving of the other's evil, as an attempt to exteriorise and name that power and malevolent force.

HUMANS AS SOCIAL BEINGS

Literally millions of people are willing to stay indoors out of a sense of caring for others' well-being as well as their own. To sacrifice our own freedom for the good of others. Yes, there are egregious exceptions among youthful party-goers and some religious groups but the outpouring of goodwill and loving care being shown has caught many of us by surprise. The zeitgeist of competitive individualism has suddenly been called into question. The longer-term effects of this great social experiment remain to be seen but it is hard to imagine a return to the previous status quo.

This is a case in point to realise that there is within humanity an intrinsic sociality and altruism that strives to overcome the overwhelming sway of anxiety not through othering, but through empathy and care. It is no exaggeration to say that "culture is in our bones", given our evolutionary species-being. We, unlike many of the animals we share the planet with, evolved through a selection pressure towards plasticity, or a capacity to learn through symbols, which, in turn, was also a selection pressure towards social cooperation and the learning it enabled. Rather than the "naked ape" depicted in Stanley Kubrick's classic, 2001: A Space Odyssey—a weapon wielding and aggressive hominid—the evidence from paleontological record suggests otherwise. From endocasts we see that the sulci within the brain associated with language and learning corresponded to greater social complexity within our material culture, as well as the morphological changes to our bodies that allowed for the selection of larger and more complicated brains. That is to say, we are, despite our oftentimes pathological descents into racial and ethnic othering, also hard-wired, paradoxically, for culture and meaning as it is that "software" that makes us truly human. A selection pressure for incompleteness and plasticity then means that the human adaptation was, and remains, one of learning, empathy, and cooperation, as much as it is of labelling the inherent dangers and exteriority of the other as a threat.

SYSTEMIC SOCIAL HEALTH RESPONSES

In the background of uncertainty and despite some governance, social and political blips, flourishes of cooperative and determined action have left people around the world feeling hopeful. Many positive moves have surfaced, if only to stem the tide of infection and reduce the strain on medical care. Moratoriums on evictions have been enacted, compensation measures for daily wage earners have been initiated, community kitchens have opened; the suggestion of a basic income has been

mooted in a few countries. It remains an open question whether political leaders will further harness and nurture our better angels and tear open the archives of difference that threaten to make this disaster truly catastrophic for the future of our common humanity. Or out of this, will the inarticulate trauma and the silences that it harbours within, in particular the younger generations, be met by an opening of spirit and psychological inquiry that does not rush to judgment, and with it, the pathologising of those who are suffering by erecting more borders and virtual archives of racial, ethnic, and religious difference (exploiting the tyranny of small differences). If our better angels emerge at the international, national, and local levels, perhaps this moment will not only better prepare us to meet other existential challenges like climate change and inequitable progress and development, but will also push us past the brink of intolerance, classism, sexism, ableism, populism and nationalist xenophobia that are plaguing our planet at this time.

In what could be best described as a natural social experiment, the current situation presents us with threats, challenges and opportunities of an unprecedented scale. As a consequence, how we behave as nation states, communities and individuals, may have the propensity to influence not just our immediate, but future life, culture and society, as well. Is there then embedded in the recesses of this tale of despondency and gloom, an opportunity to calibrate our collective consciousness?

And yet the mental health consequences of "social distancing" should not be underestimated. Boredom, isolation, loneliness, fear and anxiety are a recipe for need that goes well beyond the rudiments of hand-washing and mask wearing. But—as with the 9/11 attacks in New York City in 2001 or the tsunami that hit large parts of Asia in December 2004—the effects are mitigated by the "we're all in this together" sense that consumed these cities and regions in the months afterward. Every walk through empty city streets is a reminder not only that the worst pandemic is upon us but the best social caring response possible is also with us. And if the virus is contagious, so is hope. □

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CAUGHT IN A LOCKDOWN

Reports from some States show **how governments responded** to the health crisis and people's livelihoods and how businesses coped during the three-week nationwide shutdown.

MAHARASHTRA

Growing apprehension

LYLA BAVADAM

YOU can hear and smell the fire brigade truck before it appears. The announcements over a loudspeaker warn pedestrians to cover their faces or move into building entrances. It smells like a swimming pool zone; only that the odour is stronger because of the pure chlorine being sprayed into the air. High fountains of spray gush out of a pressure hose as a man in full protective clothing walks down the centre of the street fanning the hose from side to side.

This disinfecting procedure, or sanitising, started in

south Mumbai after a scare that three persons had tested positive for COVID-19 in the slum colonies of Colaba. While that was dismissed as a rumour, it seemed to be enough for the Brihanmumbai Municipal Corporation (BMC) to begin the daily chlorine spray.

But does public spraying of chlorine really help eradicate the virus? An article in *National Geographic's* Science section titled "Why soap is preferable to bleach in the fight against coronavirus" by Sarah Gibbens offers an answer. "In countries hardest hit by the novel coronavirus, photos show crews in hazmat suits spraying bleach solutions along public sidewalks or inside office buildings. Experts are dubious, however, of whether that's necessary to neutralise the spread of the coronavirus. Using bleach 'is like using a bludgeon to swat a fly,' says Jane Greatorex, a virologist at Cambridge University. It can also corrode metal and lead to other



PRASHANT NAKWE



VIBHAV BIRWATKAR

HEALTH department personnel at an apartment where a person was found infected, in Thane on April 2.

THE ROAD outside the generally busy CST terminus in Mumbai on March 22.

respiratory health problems if inhaled too much over time. 'With bleach, if you put it on a surface with a lot of dirt, that [dirt] will eat up the bleach,' says Lisa Casanova, an environmental health scientist at Georgia State University. She and other experts instead recommend using milder soaps, like dish soap, to easily sanitise a surface indoors and outdoors."

SPIKE IN CASES

On March 13, the State government declared coronavirus an epidemic in Mumbai, Pune, Pimpri-Chinchwad and Nagpur. With the invocation of the Epidemic Diseases Act, 1897, the government had the right to forcibly hospitalise people with suspected symptoms. Instances of quarantined people running away resulted in the State rubber-stamping wrists of people placed under quarantine from airports and hospitals.

On March 17, the first case of death linked to the virus was reported in Mumbai. From March 18 all shops, except grocers and chemists, in major cities were shut. On March 20, Chief Minister Uddhav Thackeray said only essential services would function and public transport would be on skeletal services. Mumbai's iconic local trains were at a complete standstill instantly. On March 22, Section 144 of the Code of Criminal Procedure (prohibiting the assembly of four or more people in an area) was imposed across Maharashtra, and the next day Thackeray announced the sealing of district borders.

The very first case of COVID-19 in the State was detected in Pune on March 9 on a couple who had returned from Dubai. The next day three more who had been in touch with them tested positive. Two days later, two Mumbai-based people, who also knew the Pune couple, tested positive.

By March 16 the State had 37 positive cases, which rose to 45 two days later and to 48 on March 19. By March 23 three people had died and the number of infected people was 97, with Mumbai leading the list. By March 25 the count of detected cases rose sharply to 122. By March 29 eight people had died.

On March 30, Maharashtra had 302 positive cases with the highest number in Mumbai. The district-wise break-up of positive cases was: 151 in Mumbai, 48 in Pune, 36 in Thane region, 25 in Sangli, 16 in Nagpur, eight in Ahmednagar, four in Yavatmal, three in Buldhana, two each in Satara and Kolhapur, and one each in Aurangabad, Sindhudurg, Ratnagiri, Gondia, Jalgaon and Nashik.

On April 1, Maharashtra had 335 confirmed cases of coronavirus. Of the increase, 30 were in Mumbai, two in Pune and one in Buldhana. The death toll rose to 16 after four patients died in Mumbai. Forty-two patients have recovered. Among the new cases, 12 were from the central Mumbai region of Prabhadevi in a chawl where a woman who had died from the virus. The 65-year-old had tested positive on March 24 and died three days later. She had no history of foreign travel or contact with any known affected person.

The BMC said that seven of the woman's family

members and five neighbours in the building had tested positive. All of them were admitted to the municipality's Kasturba Gandhi Hospital which deals with infectious diseases.

Of further worry to the authorities was that the victim ran a mess service. One of her clients was a neighbouring business centre. The BMC has undertaken a cluster screening, but tracking down all those who have had any interaction with her is impossible because of the nature of her business. Sharad Ughade, Assistant Municipal Commissioner, G South ward, announced that those who ate at her mess should come forward to be tested. The sitting Shiv Sena corporator, Samadhan Sarvankar, said 180 residents had been screened for symptoms and they would be monitored for a fortnight.

On March 30, the detection of three cases in Worli Koliwada resulted in the sealing of the locality with 35,000 residents. The day before this, four cases had been detected, forcing the authorities to intensify a thread of contact tracing. The sealing of the locality and a nearby colony made it Mumbai's first no-go zones. The area is Cabinet Minister of Tourism and Environment Aaditya Thackeray's constituency and he tweeted: "Late last night 2 am onwards, Koliwada and Janata Colony have been sealed off. Disinfection and fumigation is on along with contact tracing."

By the evening of March 31 there were more cases. The BMC's C ward, which is the heart of old Mumbai—heavily populated localities and with many chawls—announced that it was sealing off pedestrian and vehicular traffic on three arterial roads because "corona-affected patients [were detected] in two buildings".

Later that evening, Rajashree Shirwadkar, Municipal Councillor for Ward 172 in the central zone of the city, acted responsibly by informing local residents saying, "We have 2 COVID19 positive cases in Sion." She named the building societies and went on to assure the people that the whole area had been sanitised and necessary precautions taken and advised them to step out only if necessary.

On April 2, a man tested positive in Mumbai's Dharavi slum. He had apparently attended the Tablighi Jamaat conference in Delhi. His family is in isolation and contact tracing is on, but it may be a futile exercise given that he travelled all the way from Delhi and that Dharavi residents lived in extremely cramped conditions.

When the first case was reported, Maharashtra had only one testing centre, at Kasturba Hospital. Within 20 days three more centres were set up, at Haffkine Institute, KEM Hospital and J.J. Hospital.

Health Minister Rajesh Tope said the Indian Council of Medical Research (ICMR) had so far approved starting 28 testing laboratories, including private ones. "We are following the 3T formula—trace, test and treat—in this challenging time," said Tope. He said that all 15 medical college hospitals in the State would have laboratories to conduct swab tests by the end of March.

Testing is the first step in the strategy of identifying, isolating, tracing contacts and containing the spread.

However, social fears of ostracism often stand in the way of testing and isolation. There have been cases of people being boycotted by neighbours and housing societies. For example, an IndiGo air hostess who was not detected with the virus said she was stigmatised just because her job involved travelling. In a heartbreaking viral video, she said shops refused to sell her mother groceries while she was away on flights.

CONTROL ROOM

In its initial stages, the Maharashtra government's response to the situation was lauded. The generally held view was that the State government was performing well despite the hurdles people faced post-lockdown. At the very start, Uddhav Thackeray set up a special control room "to fight a battle with the pandemic" and put 11 senior bureaucrats in charge of it.

The shutting of district borders following the announcement of the 21-day lockdown was the start of a brief period of panic buying, black marketeering and hoarding for commercial Mumbai, which depends completely on the districts for supplies. "Trucks were loaded and waiting at district borders," said Gordhandas Shah, a trader from the Vashi Agricultural Produce Market Committee (APMC). "But they were not allowed to cross." The APMCs were finally reopened on March 27, but by then daily-wage labourers had left and, once again, fully loaded trucks waited while queues of panic buyers continued.

The cruelest blow of the lockdown was the impact on daily-wage earners, both local people and migrants. In a typical scenario of their lives in Mumbai, a "kholi", or room, can be as small as six square feet, enough to store possessions and sleep outside. Physical distancing becomes a sick joke; living, cooking, sleeping, relaxing are all done cheek by jowl.

And then there is the rent which a non-earning daily-wage earner obviously cannot afford. With necessary ingenuity, migrants have found a way to minimise spending. They form a group of, say, 12 people and rent lodgings meant for six. Six will work a night shift and six a day shift, ensuring that only six use the room at a time. Furthermore, many migrants mostly eat from street food vendors. With these closed, their only option was to head home.

The State initially failed to notice this segment of the population, but once it did camps were set up to accommodate them. According to the government's own statistics, about two lakh migrant workers have been affected by the lockdown—the figure is of those who tried to return to their home base. More than 80,000 of these are construction workers of which 50,000 are in Pune, 25,000 in Mumbai and 11,000 in Thane.

As many as 1,000 relief camps have been set up to accommodate them and they are being maintained by the Rs.45 crore sanctioned by the State. The State's Shiv Bhojan thali, which was launched on January 26 in pre-coronavirus times, at Rs.10 for a full meal has now been brought down to Rs.5. As many as 25,000 thalis

used to be served per day, but this has been upped to 1,00,000 now. The Chief Minister has said it will be increased if required. While the camps may see to their daily needs, there are no provisions made for their families in the villages who used to depend on money being sent regularly.

Contract workers have also faced rough weather. Dharampal Valmiki, a contract worker with a dairy products company, had a salary of Rs.20,000 and responsibilities that kept him close to his boss' side. But this made no difference when it came to the crunch. Valmiki lost his job despite Maharashtra's Labour Commissioner Mahendra Kalyankar issuing an advisory to public and private companies not to cut wages or retrench workers. This was backed up by Uddhav Thackeray's public appeal on the same lines.

Despite the advisory, the law is partially on the employer's side. The Industrial Disputes Act allows companies to temporarily suspend workmen during a "natural calamity" with 50 per cent wages for up to 45 days. Uddhav Thackeray has extended a helping hand to industry by cutting the electricity tariff by an average of 8 per cent for a period of five years.

The possibility of a continuing lockdown to slow down community spread of the virus has kept Mumbai in a state of tension, and there is growing apprehension that the Centre is shooting in the dark instead of formulating a strategic plan with advice from experts.

GUJARAT

Many hotspots

ANUPAMA KATAKAM

GUJARAT recorded 82 positive cases and six deaths by April 2 and Ahmedabad was declared one of the 10 COVID-19 hotspots in the country. Several of the reported cases were of people with no personal history of international travel but with histories of contact with people who travelled.



AMIT DAVE/REUTERS

PEOPLE waiting to receive free grain from a ration shop in Ahmedabad on April 1.

In a “preemptive and proactive” move, the State Health Ministry also declared Rajkot, Surat, Vadodara and Bhavnagar as COVID-19 hotspots. Gujarat Principal Health Secretary Jayanti Ravi said: “We took this step for districts that are reporting higher number of cases or showing signs of clustering. The hotspot classification does not necessarily mean increased testing, but that strategies such as cordoning off areas with high population densities and increased surveillance in areas with reported positive cases can be deployed.”

The State government, which was initially slow to react to the crisis, has now started an aggressive campaign that includes a door-to-door health survey for the entire population. Started a few days into the lockdown, the survey has apparently completed surveillance and tracking of 3.98 crore people in a population of 7.3 crore for fever or respiratory infection. The idea is to find undetected cases, which are expected to trigger an explosive outbreak, the Health Secretary said.

The State government has launched a smartphone app called SMC COVID-19 Tracker which every quarantined person is required to install in his/her phone. Once every hour, the quarantined person must punch a “send location” button so that the government is able to monitor his/her whereabouts. If they leave their homes, they will be moved to institutional quarantine.

As of March 31, 19,026 people were in quarantine in Gujarat, in both home and hospital isolation, said Jayanti Ravi. She said six medical colleges and two private laboratories now had testing facilities, with a combined capacity of about 1,000 tests daily. Four hospitals in Ahmedabad, Surat, Rajkot and Vadodara were equipped to treat COVID-19 cases and would be able to accommodate up to 2,200 patients.

There has been a lot of travel between Ahmedabad and cities in China in recent months following Chinese President Xi Jinping’s visit last year. Gujarat also has a significant number of business travellers who visit from abroad. The Gujarati diaspora also keeps travelling back to their hometowns, especially during the winter. Resident Gujaratis are also known to enjoy a fair amount of international leisure travel and move around in large tour groups. News reports from Gujarat reflect an assumption that the State is under-reporting cases. But the Health Ministry says the survey should reveal more data, which will be shared.

Some aspects of the State government’s aggressive COVID-19 campaign have not gone down very well. The State has decided to name the infected people and those in quarantine, and stickers have been pasted on the doors of people placed in house isolation. This is a purportedly precautionary measure, but local residents believe naming is shaming. Another controversial move has been deploying the Rapid Action Force and five companies of the State Reserve Police Force to implement the lockdown. Local residents say such heavy-handedness is unnecessary.

A professor from the Indian Institute of Management, Ahmedabad, said: “During the first few days of the

lockdown, we saw a policeman upturn a vegetable cart and beat the vendor. Not only was the physical hitting unacceptable, but the waste of food was pathetic, particularly at a time like this. I think the authorities need to be more empathetic. Force is not the solution.”

Gujarat has a significant number of migrant labourers who work in the agricultural sector, the numerous small and medium scale industries that the State is well known for, textiles and infrastructure projects. Ninety-three workers were arrested in Surat when 500 migrants took to the streets in protest against not being able to travel home. Migrants in Gujarat are largely from neighbouring Rajasthan, and many of them eventually started walking home.

“I know that people of the Godhariaya tribe, who make up 95 per cent of the construction labour force, were picked up by tempos sent from their villages,” said a Dakshin Chhara, film-maker and activist based in Ahmedabad. “It was the only way, even if it was not safe. They live on construction sites. Where would they have gone? More disease will spread if you leave people on the road.”

KARNATAKA

Divided Cabinet

VIKHAR AHMED SAYEED

THE first person to die due to COVID-19 in India was in Kalaburagi in northern Karnataka. On March 10, a 76-year-old person who returned from Saudi Arabia passed away. His samples tested positive for the dreaded coronavirus a day after his death. At the time, there were unverified allegations that he was denied treatment in hospitals in Hyderabad where he had been taken for treatment and that he died on the way back to Kalaburagi in an ambulance. On the day P6, as the patient is now referred to in official notifications, died, there were only six COVID-19 cases in Karnataka. Since then, there has been an exponential increase in the number of cases in Karnataka. On April 3, the figure was 125, the sixth highest in the country after Maharashtra, Tamil Nadu, Kerala, Delhi and Andhra Pradesh.

B.S. Yediyurappa was the first Chief Minister in the country to declare a partial State lockdown. As part of this directive issued on March 14, congregations were forbidden. But the Chief Minister also flouted his own directive when he participated in the massive wedding celebration of the daughter of a Member of the Legislative Council in Belagavi.

As the number of cases increased, Yediyurappa completely locked down the State on March 23. In spite of this precautionary measure, the number of COVID-19 positive cases in the State has continuously increased. There was a sudden spike in the numbers after the return of those who had participated in a Tablighi Jamaat gathering in Nizamuddin in Delhi. The northernmost district



ARUN KULKARNI

LOCKDOWN violators forced to clean a street in Kalaburagi on March 26.

of Karnataka, Bidar, which had seen zero positive cases so far until then, suddenly had 10 cases, all linked to the Delhi congregation. Kalaburagi district, which was lauded for bringing the number of positive cases down to zero, thanks to a proactive district administration, suddenly saw a jump in numbers; there were five positive cases in the district, all linked to the returnees from Nizamuddin.

Bengaluru, which saw a significant number of returnees from the United States and European countries, has the largest number of positive cases—51 on April 3—followed by Mysuru, Dakshina Kannada and Uttara Kannada.

There have been two major criticisms of Karnataka's response to the crisis. The first is that the State government has not provided adequate relief to the economically weaker sections. Vinay Sreenivasa, a lawyer working with the Alternative Law Forum in Bengaluru and the author of a report prepared in collaboration with several organisations on the living conditions of the marginalised during the lockdown, says: "The situation is dire among the working classes. Vulnerable communities are starving or on the verge of starvation. Daily wage earners are fast running through their meagre savings or borrowing small amounts of money at high interest rates, monthly wage earners are wracked by the anxiety that their employers may not pay them full salaries for the month. No assurances from the state or the employer is forthcoming."

The report was based on a survey among agarbathi workers, Zomato/Swiggy and other app-based workers, conservancy workers, hospital workers, street vendors, auto-rickshaw drivers and residents of different slums.

The State government has announced supply of free meals at 260 Indira Canteens in the State, but this is highly inadequate. Sreenivasa said: "Cooked food through Indira canteens is not reaching all. The immediate need is to set up community kitchens involving street vendors. In addition to Indira Canteens, anganwadis and government schools must also become centres of food distribution."

R. Kaleelumllah, a member of Swaraj Abhiyan, who works among migrant labourers in Bengaluru, said that the situation of the approximately 3.5 lakh migrant

workers in the city was extremely distressing. "There are migrants here from West Bengal, Assam, Jharkhand, Bihar and Uttar Pradesh apart from rural parts of north Karnataka. They have somehow slipped through the net of relief being provided by the State government as many of them do not have ration cards and are completely dependent on support from non-governmental organisations, which is erratic," he said.

A second criticism of the State government, particularly Yediyurappa, is that he is unable to resolve the serious differences that have arisen between the two Ministers in charge of handling the COVID-19 crisis in Karnataka. This is affecting policy formulation at the Vidhana Soudha as there is no single person heading the "COVID-19 Taskforce" in the State, for the responsibility has been split between B. Sriramulu and K. Sudhakar.

Part of the blame for this state of affairs lies with Sriramulu who neglected to pay attention to the seriousness of the coronavirus crisis in early March as he was busy with his daughter's wedding. In the meanwhile, Sudhakar, a medical doctor himself, emerged as the go to person to deal with the situation.

With Sriramulu missing, reporters turned to Sudhakar for updates on the COVID-19 situation in Karnataka initially. When Sriramulu eventually emerged, there was also a tussle between the two ministers on who would head the 'COVID-19 Taskforce' in the state with Yediyurappa finally dividing responsibility between the two Ministers.

While Sudhakar would be in charge of the situation in Bengaluru, Sriramulu would be in charge of the districts. With both the ministers insisting that there must be one person heading the taskforce for better co-ordination, things deteriorated to such an extent between the two ministers that both of them were giving contradictory information on the COVID-19 situation in Karnataka.

According to sources in the Health and Family Welfare Department, the Ministers are not even talking to each other at meetings with the Chief Minister to monitor the situation.

Realising that this was seriously affecting policy formulation, Yediyurappa has finally asked a third Minister, Suresh Kumar, the Minister of Primary and Secondary Education, to address the media on issues related to the novel coronavirus pandemic and has forbidden Sriramulu and Sudhakar from speaking to the media.

TAMIL NADU

Delayed response

R. K. RADHAKRISHNAN

A GOVERNMENT largely in denial, a seemingly complacent Health Minister and a health system that did not heed early warning signs put out worldwide meant that Tamil Nadu had not taken seriously the grave and present danger posed by the coronavirus infection until

very late in March. On March 31, as many as 57 new positive cases were added to the 67 confirmed cases until then. “Been a tough day for TN but let’s keep containing while responsibly isolating, washing hands and maintaining social distance,” tweeted Beela Rajesh, Tamil Nadu’s Health Secretary, at 10:54 p.m. on March 31.

The Tamil Nadu cases, despite low levels of testing (3,272 as of April 2) was nearly doubling each day: 67 to 124 to 234. There was a slight reduction at the end of April 2, when only 75 new cases were positive, pushing Tamil Nadu to the second position in the number of positive cases, behind Maharashtra.

The State police and the government were well aware of the Muslim congregation at Markaz in the Nizamuddin area of New Delhi from March 8 to March 20. The first case of local transmission was also from a migrant worker who travelled from New Delhi to Chennai on the Grand Trunk Express. Yet, there was no attempt to trace those who came from Delhi until March 30, when there was a disturbing spike (17) in coronavirus positive cases in the State.

Some of these people had picked up the infection possibly from the religious congregation in Nizamuddin. The congregation had participants from Thailand, Indonesia, Kyrgyzstan, China and other countries. Every district in Tamil Nadu sent 20 to 50 people, possibly adding up to a total of 1,500 people from the State (later reports indicated 1,131 persons from Tamil Nadu attended it). The State government has a list of those who have attended and is aiming to trace each of them. An official said that out of the 17 samples tested from members of the group, 16 returned positive.

Beela Rajesh told the media on April 1 that 1,103 persons who attended the conference had been traced and isolated.

A total of 658 samples had been tested. Of these, 190 persons tested positive. She also said that 515 of those who attended had been identified and that the government was working to track down the rest. In the Andamans, of the nine persons who tested positive, eight were part of the conference. Hence, the State government prioritised tracing these people apart from launching a concerted effort to trace those whom they had come in contact with.

However, many in the government believe that it did not act quickly enough in this case, probably because it did not want to be seen as going against one community. In fact, Salem, one of the districts from where quite a few had gone to Delhi, is Chief Minister E. Palaniswami’s home district.

On March 28, Sri Lanka termed Chennai a COVID-19 high-risk zone, after four persons who had returned to Colombo from Chennai tested positive. According to *The Hindu*, the Sri Lankan government asked all those who returned from Chennai in the past 14 days to report to the health authorities. As on March 28, of the 113 confirmed cases in Sri Lanka, eight had originated in India. Despite this, the Tamil Nadu government’s testing fell way behind that of Kerala or Karnataka.



THE farmers’ market functioning from the Central Bus Stand in Tiruchi on March 28.

On March 26, Tamil Nadu’s Public Health Directorate claimed that measures to prevent the spread of COVID-19 had been in place since mid-January. “The first strategy was to prevent the entry or delay the entry of the virus into the State, region and district,” said Dr. K. Kondalaswamy, Director of Public Health, in an interview to *The Hindu* on March 26. Apparently, the “strategy” was to screen international air passengers with a thermal scanner on arrival. This was done cursorily for domestic air passengers.

The seemingly casual approach to the WHO-declared global pandemic was reflected in the government’s reluctance to shorten the ongoing session of the Legislative Assembly. The Chief Minister’s first pronouncement about the disease was on the floor of the House on March 12, but it was apparent that neither he nor the All India Anna Dravida Munnetra Kazhagam (AIADMK) government had comprehended the enormity of the threat and of the task facing the State.

Although the main opposition party, the Dravida Munnetra Kazhagam (DMK), demanded, in the third week of March, a closure of the Budget session, the Chief Minister declared that there was no need to do so. Earlier, soon after the presentation of the Budget, the Business Advisory Committee resolved to hold the session until April 9. This was later curtailed so as to end on March 31. Even after three suspected cases tested positive in the State, the government decided to go ahead with the Assembly session, and the Chief Minister declared in the House that there was no need to further curtail the truncated sitting.

Finally, after an extended meeting with officials of various departments, including the police, on March 16, the Chief Minister decided to shut down educational institutions, malls and other public places, including entertainment venues, until March 31, and set up quarantine facilities adjoining the four international airports in the State. The Assembly session was brought to a close on March 24. Just a day before this, the DMK whip, R. Chakrapani, handed over to the Speaker a letter stating that the party would be boycotting the rest of the session because of the threat posed by the pandemic.

Apparently, the Chief Minister was keen on passing all the Bills for Demands for Grants for all Ministries before the closing of the session. The government’s view was that it would not be able to appropriate money for various departments ahead of the new financial year. But both opposition politicians and bureaucrats pointed out that there were many instances where post facto approvals had been given.

Palaniswami ignored any suggestion made by the opposition, including adjourning the session, holding a meeting of all political parties to discuss the issue, or even acknowledging the DMK’s offer to give its spacious headquarters on Anna Salai in Chennai for housing patients.

“Here is a ground zero report from a clutch of panchayats in Tiruvarur district in Tamil Nadu. Each panchayat has a few small villages. No one in the villages has got any part of the money announced by the central government and TN government,” tweeted Congress leader P. Chidambaram on March 31. “If this is so in a reasonably governed state like TN, imagine what the situation will be in the poorly governed States,” he said. Again, there was neither a rebuttal nor an attempt to figure out what exactly the issue was by anyone in government at the time of publishing this piece.

“This attitude [of keeping the opposition away] is not good for the country,” said T.K. Rengarajan, Member of Parliament and Communist Party of India (Marxist) Central Committee member. “When the country is facing such a major challenge, it is important that all political parties stand united. Neither the Central government nor the State government has taken any effort in this direction. Even the requests of the opposition parties are not heeded to,” he said.

Public health specialists and bureaucrats were appalled by the lack of adequate testing in Tamil Nadu. According to statistics released by the ICMR on March 21, Tamil Nadu had sent only 333 samples to test for coronavirus until the previous day. As many as 303 of these turned out to be negative while the results of 27 samples were pending. In the same period, Karnataka had sent 1,207 and Kerala 3,436 samples. Many infectious diseases specialists in Chennai had been asking the Tamil Nadu government to test more to get a headstart over the infection and its spread into the more vulnerable

pockets. Despite the inputs, the State did not test enough or ramp up its facilities. All the gains of having a robust health system and a set of dedicated staff in Tamil Nadu were being lost by three factors: the secrecy surrounding the data on COVID-19 cases; the lack of adequate testing, at least for surveillance purposes; and the people’s lack of adherence to basic safety norms which were publicised in the media.

Tamil Nadu refused to ramp up testing even for the nearly two lakh people who had travelled abroad and come back, despite the WHO saying that testing was the only way to find if someone had the virus. Kerala and Karnataka tested much more people than Tamil Nadu, but officials in the Tamil Nadu Health Department, and Health Minister C. Vijayabhaskar himself, gave statements that there was no community spread of the disease. Later, the Chief Minister claimed that Tamil Nadu was still in Stage 1 of the spread of the infection. The Health Minister announced the preparedness of the State every day and said that the State had enough ventilators and all other equipment needed.

Former President Abdul Kalam’s secretary, Ponraj, asked what the need was to prepare for Stage 4 when the government should be concentrating on preventing the progress of the infection to Stage 3, that is, community transmission. “What is the need for buying so many ventilators and such expensive equipment? What is the motive behind buying such equipment now? Why is the State not doing enough testing?” he asked.

Finally, on March 27, the government constituted nine committees to oversee various aspects of the lockdown and the spread of the disease. Even with this, accurate, real-time information on the progress or control of the infection was not available. On March 30, the State had a total of 67 positive cases, mostly located around the Salem-Erode belt and Chennai. Despite low testing, the many positives made the authorities sit up.

On March 29, Sunday, massive crowds thronged Chennai’s fishing harbour at Kasimedu and the city’s main vegetable and fruit market, Koyambedu, for supplies. In the process, all norms of physical distancing were thrown to the wind. Similar stories of people congregating at one spot or the other came in from other parts of the State too. Police resorting to beating up those defying prohibitory orders, seizing the vehicles of those moving around for no particular reason, and imposing fines had only a limited effect on people. Until March 29, the State police had imposed fines totalling over Rs.5 lakh and seized over 15,000 vehicles.

By April 3, the police had booked 55,427 persons for curfew violation, registered 49,303 FIRs, seized 40,903 vehicles and collected over Rs.17 lakh in fines. There was no let-up in how serious the police were through the period. Responding to inputs from across the State that people were moving about, sometimes after getting curfew passes, Chief Secretary K. Shanmugam on April 2 wrote to all District Collectors and Municipal Commissioners that the “delegation of power to issue passes from Collector and Commissioner of Corporations to Tahsil-

dar and Dy. Commissioners was not working satisfactorily. Too many people are on the roads". He announced that all delegation of power was being cancelled with immediate effect.

NO IMPLEMENTATION GAP

Where Tamil Nadu scores over many other States is that there is hardly an implementation gap once an order is issued. Anecdotal evidence abounds on how much force the State police used to enforce the lockdown. The police have been helpful too, in many places in the State, including in the burial of suspected COVID-19 cases and offering transport, food and water to stranded people.

Physical distancing in shops was enforced, markets moved to open-air playgrounds and empty spaces and local body authorities worked round-the-clock to ensure proper hygiene and sanitation levels across the State.

Even with the lack of adequate testing and barely enough personal protection equipment, government doctors and other medical and paramedical personnel across the State were working round-the-clock. "In the earlier epidemics corporate and private hospitals barely admitted anyone. This time around, the situation is not too bad," said a doctor who did not want to be identified.

The Health Department said that it had engaged 2,271 field workers in 12 affected districts to go on a house-to-house visit to determine if any member of a household was suffering from fever, cold, cough or breathlessness. On March 31, it announced that field workers had visited 1.08 lakh households and had sought details from 3.96 lakh people.

In Chennai, residents of a few apartments narrated how the field staff made enquiries on the number of people in the house and took down details of any illness in the house. The process depended on self-declaration and the residents *Frontline* spoke to said that they would not have revealed anything even if they were ill for fear of being taken to a hospital or having a sticker with "house under isolation" pasted in front of their house. This would create panic in the neighbourhood and lead to the family being ostracised.

UNRESPONSIVE CENTRE

Like many State governments, Tamil Nadu, too, announced relief packages for the people. The Chief Minister raised his concerns in two letters to the Prime Minister. "All governments will suffer substantial reductions in tax and revenue receipts and it would not be possible to step up revenue raising for a while. However, the expenditure needs and responsibilities will not wait. I had specifically requested you in my letter dated 25th March, 2020, that as a one-time measure, the fiscal deficit limits of 3 per cent of GSDP [gross state domestic product] may be relaxed for the financial years 2019-20 and 2020-21 and additional borrowing of 33 per cent above the level permitted for the fiscal year 2019-20 may be allowed for 2020-21, to enable the States to meet the additional expenditure requirements," he said in a letter to Prime Minister Narendra Modi on March 28. "While

this will certainly help the States to immediately incur expenditure, States naturally have a limitation on how much they can borrow in the markets and will be crippled by massive repayment obligations if they borrow too much. But the onus on reviving the economy by fuelling consumption and investment falls on the governments at this time," the letter stated.

Palaniswami requested the Central government to provide at least Rs.1 lakh crore as special grant to State governments to combat the virus and its aftermath. "This needs to be in addition to the other forms of financial transfers to the States envisaged in the Union Budget and can be financed by the Government of India borrowing from the Reserve Bank of India. The funds can be distributed in proportion of the size of each State's GSDP to the national GDP, since the expenditure out of this grant will also pump prime the economy and lead to its revival. I request that Tamil Nadu may be given a grant of Rs.9,000 crore," he added.

Despite the lack of response from the Prime Minister, the Chief Minister repeated his request for funds in the videoconference on April 2. He demanded Rs.3,000 crore for procuring personal protective equipment and ventilators. There was no response from the Prime Minister.

WEST BENGAL

Preparing for surge

SUHRID SANKAR CHATTOPADHYAY

THE risk of COVID-19 spreading exponentially in a short time is extremely high in West Bengal, which has one of the highest population densities in India (2,670 per sq mile according to Census 2011), a huge migrant labour force, and an international border (with Bangladesh, Bhutan and Nepal) stretching over 2,000 kilometres.

Even though the spread in West Bengal was initially slow when compared with other States, the sudden surge in end March set alarm bells ringing. The first case in the State was reported on March 17; until March 24, the number was still below 10, with one casualty (March 23). However, by the afternoon of April 1, the total number of cases went up to 37 and the number of deaths to six (two deaths on March 30, two on March 31, and one on the morning of April 1). The State government's bulletin on the night of April 1, however, maintained that only three people had died, but added: "Two male persons, both aged 57 years, and one male person aged 62 years, all having Severe Acute Respiratory Illness, expired. One of them had chronic renal failure, another had respiratory failure and the third one had hypertension and other co-morbid conditions. They had all reportedly tested positive, which is subject to confirmation."

In the case of at least three deaths so far, there is no certainty that the deceased had any recent history of

foreign travel. The administration is trying to find out if they had come in contact with anyone with recent travel history. This uncertainty has led to a fear that the contagion has spread to a certain extent within the community as well.

On account of the lack of testing kits and the infrastructure to carry out large-scale testing, only 543 samples had been collected from those suspected of having contracted the virus as of March 31, of which 512 were found to be negative. The first three cases reported in the State have recuperated and been discharged from the hospital.

One of the main problems the State government has been facing is a reluctance on the part of the general public to adhere to the quarantine regulation and the tendency to conceal information. The eminent Kolkata-based doctor Tamal Laha told *Frontline*: “Unless a person having the symptoms comes clean about his condition and his recent social history, the spread of this virus cannot be stopped.” The State administration has put up notices on the doors of those houses whose members are under quarantine in order to ensure that there is no violation of quarantine.

As early as March 20, when only three cases had been reported, the Trinamool Congress government began a phased shut-down process as a pre-emptive measure. It directed that all restaurants, bars, nightclubs and amusement parks remain closed until March 31; postponed the West Bengal Higher Secondary examinations, which was mid-way through; and by official order put a curb on all “non essential social gathering”. The anti-CAA protest at Park Circus maidan—the Shaheen Bagh of Kolkata—reduced the number of protesters sitting in dharna to just seven.

In fact, West Bengal was in lockdown even before Prime Minister Narendra Modi declared the nation-wide lockdown. On March 22, the West Bengal government, invoking the provisions of the Epidemic Disease Act, 1897, issued a notification for the lockdown of municipal and rural areas, including Kolkata, beginning 5.00 p.m. on March 23. The shutdown was to continue until the midnight of March 27.

Despite the lack of equipment and infrastructure to deal with the coronavirus outbreak, the Trinamool Congress government has left no stone unturned in spreading public awareness and has, to some extent, been successful in enforcing the lockdown. Chief Minister Mamata Banerjee even roped in Nobel laureates Abhijit Vinayak Banerjee and Esther Duflo to spread awareness about COVID-19.

Right from the beginning, essential food commodities have been made available, and even sweet shops have been allowed to remain open for four hours a day. Mamata Banerjee directed all the District Magistrates to ensure that every single person got adequate food. In a video conference meeting on March 30 with the district administration heads, Mamata Banerjee said: “Let the doctors and nurses face no problems in discharging their duties and let no person die of starvation.” The State has

created a separate fund of Rs.200 crore to combat the situation and has sought donations from corporates and individuals through the West Bengal State Emergency Relief Fund.

Mamata Banerjee also announced that for a month, rations under the public distribution system would be given free of cost. She directed that every district have at least one hospital dedicated to treating only coronavirus patients. “These hospitals should be away from a populated place and should have separate entrance and exits for people who have not been infected,” she said. She instructed the administration to set up more isolation wards. The government also came up with an insurance policy of Rs.10 lakh for doctors and health care workers treating coronavirus patients. The insurance benefits will also include private health/sanitation/allied workers and their families, as well as the police.

The government has also roped in private hospitals. “It’s not a time to do business and not follow rules. It’s a time to help each other,” Mamata Banerjee said at a meeting with representatives of private hospitals. However, in spite of the government’s directive to not turn away patients, there have been reports of the reluctance of certain private hospitals to take in those showing signs of COVID-19.

In order to deal with the immediate situation, the government increased the number of beds by 300 in three of the government-run hospitals in Kolkata—Bangur, R.G. Kar Medical College and Hospital, and the Infectious Disease Hospital, Belegghata. Isolation facilities with a total of 1,317 beds (as of March 31) were arranged in 100 government-run hospitals across Bengal, and a 24x7 control room was set up at the State headquarters.

However, the government has had to make do with very limited resources. Initially the State had only 40 testing kits, which was subsequently increased, but the number is still “far from what is required,” according to a source in the health sector. Moreover, doctors themselves have expressed concern over the dearth of proper equipment. “Instead of surgical masks and PPE (personal protective equipment), many of us are wearing raincoats and cloth masks. If the doctors, nurses and health workers get infected, the virus will spread further,” said a doctor who did not wish to be named. Mamata Banerjee has sought a Rs.1,500-crore package from the Centre to combat the COVID-19 outbreak.

PUBLIC REACTION

The catastrophic scenario has brought out the best and the worst among the people. Alongside irresponsible behaviour, there has been quiet discipline; cavalier attitudes have been silenced by sagacity; displays of selfishness and greed have been shamed by those of generosity and kindness; and most importantly, the imminent danger has forged a sense of fellow feeling. Local youth, workers from political parties and NGOs have reached out to those in distress.

That said, there have also been instances where doc-

tors, nurses and health care workers have been ostracised by their own neighbours, with landlords and housing society committees refusing to allow them to continue to stay in their residences. Mamata Banerjee made it clear that such behaviour would be dealt with severely.

Interestingly, in most cases, it was the rural poor, rather than the educated urban, who showed the proper way to deal with the crisis. A village in Purulia constructed temporary quarters on trees just outside the village to serve as a comfortable quarantine place for the migrant workers from the village returning from other States. They had the foresight to realise that if the workers returned to their single-roomed huts, they might be putting their families at risk.

In regions such as Murshidabad, Jangipur and Farakka, which have a high percentage of Muslims, the lockdown is turning out to be a particularly trying period. A large section of the population in these parts is dependent on the unorganised labour sector. In Murshidabad alone, more than 12 lakh people are solely dependent on the beedi industry. Imani Biswas, a prominent Trinamool leader from Murshidabad, and one of the biggest beedi barons in the State, told *Frontline*: “The situation is particularly bad for the beedi workers, as the whole industry is now shut. There are also a large number of migrant labourers who are stranded in different States.... We are trying to send money to them.”

Those living in the tea gardens of North Bengal are also facing a crisis. With the tea industry in the doldrums, a large number of people from the tea estates have had to seek work elsewhere. Habil Bara of Vijayanagar Tea Estate in Darjeeling district, who is now stuck in Tamil Nadu's Erode district, told *Frontline*: “I have now only Rs.300 left. When that finishes, I do not know what I shall eat.” It will be a long, lonely haul for people like Habil, and the ordeal has just begun.

ASSAM AND NORTH-EAST

Isolated, yet vulnerable

SUSHANTA TALUKDAR

THE north-eastern region, which shares borders with China, Bangladesh, Myanmar and Bhutan, witnessed a spike in COVID-19 cases in the second week of the lockdown. The region now has 20 cases, 16 in Assam, two in Manipur, and one each in Arunachal Pradesh and Mizoram. The Assam government said that all the 16 cases in the State were linked to the Tablighi Jamaat congregation at Hazrat Nizamuddin Markaz in Delhi.

The low test number makes it difficult for the States' health authorities to form a scientific assessment of their preparedness in preventing a serious outbreak and also to decide whether the region's geographical isolation will turn out to be a blessing.

At the time of filing this report, fewer than 1,000 samples had been collected for testing in the region with a population of 45,587,982 people. Assam alone accoun-



SHANGSHAK VILLAGE in Manipur wears a deserted look on March 22.

ted for over 600 tests, followed by Tripura with 100 tests. Of the region's nine government laboratories approved and supported by the ICMR, five are in Assam, two are in Manipur and there is one each in Tripura and Meghalaya. Sikkim and Arunachal Pradesh have one collection centre each, while in Mizoram one testing laboratory is in the pipeline. There is no private laboratory equipped for COVID-19 testing.

On March 31, the Assam Health and Family Welfare Department swung into action to identify, quarantine and collect samples from 347 people who had returned to the State after taking part in the Nizamuddin congregation.

The move followed the reporting of the State's first COVID-19 case—of a 52-year-old cancer patient from Karimganj district who had attended the Tablighi Jamaat gathering. He returned home by train, having stopped for two nights in Guwahati on March 11 and 12.

On April 1, Assam Health and Finance Minister Himanta Biswa Sarma said four new cases were confirmed that day. “We have been able to identify 230 of the 347 who have already returned, but 117 have not yet been traced. We have collected samples from 196 of them and sent these to the five testing laboratories in the State. Four of the 44 samples tested at the Guwahati Medical College and Hospital laboratory have been declared to be positive. The process of tracing and identifying all those who came into contact with all the 347 people who have returned to the State and 68 people who are yet to return is on,” he told journalists. He reiterated his appeal to the so-far untraced participants of the Tablighi Jamaat and urged them to come forward for voluntary testing.

The north-eastern States are now rushing to create facilities for the critical care of COVID-19 patients and for quarantining persons suspected to be carrying the infection.

Assam has reserved three medical college and hospitals, in Guwahati, Dibrugarh and Silchar, and two government hospitals at Sonapur and Dadara in Kamrup district for COVID-19 treatment. These hospitals have ceased to operate for regular patients except for emergencies and cases of cancer, cardiology, burn injury and maternity.

The total bed strength of these five hospitals is around

5,000. Assam's Health and Family Welfare Department estimates that the State will need 20,000 beds, including 1,000 Intensive care unit (ICU) beds, in the event of a COVID-19 epidemic in Assam. The State has around 200 ICU beds at present. Sarma said Assam had mobilised 9,000 PPE sets, 80,000 N-95 masks and eight lakh triple layer masks for doctors, nurses and other frontline workers.

The State government has signed Memoranda of Understanding (MoUs) with 85 private hospitals and nursing homes (36 in Guwahati, 27 in Dibrugarh and 22 in Silchar) for the treatment of patients who will be turned away by the three medical college and hospitals at Guwahati, Dibrugarh and Silchar. The State government will reimburse these private hospitals against free and cashless treatment of beneficiaries of the Atal Amrit Abhiyan and the Pradhan Mantri Jan Arogya Yojana at the Ayushman Bharat rates.

Assam has also identified sites for setting up over the next two months five 300-bed, prefabricated hospitals for COVID 19 patients. These will continue to be used as regular hospitals for five years. A 700-bed quarantine centre has been set up at the Sarusajai Sports Complex in Guwahati.

MANIPUR AND MIZORAM

In Manipur, which reported the region's first COVID19 case on March 24, another case was detected on April 2. The latest case was linked to the Tablighi Jamaat.

As on March 30, altogether 1,85,270 people in the State had been screened at entry points and 486 kept under home surveillance; 76 samples had been tested and one found positive; and 205 people had been quarantined at government facilities. On March 9, the State prohibited movement of people across its border with Myanmar and ordered closure of the gates at Moreh and other border-crossing points.

On March 30, Chief Minister N. Biren Singh inspected a site at Langthabal Phumlou Loukon in Imphal West District for setting up a 200-bed quarantine centre within 10-15 days. This will be in addition to the quarantine facilities already functional in the State.

Mizoram, which shares a 40-kilometre international border with Myanmar and a 318-km one with Bangladesh, has one reported case of COVID-19 infection. Altogether 61,221 people were screened in the State, 2,449 advised home quarantine and eight isolated. Forty-three samples were collected for COVID 19 tests and one sample was found to be positive.

Twenty-eight Indian citizens who had been stranded at the Indo-Myanmar Bridge at Zokhawthar in Champhai district since March 21 were allowed to enter Mizoram by March-end.

An official release issued by the Directorate of Information and Public Relations said: "The Champhai district administration immediately informed State government of matter, who then took the humanitarian issue with the Union Ministry of Home Affairs (MHA). After the MHA granted permission, 26 stranded travel-

lers were allowed to cross the border late night while two travellers were allowed the crossing on 28th March." Twenty-five of them have been quarantined at the District Panchayat Resource Centre Keifangtlang, while the other three are at the Zokhawthar Land Custom Station. The release also said that 434 people were under strict home quarantine in Champhai district.

The State government chartered an Air India Cargo aircraft on March 27 to transport from New Delhi to Lengpui airport 10,900 PPE sets, 10,000 N-95 masks, 200 infrared sensors and 900 shoe covers to be used by frontline health-care personnel. The State has created 111 quarantine facilities with a capacity to accommodate 2,150 persons. Altogether 498 persons were admitted and 27 among them were discharged until March 29.

MEGHALAYA

Meghalaya had tested 52 samples by March 31 at the North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences in Shillong, and all of them tested negative. The State has 39 isolation beds with ventilators, 460 isolation beds without ventilators, 90 quarantine beds and 180 beds in "Corona care" centres. The State's Health Department has trained 470 medical officers, 1,500 paramedical staff, 4,381 Accredited Social Health Activists and 1,743 ANM nurses. All the 6,000 or so people who arrived in the State until March 26 have been advised home quarantine.

By March 30, 2,072 PPEs were issued to various districts and 200 were in stock. The Centre on March 30 despatched 1,500 PPEs and 5,000 N-95 masks for the State after State Health Minister A.L. Hek requested Union Minister of Health and Family Welfare Harsh Vardhan for more masks, PPEs and ventilators.

ARUNACHAL PRADESH, TRIPURA & SIKKIM

Arunachal Pradesh recorded its first case on April 2. Delivering essentials and medical supplies in Arunachal Pradesh is difficult during a lockdown. State-run helicopters have been pressed into service to deliver supplies to air-maintained border villages with road connectivity. (The eight North-eastern States account for 167 border blocks in 55 districts.) The State government chartered two Air India cargo flights from New Delhi to Guwahati on March 29 and 31 to fly in PPEs, masks and medical items for sanitation. A consignment of 10,000 N-95 masks, 300 viral transport mediums (VTM; (one VTM for 50 tests) and 30 thermal scanners reached the State on March 30.

All the 100 samples collected in Tripura tested negative. Of the 7,944 people put under surveillance (67 in facility surveillance and 6,694 in home surveillance) in the State, 1,183 completed 14 days of observation by March 31.

In Sikkim, 994 people were put under quarantine by March 31, 958 of them in home isolation. The State has one central referral hospital, one State referral hospital, four district hospitals, two community health centres, 146 primary health centres and 1,560 hospital beds. □

Virus of racism

Racist prejudices against people from the north-eastern region in India come to the surface in the wake of the COVID-19 outbreak. BY **PURNIMA S. TRIPATHI**

PEOPLE FROM INDIA'S NORTH-EASTERN region have been facing racial abuses in the wake of the COVID-19 pandemic. The Union Home Ministry's March 23 advisory has asked the Chief Secretaries and Director Generals of Police of all the States and Union Territories to ensure sensitisation of security forces so that appropriate action is taken when such abuses are reported. However, it does not seem to have taken the edge off social prejudices reflected in this kind of behaviour. People with Mongoloid features have been facing racial taunts, public humiliation and even physical assaults on an almost daily basis.

Alana Golmei, founder of the North East Support Centre and Helpline, is a lawyer and activist who works for people from the region. There has always been some hostility towards people from the north-eastern region, but the prejudice has become more pronounced in recent weeks. Alana Golmei gets phone calls from people facing abuses all over the country, at least four a day. She got some 100 calls in March alone, a figure that she believed to be representing just the tip of the iceberg. Describing how stressful it was to listen to these stories of harassment and abuse, she said: "Like the virus, the racial attacks have also become a pandemic. We are called 'corona', 'momo', 'chowmein' or 'Chinese'. People are refusing to share transport vehicles with us, they refuse to entertain us in grocery shops, we are forced out of public places. It is humiliating. How long do we have to go on clarifying that we are not Chinese, that we are Indians, that we too are human beings and need to go to shops to buy essentials?"

The abuses, she said, were not restricted to any one geographic region of the country. "There are people who are reaching out to me from across the country, but there are many more across India who have not contacted me."

Recalling some prominent cases that have made news in recent weeks, she spoke of an M.Phil student from Manipur in Delhi university who faced public humiliation in Delhi's Mukherjee Nagar area while she was on her way back after buying groceries on March 22. A middle-aged man, riding a scooter, had passed lewd comments and when she objected he spat a mouthful of *paan* on her face and called her "corona virus". When she tried to file a complaint with the police, they advised her

to "ignore" the incident. Only after the North East Students Union pressed for action did the police agree to register a first information report (FIR), and that too under some mild sections of Indian Penal Code (IPC). The offender has not been arrested yet.

In Karnataka's Mysuru, two engineering college students were asked to leave a grocery shop as they were "not Indians". The students tried to persuade the shop staff that they were Indians and showed their Aadhaar cards, but to no avail. "But even if one is Chinese, shouldn't they be treated with at least the dignity due to a human being?" Alana Golmei said. She herself has been called "corona" inside the National Council of Educational Research and Training (NCERT) campus in Delhi and has come across people who, after spotting her walking towards them, suddenly covered their nose and mouth as if she carried some contagion.

She narrated the story of her niece being forced to book an entire e-rickshaw for herself in an upscale locality of Delhi after people refused to travel with her in the same vehicle.

Suhas Chakma is the director of the Rights and Risks Analysis Group (RRAG), which has recently published a report on the problem, and heads the Asian Human Rights Commission. He said: "India's Mongoloid-looking people have been facing discrimination on a daily basis, but it does not make news. Apart from being called 'corona', 'Chinese', 'chinkey-eyed', people are being spat on and in some cases forcibly quarantined despite showing no COVID-19 symptoms only because of their looks." He described the various forms of discrimination that people from the north-eastern region face: being denied entry in apartment complexes, forced to leave apartments, threatened with eviction from apartments, forced to leave restaurant to make others comfortable, and finding themselves in situations where no one is willing to share transport with them.

The RRAG report, entitled "Coronavirus Pandemic: India's Mongoloid Looking People Face Upsurge Of Racism", cited 22 reported cases of racial discrimination or hate crimes from February 7 March 25, including the abuse faced by the M.Phil student from Manipur. Such incidents have taken place even on the campuses of prestigious institutions such as the Kerri Mal College of



COURTESY HINOTO P. NAGA'S FACEBOOK POST

TWO STUDENTS from Nagaland, who were denied entry in a supermarket in Mysuru. A screen grab from a video of the incident.

Delhi University and the Tata Institute of Social Sciences (TISS), Mumbai. Suhas Chakma said there were displays of prejudice in Gujarat, Delhi, Tamil Nadu, Punjab, West Bengal and Maharashtra.

According to Chakma, the Home Ministry's advisory to the States has not had much impact because there is no law against racism and racial discrimination in India. "Police usually invoke Section 354 [assault or criminal force to woman with intent to outrage her modesty] and Section 509 [insult to the modesty of women] if the victim is a Mongoloid-looking woman, but there are no provisions when the victim is a male. None of the racially discriminatory terms used against Mongoloid-looking people such as "momos" and "chinkis" are defined as offences under the Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act of 1989. Further, not all Mongoloid-looking people, such as the Meitis or Tibetans, are listed as Scheduled Tribes. The police are helpless because they do not know which sections or laws to invoke, given the legal vacuum against acts of racism and racial discrimination," he said.

The RRAG report cited the case of 24-year-old Cathy Chakhesang and eight of her colleagues at a dental insurance company's call centre in Ahmadabad who had to spend the night in a government quarantine facility meant for suspected patients of the coronavirus disease. None of them had any physical symptoms of the disease, history of foreign travel, or any apparent contact with any laboratory-confirmed COVID-19 patient. They were all from Nagaland.

Apparently, the police landed up at the call centre and said that they had received an anonymous complaint that these nine young people resembled the Chinese and that they carried the COVID-19 infection. The police then allegedly summoned an ambulance, which ferried them to a sports club that had been turned into a quarantine centre by the Ahmadabad Municipal Corporation. Chakhesang and her colleagues were allowed to leave the place only on the midnight of March 21.

Ahmedabad Police Commissioner Ashish Bhatia confirmed the incident.

The report cites the case of 74-year-old cancer patient Rinzin Dorjee and his daughter Tsering Yangzom who were denied entry in their apartment complex, Shree Sainath Housing Society at Mulund (East), Mumbai, on March 16, on the suspicion that they were Chinese and might be infected. Dorjee was a frequent visitor to Mumbai for his cancer treatment and had been staying at the housing society for the last three months.

Also on March 16, a girl from Shillong, Meghalaya, was made to leave an upscale Delhi restaurant as other customers objected to her presence. A prominent anchor from CNN-News 18 who witnessed the girl's humiliation reported the incident.

Chakma felt that the silence of the Prime Minister and the Home Minister on the issue did not help matters. He said that statements by political leaders from the north-eastern region such as Kiren Rijiju and Tapir Gao were welcome but inadequate. "Public rebuke needs to come from the Prime Minister himself who can reach out to the masses," Chakma said.

Alana Golmei felt that there was "no sense of urgency to do anything" about the situation. She was a member of the Bezbaruah Committee, which was set up after the 2014 murder of a teenager, Nido Tania, in Delh. The committee has since submitted its report. In 2018, another committee was set up after a Sikkim advocate, Karma Dorjee, filed a writ petition demanding a committee to monitor the implementation of Bezbaruah Committee report. Nothing has been heard on this yet. Alana Golmei said: "One of the major recommendations [of the Bezbaruah Committee] was to amend the Section 153 of the IPC to the effect that calling anyone 'momo', 'Corona', 'chowmein' or 'chinki' should be made a cognisable offence. But the correspondence has simply been going on and on, back and forth between the Centre and the States and the law department of the Home Affairs Ministry."

She filed a writ petition in the Supreme Court in 2015, but even that case is dragging on.

Chakma said that in the absence of institutional mechanisms to tackle the problem, a stern and categorical warning from the Prime Minister or the Home Minister was the need of the hour.

Meanwhile, in Kolkata, which, surprisingly, has become the hotbed of such attacks, people from the north-eastern region have started wearing their nationality on their sleeves, with t-shirts proclaiming "We are not Chinese, we are Indians." □

‘Pandemics are inevitable and costly’

An interview with **David Quammen**, author of “*Spillover: Animal Infections and the Next Human Pandemic*”. BY **VIKHAR AHMED SAYEED**

THE AMERICAN WRITER AND JOURNALIST David Quammen has published 17 books on varied subjects, including science and travel, and contributes regularly to *National Geographic* magazine. In his 2012 book, *Spillover: Animal Infections and the Next Human Pandemic*, he predicted that the next big pandemic would “almost certainly be a virus that spills over from wildlife to humans”. *Spillover*, which went on to win several international awards, is a mix of lively reportage and epidemiological sleuthing from zoonotic hotspots around the world. Quammen’s informed prediction has come true as investigations so far have identified the origins of the novel coronavirus, SARS-CoV-2, to a seafood and live animal market in Wuhan city in Hubei province of China. While the animal host of the virus is still being traced, epidemiological detective work until date points to horseshoe bats and pangolins.

In a fascinating chapter in *Spillover* where Quammen reported about the Severe Acute Respiratory Syndrome (SARS) epidemic of 2003, which is also caused by a virus in the family of coronaviruses (SARS-CoV), he wrote: “The much darker story remains to be told, probably not about this virus but about another. When the Next Big One comes, we can guess, it will likely conform to the same perverse pattern, high infectivity preceding notable symptoms. That will help it to move through cities and airports like an angel of death.” His statement was prescient. COVID-19 disease with asymptomatic or flu-like symptoms, is the “Next Big One”. The incubation period ranges from two to fourteen days, meaning that a person who has COVID-19 could continue to infect other people without displaying any acute symptoms of the virus itself.

Quammen strongly believes that it is disruptive human behaviour that sets these animal pathogens loose to wreak havoc among humans. He writes in *Spillover*: “Human-caused ecological pressures and disruptions are bringing animal pathogens ever more into contact with human populations, while human technology and behaviour are spreading these pathogens ever more widely and quickly.”

“We forget that we are part of the natural world, not some class of beings above it. That’s hubris. Greek tragedy will tell you where hubris leads.”



BY SPECIAL ARRANGEMENT

Excerpts from David Quammen’s email interview with *Frontline*:

While introducing your 2012 book “Spillover” on your website, you wrote: “The next big and murderous human pandemic, the one that kills us in millions, will be caused by a new disease.... Odds are that the killer pathogen—most likely a virus—will spill over into humans from a non-human animal.” What led you to predict that the next pandemic would be a zoonotic disease way back in 2012 itself?

What led me to predict a pandemic caused by a zoonosis—that is, an animal infection passing into humans—was the years I spent listening carefully to, and travelling in the field with, the devoted, brave scientists who study this phenomenon. All wild animals carry viruses, and generally those are unique viruses, few of which

we’ve never seen in humans. But some of them are capable of infecting a human, replicating in that human, and passing on from human to human. When we come in close contact with wild animals—by destroying their habitats, catching them live, killing them for food—we expose ourselves to those viruses. It’s happening all over the planet every day. So it’s inevitable that some of those viruses will take hold in humans, and that occasionally one will prove so capably adapted to humans that it will spread around the world, making millions of people sick, killing many. And here we are.

How do these zoonotic viruses jump from animals to humans or how does the “spillover” happen?

“Spillover” is the term for the moment when a disease agent—say, a virus—passes from one kind of host into another. As we think of it, [it is the] passing from a non-human animal, in which it has lived quietly, into a human, in which it may explode. These viruses move from their natural animal hosts into humans because we humans invite them to do that, give them the opportunity to do that, by disrupting diverse natural ecosystems and the wild animals that live within those ecosystems. If we cut down a forest, establish a timber camp, capture or kill the wild animals native to that ecosystem, we are offering ourselves as alternative hosts for the many kinds of virus those animals carry. Sometimes a virus seizes that opportunity and becomes a human virus—maybe a minor sort of infection, and maybe a murderous global pandemic. In either case, it’s not the bats or the viruses that bear responsibility. It’s us.

Through the course of research for “Spillover”, you visited “wet markets” in China. Can you describe what a “wet market” is and why are they potent incubators for zoonotic viruses?

A “wet market” in China, during the intermittent (but lengthy) periods in which regulations have not suppressed such trade, is a chaotic place in which wild animals, in cages or tanks, are held to be sold for food, amid many other kinds of wild animals, and living domestic animals, and butchered meat, and seafood. There might be pangolins, civets, bamboo rats, raccoon dogs, turtles, tortoises, snakes, frogs, wild birds of many kinds, as well as chickens and ducks and pigs and dead fish, all in proximity to one another, with blood and water and viruses flowing freely from one animal, one carcass, one pair of human hands, to another.

If I may ask a broad philosophical question, is mankind’s hubris in terms of its engagement with nature

responsible for this pandemic?

Yes. We consider earth to be a repository of resources awaiting exploitation for our “needs,” our convenience, our pleasure. We forget that we are part of the natural world, not some class of beings above it. That’s hubris. Greek tragedy will tell you where hubris leads.

The nature of zoonotic diseases is such that they can never be eradicated unless we adopt drastic measures like wiping out an entire species of animal or destroying vast swathes of forest. Since that is not possible, what is the permanent solution to the spread of zoonotic diseases?

Is there a “permanent solution” to the problem of zoonotic diseases? I doubt it—certainly not so long as we humans are as abundant and hungry and powerful as we are today. The *temporary* solutions are forbearance, reduced consumption, reduced human population, and vaccines and therapies. Science is crucial. Evolutionary biology is crucial. If you don’t believe in evolution (as some people in my country do not, including some leaders), then don’t bother going to a doctor or asking for antibiotics when you have a bacterial infection, because evolutionary biology is crucial to modern medicine.

Even as we are in the midst of this raging pandemic that is expanding its footprint on a daily basis, what are the lessons it offers and how do we prepare for another potential outbreak?

From this pandemic, we can learn that pandemics are inevitable and very costly. We can prepare for another by committing the massive resources to science and public health that will help us be ready, three years or five years or ten years from now, for another such event as COVID-19. That commitment of resources will be expensive—and therefore unpopular among cynical politicians—but much less expensive than COVID-19.

On March 24, the Prime Minister of India, Narendra Modi, declared a complete lockdown of the country, meaning that only essential services would be allowed to function, with almost the entire population of the country confined to their homes. This has put a tremendous strain on the economically weaker sections of the population. Considering that there were only 536 cases with 10 confirmed deaths until then in a country of more than 1.3 billion, was this a prudent measure?

Probably yes. But Modi has got to make provisions for those who have least, those who suffer most, the labouring people, the homeless, the desperately poor. Otherwise it’s brutal injustice, with the poor people paying the biggest costs for an effort to prevent disease and death among everyone. The poor have been paying those costs for centuries, and it’s time for that to stop. No one will be safe from this virus in India until everyone is safe. Likewise across the world. No one will be really healthy and secure until everyone is fed and housed. □

Abdicating responsibility

The Centre seeks to acquire disproportionate powers by using a PIL petition in order to silence criticism of the way it has handled the crisis. BY V. VENKATESAN

“THE REAL PROBLEM IS THAT WHEN HUMAN societies lose their freedom, it is not usually because tyrants have taken it away. It’s usually because people willingly surrender their freedom in return for protection against some external threat. And the threat is usually a real threat, but usually exaggerated. That’s what I fear we are seeing now. The pressure on politicians has come from the public. They want action. They don’t pause to ask whether the action will work. They don’t ask themselves whether the cost will be worth paying. They want action anyway. Anyone who has studied history will recognise here the classic symptoms of collective hysteria. Hysteria is infectious. We are working ourselves up into a lather in which we exaggerate the threat and stop asking ourselves whether the cure may be worse than the disease.” said Justice Jonathan Sumption, Queen’s Counsel (Q.C.), the former judge of the United Kingdom Supreme Court, in an interview to BBC Radio 4’s World at One programme on March 30

As India began to enforce a country-wide 21-day lockdown on March 25, the concerns of Justice Jonathan Sumption, expressed in the context of a similar battle in the U.K., appear to resonate.

On March 31, Union Home Secretary Ajay Kumar Bhalla filed a status report in the Supreme Court in a public interest litigation (PIL) petition for redress of grievances of migrant labourers in different parts of the country in the wake of the lockdown. The petitioners wanted the court to direct the authorities to shift the migrant labourers, who, along with their families, were undertaking the journey back to their villages, located several hundred kilometres away, on foot, to government shelter homes/accommodations and provide them with basic amenities.

But the Centre found in this case an opportunity to expand its jurisdiction, to acquire disproportionate powers in order to silence any criticism in the media of its omissions and commissions in the so-called war against COVID-19. The Centre sought to absolve itself of any

A SCREEN GRAB shows health care workers in protective suits spraying disinfectant on migrants before allowing them to enter the town of Bareilly in Uttar Pradesh on March 30.

blame for the migration of some six lakh migrant labourers across the country, following the unplanned declaration of the lockdown. It did so by attributing the migration to panic created by “some fake and/or misleading news/social media messages”. The Centre claimed in its status report that some State governments did make arrangements for their travel by bus, with a view to initially dispersing the crowd at the State borders. “But, eventually, a final decision was taken not to permit further movement of such migrant workers and required them to stay wherever they have reached while providing for shelter, food and medical facilities to them while observing social distance norms,” the Centre admitted.

Through the status report, the Centre sought to disown responsibility for keeping the State governments in the dark about its lockdown measures, and then pulling them up for ignoring the serious potential of the infection penetrating rural India. The Centre told the court that it had issued directives to all State governments to comply with and enforce the lockdown for the specified period and follow social distancing norms, which would mean complete ban on inter-district and inter-State migration of people.

The Centre, therefore, sought the court’s direction to ensure that all governments and Union Territories implemented all the directives issued by it (irrespective of the nomenclature used) in letter and spirit.

At this point, the Centre sought the court’s indul-

gence in helping it control the dissemination of news concerning COVID-19: the court should issue a direction that no electronic/print media/web portal or social media shall print/publish or telecast anything *without first ascertaining the true factual position* (emphasis added) from the separate mechanism provided by the Central government.

The reason for seeking this extraordinary power of pre-censorship of media content is that any deliberate or unintended fake or inaccurate reporting has a serious and inevitable potential of causing panic in large sections of society. “Considering the very nature of the infectious disease, which the world is struggling to deal with, any panic reaction by any section of the society based upon such reporting would not only be harmful for such section but would harm the entire nation,” the Centre reasoned. It reminded the court that the act of creating panic was a criminal offence under the Disaster Management Act (DMA), 2005.

The Supreme Court bench consisting of Chief Justice of India S.A. Bobde and Justice L. Nageswara Rao, which heard the petitions on March 31 through video conference, was silent on the Centre’s plea for pre-censorship of media content while reporting the fight against the coronavirus disease. “We do not intend to interfere with the free discussion about the pandemic, but direct the media to publish the official version about the developments,” the bench said. It expected the media to uphold a strong sense of responsibility and ensure that “unverified news capable of causing panic” was not disseminated.

The bench referred to the Centre’s plan to start a daily bulletin through media avenues to clear the doubts of people, and to ensure that trained counsellors and/or community group leaders belonging to all faiths visited the relief camps/shelter homes to address the mental health conditions of the migrant labourers. The bench exhorted the State governments/Union Territories to engage volunteers to work with the police to supervise the welfare activities for the stranded migrants.

While the Supreme Court was firm in not acceding to the Centre’s plea for pre-censorship, it did not resist the Centre’s devious attempt to attribute the mass exodus of migrant labourers to their villages to fake news. Ironic-

ally, the bench, accepted the Centre’s claim that the exodus was triggered by fake news shared in social media.

Indeed, the bench’s order even specified the so-called fake news. Acknowledging that the labourers, who became unemployed due to the lockdown, were apprehensive about their survival, the bench added: “Panic was created by some fake news that the lockdown would last for more than three months”. Even the Centre did not claim this in its status report. Indeed, the bench’s excessive concern over the spread of fake news surprised observers. It cited Dr Tedros Adhanom Ghebreyesus, Director General of World Health Organisation (WHO), who recently stated: “We are not just fighting an epidemic; we are fighting an infodemic. Fake news spreads faster and more easily than this virus, and is just as dangerous.”

The bench repeated its “finding” that the migration was triggered by fake news and that the panic-driven migration caused untold suffering to those who believed and acted on such news. “In fact, some have lost their lives in the process. It is, therefore, not possible for us to overlook this menace of fake news either by electronic, print or social media,” it concluded.

The theory that the exodus was triggered by fake news was in itself fake. It appeared as though the bench gave undue credence to fake news even while pontificating about its ill-effects. It is this excessive concern over the spread of fake news rather than the unplanned nature of the lockdown that made observers wonder whether the Supreme Court was barking up the wrong tree, more so because the bench referred to Section 54 of the DMA, which provides for punishment to a person who makes or circulates a false alarm leading to panic.

The bench also referred to Section 188 of the Indian Penal Code, which seeks to punish anyone disobeying an order promulgated by a public servant. “An advisory, which is in the nature of an order made by the public authority, attracts Section 188 of the IPC,” it held. The bench said it expected all concerned— State governments, public authorities and citizens—to comply with the directives, advisories and orders issued by the Union of India in letter and spirit in the interest of public safety.

Can the Centre issue a directive making it mandatory for prior censorship of media content relating to the pandemic and will such a directive be binding on the media? The general tenor of the court’s order appeared to favour the Centre’s proclivity to acquire draconian powers during the crisis, causing concern about the court’s role as the *sentinel qui vive*.

VAGUE LEGISLATIVE FRAMEWORK

The court’s hesitation to refuse disproportionate powers to the Centre during this crisis should be seen in the context of the legislative framework currently in use to implement the lockdown. The Centre has evoked the Epidemic Diseases Act, 1897, and the DMA, 2005, to enable the authorities to exercise extraordinary powers.

The Karnataka government, for instance, published the home addresses along with the travel history, of quarantined residents (14,000 residents of Bengaluru



alone), under the EDA, thus violating their fundamental right to privacy. This led to apprehension that those quarantined may face eviction by their landlords. It has been pointed out that neither the EDA nor the DMA accords the government the power to disclose personal information of any kind.

Karnataka has developed a mobile app instructing all persons under home quarantine to send their selfies to the government every one hour from their home. It has also launched the Carona Watch app, which can be downloaded from www.karnataka.gov.in. This allows the user to track the spots visited by the patients up to 14 days before testing positive. The relevance of this personal information to the public at large (rather than the medical team monitoring their movement) during the lockdown is doubtful and its disclosure can only be described as grossly disproportionate to the objectives sought to be achieved. Absence of legal safeguards against such disclosure could lead to stigmatisation and discrimination.

The scope of powers to implement the lockdown under the DMA is debatable. The Haryana Director General of Police issued a notification stating that large indoor stadiums in the State could become “temporary jails” to detain people who venture outside their homes in violation of the lockdown. By March 29, the Haryana Police registered nearly 500 first information reports and arrested 688 people for violating the lockdown. A gram panchayat in Telengana reportedly imposed a fine of Rs.500 on a person who came out of his house three times in a day during the lockdown. The Delhi Police prohibited morning walks, although chances of infection are nil if one maintained physical distancing. Such decisions were clearly disproportionate exercise of the power under the DMA. The vagueness surrounding several provisions of the DMA enabled the authorities to ban individual movements—compared to congregations—at several places.

Section 2 (1) of the EDA grants States and Union territories the power to prescribe temporary regulations to prevent the outbreak of any epidemic or its spread, if they think that the ordinary provisions of the law in force are insufficient for the purpose. While many State governments used the EDA to take precautionary steps to contain the pandemic, the Uttar Pradesh Police, according to some reports, used the same to arrest those protesting against the Citizenship Amendment Act.

Section 6(2) (i) of the DMA grants the National Disaster Management Authority (NDMA), with the Prime Minister as its ex-officio chief, the power to take such other measures for the prevention of disaster or the mitigation or preparedness and capacity building for dealing with the threatening disaster situation as it may consider necessary. The availability of such residuary power under the Act, according to some, is an invitation to the authorities to resort to disproportionate measures, even if they do not stand legal scrutiny, if challenged before a court of law later. The NDMA guidelines, issued on March 24, require closure of Central and State and Union territory government offices (with specified exceptions), commercial, industrial and private establish-

ments (with certain exceptions for maintaining essential services), transport services, hospitality services, educational institutions, places of worship, large gatherings, and so on. According to the guidelines, any person violating these containment measures will face action under Sections 51 to 60 of the DMA and legal action under Section 188 of the IPC. The vagueness surrounding many of these measures is likely to enable the authorities to take disproportionate action resulting in extreme hardship to the common man.

IMPACT ON FEDERALISM

An instance of how actions under the DMA could prove counter-productive in the absence of proper consultation between the States and the Centre came to the fore when Karnataka unilaterally placed roadblocks on the National Highway at its border with Kerala. The Kerala High Court, acting on a petition, intervened in the matter and directed the Centre on April 1 to keep the arterial roads that connect Mangaluru in Karnataka to Kasaragod in Kerala free of blockades. The road blocks prevented people of Kasaragod from travelling to Mangaluru to seek urgent medical treatment. Restrictions placed by Karnataka on the movement of people resulted in the loss of many lives, the High Court noted.

It pointed out that the guidelines issued by the Centre under the DMA permitted travel for urgent medical treatment. “We may reiterate that we expect the Central government to act expeditiously in this matter, taking note of the human lives that are at stake,” the bench comprising Justices A.K. Jayasankaran Nambiar and Shaji P.Chaly observed.

Karnataka, however, maintained that the Centre’s guidelines allowed the State to tweak them to suit the ground realities. It justified the restrictions in view of the presence of many COVID patients in Kasaragod, and to contain the spread of the contagion in Karnataka.

The bench reminded Karnataka and the Centre that India was a signatory to the International Convention on Economic, Social and Cultural Rights, Article 12 of which obliges all state parties to the Convention to recognise the right of everyone to the highest attainable standard of physical and mental health, and to take steps for the creation of conditions that would assure to all medical service and medical attention in the event of sickness. “Our courts have since read in these obligations into the guarantee assured to our citizens under Article 21 of the Constitution. We are also of the view that the restrictions imposed on the transportation of essential articles of food would amount to a breach of the rights protected under Articles 301-304 of our Constitution,” the bench held.

When Karnataka questioned the court’s jurisdiction in hearing the matter, the bench drew its attention to Article 1 of the Constitution, which states: “India, that is Bharat, shall be a Union of States”. The State of Karnataka should respect and guarantee the fundamental rights of a citizen of this country, irrespective of the place of his residence or domicile within the country, the bench ruled. □

Differing approaches

COVID-19 is stretching health care systems across the world, but the international community **has not been able to get its act together** so far to come up with an effective global response to the health crisis or its economic fallout. BY JOHN CHERIAN

IN AN APPEAL TO THE INTERNATIONAL community in the third week of March, United Nations Secretary-General Antonio Guterres requested an “immediate global ceasefire” and the waiving of sanctions that “undermine the capacity” of nations to focus on the fight against the coronavirus pandemic. He emphasised that unlike any other global health crisis this particular pandemic had severely impacted the global economy and upended the lives of people. “Our human family is stressed and the global family is being torn,” Guterres said. “We are in an unprecedented situation and normal rules do not apply.” The Secretary-General called on world leaders to join hands and come forward with a united response in the battle against COVID-19. He has said that this is the worst crisis humanity has faced since the end of the Second World War.

The U.N. chief referred to an International Labour Organisation (ILO) report which concluded that workers would lose around \$3.4 trillion in income by the end of the year. Low-paid workers and women in particular will be among the main sufferers as the pandemic plays out, Guterres warned. He said that “the recovery should not come on the backs of the poorest—and we cannot create a legion of new poor” and requested that a \$2 billion emergency fund be set up to help war-torn countries such as Yemen and Afghanistan cope with the pandemic. He wants trillions of dollars more to be used as a financial stimulus to stave off a gargantuan catastrophe that has the potential to claim millions of lives.

BLAND PLEDGES

The international community has not been able to get its act together so far. The G7 and G20 groups of nations have held meetings during which statements expressing solidarity and bland pledges to aid the fight against the disease were made. But the fact that the G7 could not even agree to a joint statement after the meeting is illustrative of the lack of cohesion among Western powers. There were no fresh proposals on how to deal with the COVID-19 pandemic. United States Secretary of State Mike Pompeo seems keener on exploiting the pan-



VIA REUTERS

VOLUNTEERS SPRAYING disinfectant in the streets of Tehran on April 3.

demic for strategic and military ends than on combatting it. The other G7 Foreign Ministers refused to agree to the term “Wuhan virus” in the joint statement as the U.S. demanded. The insistence of the administration of U.S. President Donald Trump on describing the pandemic as either the “Chinese virus” or the “Wuhan virus” goes against the guidelines of the World Health Organisation (WHO), which stipulate that viruses cannot be named after cities or countries.

In a statement that Yves Le Drian, French Minister for Europe and Foreign Affairs, issued after the G7 Foreign Ministers’ meeting, he “underscored the need to combat any attempt to exploit the crisis for political purposes and expressed the view that the unity of all in

order to effectively combat the pandemic must now take precedence over any other considerations". Iranian Foreign Minister Javad Zarif sarcastically tweeted that Pompeo should henceforth be called the "Secretary of Hate".

The G20 tele-summit concluded with the statement that member countries remained strongly committed "to do whatever it takes to overcome the pandemic" in cooperation with organisations such as the WHO, the World Bank and the ILO. "We commit to take all necessary health measures and seek to ensure adequate financing to contain the pandemic and protect people, especially the most vulnerable," the statement said. The group pledged to inject over \$5 trillion into the global economy to offset the negative impact of COVID-19. Prime Minister Narendra Modi, however, was critical of the role played by the WHO as the crisis was unfolding. He told his G20 colleagues that the organisation responsible for global health and well-being lacked the mandate to deal with crises of the magnitude of the coronavirus pandemic and said that there was a need to strengthen and reform the WHO.

DRACONIAN U.S. SANCTIONS

The Trump administration has chosen to further tighten sanctions on Iran, one of the countries worst hit by the virus. Venezuela, too, has been hit by additional sanctions at a time when it is battling the pandemic with the limited resources at its disposal. Draconian U.S. sanctions have devastated the economies of the two countries. Washington has vetoed their request for an emergency aid package from the World Bank to fight the coronavirus. Pompeo instead blamed the Iranian President for "mishandling" the coronavirus crisis and "inventing" reasons to blame the U.S. Reports in the American media suggest that the hawks in the Trump administration are itching for a military confrontation with Iran even as the coronavirus is raging, mistakenly thinking that the epic scale of the epidemic has weakened the morale of the Iranian leadership and people.

In late March, the U.S. Justice Department announced that it was charging Venezuelan President Nicolas Maduro with indulging in "narco-terrorism" and other assorted crimes. The laughable charges were made to bolster Trump's chances of winning the State of Florida, which has a large right-wing Venezuelan and Cuban emigre population, in the forthcoming presidential elections and precipitating regime change in Venezuela. Winning Florida is crucial for Trump. The U.S. has now said that it will lift sanctions if the government of Venezuela agrees to set up an interim government that would share power with the right-wing opposition.

As the U.S. was busy warmongering in the midst of the pandemic, the governments of Russia, China, Iran, Venezuela, Nicaragua and Syria said in a joint letter that the sanctions the U.S. had imposed on them were "illegal and blatantly violate international law and the charter of the United Nations". The letter went on to emphasise that the sanctions were seriously hampering their efforts to fight the pandemic. The "destructive impact" of these

measures, the letter said, hindered the ability of the governments under sanctions to procure even basic medical necessities and supplies.

U.N. High Commissioner for Human Rights Michelle Bachelet appealed for the immediate easing of the sanctions. "It is vital to avoid the collapse of any country's vital medical system—given the explosive impact that will have on death, suffering and wider contagion," she said in a statement. "Obstacles to the import of vital medical supplies, including over-compliance with sanctions by banks, will create long lasting harm to vulnerable communities." Britain, France and Germany, signatories to the Iran nuclear deal, have defied the U.S. and dispatched hospital equipment and medicine to Iran following the outbreak of the pandemic.

Meanwhile, Saudi Arabia, the current chairman of the G20, continues with the brutal war it has imposed on Yemen, the poorest country in the region. More than 100,000 Yemenis have perished in the war, which started four years ago. Yemen's hospitals and health infrastructure are almost completely destroyed. A cholera epidemic killed thousands after the Saudi-led military coalition began its assault on the country. The U.S. State Department has cut its contribution to health care in Yemen at a time when the country needs it the most.

As the coronavirus rages, Israeli jets and artillery continue to target the densely packed and blockaded Gaza Strip. Coronavirus cases have been reported in Gaza and the occupied West Bank. Israel has almost completely destroyed the health infrastructure of the Gaza Strip. There are only 56 ventilators and 40 intensive care beds available for a population of around two million people who live in Gaza, packed like sardines.

UNDER-REPORTING IN EGYPT

Egypt is not helping the embattled Gazans either. For that matter, the authoritarian military government seems to be under-reporting the spread of the virus in the most populated Arab country. A foreign correspondent was expelled for filing a story saying that the cases of coronavirus were much higher than what the government was admitting. A research paper in the medical journal *Lancet* suggested that in Egypt in early March there were between 6,000 and 19,300 cases of COVID-19, whereas the government's official tally at the time was only three. By the end of March, more than 40 people were officially confirmed dead from the virus, including two senior military officers.

Modi chaired a teleconference of member countries of the South Asian Association for Regional Cooperation (SAARC) on March 15 to chart out a common strategy to confront the pandemic. The SAARC grouping, which was consigned to irrelevance after Modi came to power, is yet to come out with a united response on how to tackle it. The Indian government offered \$10 million to start an emergency fund to fight the virus in the region. Most of the other countries have pledged contributions, but the amounts promised are even more miserly than that pledged by India.

Most of the governments in the world were slow to heed the serious warnings from organisations such as the WHO about the danger the coronavirus posed to humankind and are now paying the price. Japan had no other option but to finally agree to postponing the Tokyo Olympic Games by a year. The Japanese government had hoped that the Games, which were to be held in the middle of the year, would give the economy a much-needed boost. Japanese officials admit that the government is facing “severe circumstances” because of the pandemic. Japan has the third largest economy after the U.S. and China.

Like most countries affected by the pandemic, Japan has passed an economic stimulus package. Worth \$530 billion, it is the biggest in its history so far. Critics accuse the government of not having taken the virus threat seriously and allowing business activities and work to go on as usual. Now with the virus spreading through clusters, Prime Minister Shinzo Abe is getting ready to declare “a national emergency”. Many Japanese are wary about giving the government untrammelled powers because of the country’s history. South Korea and Singapore have been praised for being able to curtail infections. But they could only do so by resorting to invasive surveillance and authoritarian measures. And the virus has made a comeback, with new cases being reported in both countries.

PRETEXT TO GRAB MORE POWER

Many other rulers around the world have been using the crisis triggered by the pandemic as a pretext to arbitrarily grab more power. Israeli Prime Minister Benjamin Netanyahu has shut down courts and ordered intrusive surveillance into the activities of citizens. By tracing call records, the government can identify those who defy quarantine orders and send them to jail for a period of six months. Because courts have been ordered to close, Netanyahu has managed to avoid trial on corruption charges. Prosecutors had filed a foolproof case against him. Now instead of spending time in jail, he continues as Prime Minister.

Hungary’s Prime Minister, Viktor Orban, can now rule by decree after the parliament conferred on him the requisite power to do so indefinitely. President Rodrigo Duterte of the Philippines has been given emergency powers by the legislature dominated by his supporters. He has announced a ceasefire with the communists to concentrate on fighting the virus but has also promulgated shoot at sight orders on those breaking the quarantine curfew.

In Chile, the government has sent the army to patrol the streets. Anti-government protesters who were on the streets for months on end are no longer allowed to congregate in public squares. The military-backed government in Bolivia, which had illegally seized power, has used the pandemic as a pretext to postpone elections. The governments in France and the United Kingdom now have the right to detain people and close borders.

The West was critical of China when it locked down

the city of Wuhan to control the virus. Now they are taking a leaf out of China’s book. The U.S. Justice Department asked Congress to give it the authority to detain people without trial and eliminate legal protection for asylum seekers. Congress refused the request.

Italy declared a national emergency on January 31 immediately after it confirmed its first two cases, but this did not stop the spread of the virus in the province of Lombardy, the most prosperous region in the country. The death toll in Italy has exceeded that of China. The U.S. and the U.K. were even more lax in their reactions. After initially downplaying the gravity of the situation and prioritising the safeguarding of the economy, Trump now says that human lives are more important. The U.K. government was initially willing to sacrifice significant numbers of people in exchange for long-term “herd immunity” against the virus. With the Prime Minister himself along with his Health Secretary and the Prince of Wales catching the virus, better sense has finally prevailed. And for the first time since the Second World War, the iconic Wimbledon tournament, which was due to be held in June, has been cancelled, and the popular football league season has been postponed indefinitely.

The U.S. President recently admitted that around 200,000 Americans could perish before the pandemic ebbs and only self-isolation and social distancing would prevent the numbers from going up even further. He said that it would be “a good job” if the casualty figures remained below that figure. By April 1, the U.S. casualty figures had already surpassed China’s. If the apocalyptic forecasts become a reality, the U.S. will lose more lives than were lost in all the wars the country has fought over the last 70 years.

By the first week of April, three out of four Americans were effectively forced to stay indoors. Unemployment levels in the U.S. are now at a record high. The U.S. government will be implementing a \$2 trillion bailout package to address the effects of the pandemic on the its economy. Unemployment benefits will be given to all workers claiming them for 13 weeks. The military industrial sector will also be a major beneficiary of the bailout. In most parts of the world, the working class has been given a raw deal as governments spend most of their resources on bailing out failing conglomerates.

Trump may have changed his mind about the virus, but his ideological soulmate, President Jair Bolsonaro of Brazil, is still insisting that business should go on as usual in his country and that the coronavirus is nothing but a “measly cold”. Fortunately, the Brazilian public and many people in his own ruling coalition do not agree with his suicidal take on the pandemic. Bolsonaro criticised the local governments of Sao Paulo and Rio de Janeiro for introducing quarantine measures, saying that they should be held responsible for the economic slowdown that has already hit Brazil. The country has the highest number of reported cases of the virus and casualties in Latin America. People in Sao Paulo and other cities have been staging “pot banging” protests at night calling for the resignation of their President. □

U.S. system in shudders

The U.S. now has the highest number of people infected with the coronavirus, and **its mostly privatised health care system is struggling** to cope, but there is no appetite in the Trump administration to set up an international cooperative process to come up with a cure. BY VIJAY PRASHAD

ON MARCH 28, THE UNITED STATES declared that the number of people who tested positive for the novel coronavirus infection was above 100,000. In that moment, it became the country with the highest number of cases. What this means is that a large number of people with symptoms for the virus are going to their doctors or to hospitals, being tested and then being put into either self-isolation or into hospital isolation (depending on the severity of the symptoms). Many others are likely to have been infected with the virus; they are either asymptomatic or have not been able to get tested. As the protocols for getting a test done in the U.S. are not easy to understand, it is doubtful if enough number of tests are done.

PREPARATION

New York City is the epicentre of the pandemic in the U.S. About half of the cases in the country have been detected in the city, which is, after all, a crossroads for the world. Hospitals in there are beginning to find that they do not have the capacity to deal with the onrush of cases, which is why emergency hospitals, such as the converted Jacob K. Javits Convention Centre, have been built and why New York Governor Andrew Cuomo has called upon city hospitals to increase capacity by 50 per cent. Comfort, the U.S. Navy's hospital ship, will be docked in New York to provide additional hospital beds, while Mercy, its hospital ship, will be docked in Los Angeles harbour. A lack of basic medical supplies (masks for medical workers) and ventilators has sent the government scurrying to increase production. The lack of surge capacity has shocked the public, who now see that the country's medical system was simply not prepared for the pandemic.



PRESIDENT Donald Trump holding a five-minute test for COVID-19 from Abbott Laboratories during the daily briefing on the novel coronavirus, in the Rose Garden of the White House on March 30.

MANDEL NGAN/AFP

The U.S. government did not declare a national emergency until mid-March even though it had become clear by early February that this pandemic was serious and would impact the U.S. in a big way. President Donald Trump belittled the danger and suggested repeatedly that the country could not fall victim to the virus. When it did strike, he suggested that it would be over quickly. This lack of leadership in terms of preparation and in terms of education of the public produced uncertainty and worry. It was left to State Governors to begin preparations, although they simply did not have the resources available to them to tackle the scale of the pandemic. Nonetheless, over half the population told Gallup that they approved of Trump's handling of the crisis.

What disturbed Trump far more than the threat of deaths was the casualty of the stock markets. In March, all the markets began to tumble as the virus crossed the Atlantic and the Pacific oceans. Hasty injections of capital from the government did not stop the fall. Already, U.S. stock markets have been grossly inflated, largely by government action to provide liquidity to investment banks and financial firms. Trump has long believed that the health of the stock market is a sufficient indicator of the fortunes of the economy. That is why he has over the years urged the Federal Reserve, the U.S. central bank, to unleash liquidity into the market and allow stocks to overvalue. A stock market correction has long been on the cards, although no one expected the drop to be so dramatic.

As the coronavirus went global, a series of unfortunate events took place damaging the confidence of money managers: the lack of an oil deal between Saudi Arabia



TIM RUE/BLOOMBERG

THE U.S. NAVY'S HOSPITAL SHIP Mercy arriving at the Port of Los Angeles in Los Angeles, California, on March 27. The ship will provide an overflow facility for LA County hospitals and will treat urgent care patients, although not COVID-19 victims.

and Russia, the massive shutdown of economic activity due to the coronavirus, and the uncertainty about when the coronavirus will come under control. Central banks, led by the Federal Reserve, dropped interest rates, while governments pledged massive amounts of money to mitigate the effects of the slowdown of economic activity. The U.S. Congress led the way with a \$2.2 trillion package, which provided funds for companies in short-term distress and cash transfers to unemployed workers. The number of people who filed for unemployment in the U.S. rose to record levels (over three million in one week). The downward slide in the markets slowed, with some recovery.

Trump sent an envoy, Victoria Coates, to Riyadh, in a bid to push the Saudis to make a deal with the Russians and allow oil prices to either stabilise or to rise. This would remove one of the uncertainties in the world of finance. It is easier to fix the oil prices than it is to develop a vaccine for coronavirus or to know when to sound the “all clear” siren. Trump threatened to end the lockdown by Easter, as if an American resurrection would be possible so swiftly. Until the number of cases levels off, it is unlikely that medical experts will tolerate a loosening of the guidelines. But the class of money seems far more interested in getting the sinews of economic activity back again than in overcoming the virus.

RESOURCES

In Italy, the medical sector warned that as resources were overrun by patients, medical institutions would have to start making decisions about

who to treat and who to let die. This was a shocking revelation from an advanced industrial society. The debate around “rationing” moved to the U.S., where the number of intensive care beds (96,000) and ventilators (62,000 with 12,700 in the Strategic National Stockpile) are far fewer than the anticipated requirements. An official in New York City said that as a consequence of shortages of intensive care beds and ventilators, city institutions might have to make “some very serious, difficult decisions”. In the U.S., where the health system is almost entirely privatised, hospitals are designed so that they do not have much surge capacity. Every bed must be full at any time so that each bed, considered a piece of real estate, is making money for the private investor in the hospital. There is no way to plan for an emergency such as a global pandemic in this sort of private-sector-driven health care system. That is why the question of “difficult decisions” arises. Trump hastily invoked an archaic law that allows him to compel private industrial firms to make specific equipment; in this case, he demanded that General Motors mass produce ventilators.

NO LET-UP IN SANCTIONS & BOMBING

By habit, in the midst of the global pandemic, the U.S. government hardened sanctions against Iran and Venezuela, forced the International Monetary Fund to not assist Iran and Venezuela with emergency funds, and indicted many leaders of the Venezuelan government for narco-trafficking. The Trump administration scoffed at the United Nations Secretary-General’s call for a global ceasefire on war; its aircraft bombed Iraq.

Routines of profit-seeking that look at solutions to problems through the private sector have driven the U.S. administration, and its European allies, in the hunt for a vaccine. That China used various older remedies and the 39-year-old Cuban drug Interferon Alpha-2B to treat its infected population was of no consequence. The U.S. administration egged on its private pharmaceutical sector,

and even tried to bribe a German company, to find a “cure”; this cure will then be patented and sold for large profits around the world or, at least, that is the dream. An alternative to this approach would be to set up an international cooperative process to use the experience in East Asia, the medical innovations in China and Cuba, and the expertise of corporate pharmaceutical companies and universities to come up with an international cure to a global pandemic. But there is no appetite in the Trump administration, given as it is to the old ways of belligerence and domination, for such a humane and necessary approach. The corona shock continues to manifest itself in every corner of the planet; the old system shudders before it. □



JOSEPH PREZIOSO/AFP

PEOPLE RECEIVING FOOD at My Brother’s Table soup kitchen in Lynn, Massachusetts, on March 30. The kitchen, which serves an average of 600 meals a day, helps the homeless and anyone in need. It is serving bagged meals as people are not allowed to inside the premises because of the pandemic.

Cuba to the rescue

Cuba, which dispatched expert medical teams to over 59 COVID-19 affected countries, has **come in for praise** from the world over for its timely act of international solidarity. BY JOHN CHERIAN

DESPITE THE SEVERE CONSTRAINTS IT FACES as a result of the United States-imposed economic blockade, Cuba has not shied away from extending solidarity with the world in the unprecedented challenge posed by the COVID-19 pandemic.

By end March, Cuba had dispatched medical teams to over 59 affected countries. A team of 53 Cuban specialists trained in epidemiology reached the Lombardy region, the epicentre of the epidemic in Italy, at the height of the pandemic to provide invaluable support to Italy's beleaguered medical infrastructure. A team of 39 Cuban medical professionals were also dispatched to the tiny principality of Andorra, wedged between France and Spain, whose doctors were all down with suspected COVID-19.

The Cuban medical teams dispatched to Italy and other countries in the wake of the COVID-19 pandemic have hands-on experience in dealing with life-threatening diseases such as Ebola that ravaged parts of Sub-Saharan Africa.

HENRY REEVE BRIGADE

Before answering the SOS from Italy, Cuban doctors and nurses had been serving in neighbouring countries such as Venezuela, Nicaragua, Surinam, Belize, Jamaica and Grenada. They are all part of the illustrious "Henry Reeve Brigade" which has extensive expertise in responding to natural calamities and global pandemics. When earthquakes and epidemics struck in Pakistan, Indonesia, Guatemala and Haiti, the Henry Reeve Brigade stepped up to help.

The Brigade was set up in 2005 by Cuban health professionals trained in disaster medicine and infectious disease containment. The proposal was first mooted by then President Fidel Castro following the havoc wreaked by Hurricane Katrina in the United States in 2005. The Cuban government offered to dispatch humanitarian assistance and medical aid to the U.S. government but the offer was spurned by the George W. Bush administration. Thereafter, the Cuban government went ahead and set up the Henry Reeve Brigade that year. Henry Reeve, a young American who joined the Cubans in their struggle against Spanish



ANTONIO CALANNI/AP

MEDICS AND PARAMEDICS from Cuba upon arrival at the Malpensa airport in Milan, Italy, on March 22.

colonial rule in the 19th century, is considered one of the country's national heroes.

"For more than 60 years after the revolution, Cuba and our people have defended solidarity as a principle" tweeted Bruno Rodriguez, Cuba's Foreign Minister while seeing off 144 medical workers on their way to Jamaica. He added: "We'll face the COVID[-19] together."

Cuba has already undertaken measures to tackle the COVID-19 pandemic. Despite the ravages caused to the economy by the sixty-year-old U.S. blockade, the Cuban health care system is in finer fettle than many other affluent countries including the U. S. Health care is universal and free in Cuba, unlike in the U.S., the world's richest country.

Cuba's socialist regime has been able to sustain a medical system that guarantees free and comprehensive health care. There are at least eight doctors for every 1,000 citizens—the highest ratio in the world. No country, including the U.S., can boast of such numbers. India has one doctor for every 10,000 citizens. The WHO recommends that a country should have at least one doctor for every 1,000.

Cuba has also made giant strides in the biotechnology sector. Because of the U.S. blockade, the Cuban health care system has become more or less self-sufficient.

The anti-viral drug, Interferon Alfa-2b, manufactured in Cuba, has been successfully used to combat COVID-19 in China and other countries. As the pandemic spreads, this particular drug will help save thousands of lives. Interferon is produced by Cuba's Centre for Genetic Engineering and Biotechnology (CIGB), whose research and products have received international acclaim.

According to medical experts, Interferon, which was first produced in 1980, is used as a preventive measure through nebulisation during the early stages of the COVID-19 infection. It does not claim to "prevent" infections. The medicine, currently produced in China in a joint venture, was used to treat patients in China when the pandemic spread in Wuhan.

Interferon has been available in the Chinese market for the last decade and is used for treating conditions such as Hepatitis B and C. It is used in many other countries to treat illnesses such as HIV-AIDS and shingles. The drug has since been administered to more than 1,00,000 patients in China.

Interferon is now being used in South Korea, Germany and Italy to treat patients with COVID-19. It is in great demand in several other countries as well. The Kerala government has requested the Central government to allow the import of Interferon to treat those affected by the virus.

Interferon is not the only drug used for treating patients affected by COVID-19 though it was one of the most widely used in China. Luis Herrera, the man credited for the formulation of Interferon, said: "Interferon continues to be a drug that is used to combat viral infection and it can be effective—as is happening in China".

Unlike most countries, Cuba began the groundwork to meet the COVID-19 challenge as soon as the epidemic was first reported in Wuhan in January. Despite its economy being dependent on tourism, the government took the difficult decision of disallowing foreign visitors as soon as the first cases appeared on the island. One of the first cases of COVID-19 was an Italian tourist. The government has disallowed Cubans from travelling abroad and placed restrictions on inter-island transport. Prime Minister Manuel Marrero said: "We have decided to regulate the departure of all our compatriots from the national territory for a simple reason: to look after their health, that of their relatives, their neighbours and colleagues".

Thousands of hospital beds have been reserved all over the island in both civilian and military hospitals for those likely to be affected by COVID-19. Factories which otherwise made school uniforms are now producing face masks. The Cuban government has left little to chance. In any event, the 11 million Cubans who inhabit the island do not have to worry about housing and the country's social security system guarantees the basic necessities. Cuba's President Miguel Diaz-Canel said: "We have a public health system for everyone, an established scientific community, an effective civil defence system, and a government that puts Cubans at the centre of its attention".

At the time of writing this article, Cuba had confirmed more than 130 cases of COVID-19 infection and three deaths. In mid March, the Cuban government allowed a cruise ship from the United Kingdom, with five confirmed cases of COVID-19 aboard, to dock. The ship, which carried 682 tourists and 381 crew members, had been denied permission to dock by neighbouring countries, including the U.S.. The U.K. government requested Cuba to allow the virus-hit ship to berth so that the passengers could disembark and fly back home. The Cuban government not only promptly allowed the virus-hit ship in, but also arranged for the admission and treatment of those who had tested positive for the virus in its hospitals .

INTERNATIONAL ACCLAIM

"Let's reinforce health care, solidarity and international cooperation," Rodriguez said. Cuba has justifiably come in for praise from the world community for its act of international solidarity. Delivering his final speech in British parliament as the leader of the opposition, the Labour party leader, Jeremy Corbyn, described the internationalism of the Cuban doctors who travelled to Italy to help in the fight against the raging COVID-19 pandemic as "inspirational"..

The former President of Brazil, Luiz Inacio Lula da Silva, expressed his admiration for what Cuba is doing at a time when humanity seems to be at a crossroads. "It is at these times of crisis that we know the truly great, and it is in these hours that the Cuban people become a giant before the world", Lula said, adding that it was also a "proud and sovereign response" to those who have imposed an economic blockade on the country. Lula said that Brazil, which has the biggest surge of COVID-19 cases in central America, sorely misses the presence of Cuban doctors and health professionals.

When Lula became President, he had invited Cuban doctors to participate in his landmark "More Doctors Program" that had helped save countless lives in the more deprived and remotest parts of Brazil. More than 10,000 Cuban doctors were deployed in the country. The Cuban doctors left Brazil in early 2019 after the newly elected far-right President, Jair Bolsonaro, made disparaging comments about the professionalism and motivations of the Cuban medical contingent deployed in far-flung corners of Brazil. He had said that the Cuban doctors were in Brazil for fomenting a left-wing revolution.

Now with the pandemic spreading, Brazil is in the throes of a grave health crisis. There is a tangible fear among Brazilians that the health care system could collapse under the weight of the pandemic infections. Bolsonaro is now signalling that he wants the Cuban doctors to come back. On March 15, Brazil's Health Secretary, Joao Gabbardo, requested the Cuban government to redeploy their doctors in Brazil. A statement put out by the Workers Party led by Lula read: "President Bolsonaro owes apologies to the Brazilian population and to all the Cuban doctors who were practically expelled from Brazil facing attacks, lies and fake news." □

Economic responses to COVID-19

The two collections of articles represent a leftward shift of economic orthodoxy, with a **recognition of the need for state expenditure** on public health measures and government intervention to sustain demand in the economy. BY **MADHAV TIPU RAMACHANDRAN**

IN the past few weeks, various governments around the world have prepared responses to the economic fallout from the COVID-19 pandemic. In most countries these have taken the form of moratoriums on payments—tax payments and dues for businesses, suspension of layoffs and continued wage payments to workers, and stimulus packages to halt (or at least slow down) the fall in consumption spending and worker deprivation.

Two new works bring together articles by economists from different countries. The first is by, broadly speaking, progressive economists and is a set of policy briefs. It is available on the Economics for Inclusive Prosperity website (<https://econfip.org/#>). The second volume, *Mitigating the COVID Economic Crisis: Act Fast and Do Whatever It Takes*, is edited by Richard Baldwin and Beatrice Weder di Mauro and published by the Centre for Economic Policy Research, London.

I shall refer henceforth



to the former collection as Act Inclusively and the latter as Act Fast.

A good starting point for review is an article by Pierre-Olivier Gourinchas, which appears in both documents. His article describes the joint health and economic crisis in terms of the “curve-flattening” of which we have heard so much recently. He points out that the two curves (the public health/infection curve and the economic activity curve) are antonymous. When we work to flatten the public health curve by “social distancing” measures, we accelerate macroeconomic slowdown. This is a crucial point—reducing social in-



teractions leads directly to a fall in output and employment, thus mitigating the physical impact of the disease but exacerbating the economic crisis.

Gourinchas’ argument is that the state must intervene, as it has done in the case of public health, to flatten the recession curve, working to mitigate the economic effects of the pandemic while accepting that there will definitely be some sort of recession. This is the starting point from which both sets of analyses take off. There is a surprising commonality across the spectrum with respect to their basic analyses. There is a general acceptance that there will be a major reces-

sionary impact; approximated by Emmanuel Saez and Gabriel Zucman in their article “Keeping businesses alive: The government will pay”, in the Act Inclusively volume. The writers suggest that the drop in the annual gross domestic product (GDP) in the United States will be 7.5 per cent, on the basis of their estimate that there will be an evaporation of 30 per cent of aggregate demand over the next three months.

However, there are also *some* views from right-wing economists (like the former Goldman Sachs head Lloyd Blankfein, as well as some billionaires) who are pushing, especially in the U.S., for a quick return to work for most people¹. This, they argue, could see off the threat of a recession, albeit at the cost of an (unforeseeable) increase in lives lost. This has been dismissed as “deranged” and extraordinarily callous, but like Larry Summers’ famous 1991 World Bank memo that called for increased environmental pollution in developing countries², it is

merely the logical conclusion of the idea that profit rates and the market economy are the best way to determine social outcomes. Mainstream economists in the Act Fast book, from Alberto Alesina to Olivier Blanchard (and echoed by most other contributors), have all expressed support for expansionary fiscal policies and unrelenting support by the European Central Bank (ECB) to its constituent countries in the form of deficit spending. Expansion is to be backed either by issuing Eurobonds or through the Outright Monetary Transactions (OMT) mechanism of the ECB (the tool behind Mario Draghi's famous "whatever it takes" commitment in 2012 to rescue the Eurozone after the economic crisis). The writers express the need for increased government spending, both to keep businesses solvent and to provide social security measures for workers.

Gita Gopinath, the Chief Economist of the International Monetary Fund (IMF), has highlighted in her article titled, "Limiting the economic fallout of the coronavirus with large targeted policies" in the Act Fast volume, the deleterious effects of the pandemic and the commitment to emergency funding for developing countries that could amount to \$50 billion. All the economists writing in the Act Fast volume, and in particular the French economist Charles Wyplosz, agree that, in times like these, "moral hazard"³ must be thrown to the wind and countries should spend extensively; their



JUSTIN CHIN/BLOOMBERG

INSIDE a supermarket in Hong Kong on March 4.

decision in this "moral" quandary being helpfully assisted by the extraordinarily low rates of interest around the world today.

HELICOPTER MONEY

Jordi Gali's suggestion (again present in both documents) goes further to suggest the launching of "helicopter money", an additional fiscal transfer from the state to businesses and individuals in order to stimulate the economy (that is "paid" for by the Central Bank itself, showing up as a reduction in the bank's capital, essentially acting as a transfer from the bank to the government). Saez and Zucman suggest that the state should provide liquidity to businesses and individuals, with the state

acting as payer of last resort, ensuring a certain baseline level of funding to enterprises and people unable to work. Among the other progressive policy suggestions, Tyler Cowen in "Plans for economic mitigation from the coronavirus", in Act Inclusively, goes a little further and recommends direct unconditional cash transfers to the people by the state (despite his generally conservative ideological stance). There is also the more radical suggestion that this is the moment to implement systems of Universal Basic Income (UBI), an idea that is rapidly being accommodated by the mainstream of economic thought (as evidenced by its suggestion in both doc-

uments). The \$1.5 trillion bailout by the United States in response to the crisis, in fact, contains a one-time cash transfer of \$1,200 to individuals; it has widely been *suggested* that this should be transformed into a recurring payment of a greater amount of money. The European states have announced measures that reinforce traditional social security arrangements such as unemployment insurance.

The two compilations largely propose policies for developed countries, although there is mention (by Adam S. Posen in his article "Containing the economic nationalist virus through global coordination" in Act Fast) that developing countries may

experience withdrawals of liquidity if the reaction to the crisis is done on national lines. These expansionary fiscal policies in the developed world may also limit the amount of money transferred as development aid.

Countries like India have neither the fiscal space nor the unconventional monetary tools to undertake many of the policy proposals put forth. Targeted cash transfers in developing countries are also considerably more complicated owing to the paucity of data about businesses and individuals' incomes, and the fact that people in developing countries often face multiple forms of deprivation that will only be exacerbated by the current crisis and require more complex social policies than monetary transfers. Developing countries are also less likely to carry out policies such as helicoptering money or quantitative easing, as their interest rates are not as conveniently low as those in the West.

The broad similarity of the suggestions across the two sets of documents is

notable. However, what is even more striking is that most states have generally signed on to these platforms, ensuring relief to businesses and individuals, as well as reassuring them with the promise of fiscal stimuli to come. There has been a spate of articles around the world that have (often disparagingly) declared that the government response to the COVID-19 pandemic has shown that, in times of crises, we are all "socialists". This does not mean that governments are calling for socialisation of vast sectors of the economy (although some countries have nationalised previously privatised parts of the health care industry and some are promising to go even further and nationalise other industries), but increased government spending (and borrowing) and heightened state guidance of the economy are pretty much universal in the present crisis.

The consensus in the two publications under review represents in some ways a leftward shift of economic orthodoxy, with widespread recognition of

the need for state expenditure on public health measures and government intervention to sustain demand in the economy⁴. At the same time, it reveals a lack of radical proposals for the future. There has been no demand for widespread nationalisation or government control over industries that are to be bailed out. Expanding medical insurance and employment guarantees are all discussed, but are expected to be temporary.

Both publications have an appraisal (and appreciation) of the economic and societal institutions facilitating the response to the pandemic, and are particularly approbative of the institutional structure of the East Asian countries, which reacted rapidly and responsibly to the crisis. However, the current crisis does not seem to have provoked any deeper soul-searching about the nature of globalisation and its institutions. The fact that nation-states have been the fundamental unit of response to the pandemic has aroused surprisingly little commentary about the nature of pan-national institutions such as the European Union. Reality may actually turn out to be more radical, with the aforementioned nationalisation in countries such as Ireland and Spain, and Italy's gesture of friendship and gratitude to countries such as Cuba and China, which have *assisted* it in dealing with the crisis.

In an obituary in *New Left Review*, Perry Anderson recalled Alexander Cockburn writing about his reaction to the lack of radicalism in the Occupy Wall Street movement:

"I clamber up to the dusty top shelf, furtively haul down Vladimir Ilyich's 'April Theses' of 1917 and dip in: end the war, confiscate the big estates, immediately merge all the banks into one general national bank.... The blood flows back into my cheeks, my eyes sparkle...."

Perhaps, we too should dare to imagine a more radical restructuring of society after this crisis. □

Madhav Tipu

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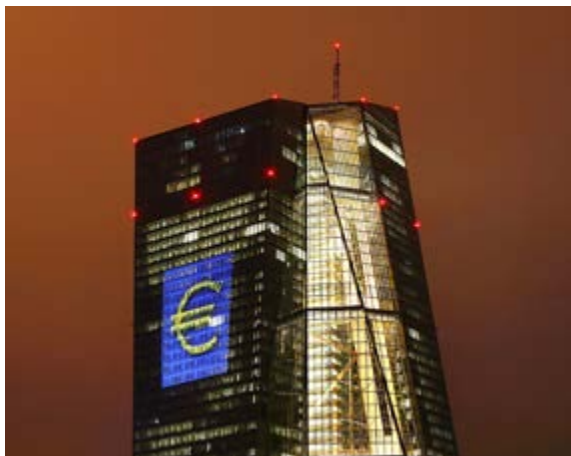
Notes:

1 Views unrepresented in either of these columns, now seen as perhaps too right-wing for the economic mainstream.

2 Summers (in a somewhat tongue-in-cheek argument) had proposed that developing countries could "afford" more pollution than developed countries, and, therefore, they should export environmental pollution to the developing world.

3 "Moral Hazard" is the term economists use when countries mischievously tend to increase their borrowing and subsequent spending when they are aware that they will not bear the full costs of that borrowing.

4 It is disputable whether this shift will be permanent, and will show itself politically, but it is undoubtedly a shift towards Keynesianism, away from the ideas of austerity and budget balancing that were the accepted ideas in mainstream economics until less than a decade ago.



KAI PFAFFENBACH/REUTERS

THE HEADQUARTERS of the European Central Bank in Frankfurt, Germany.

Questionable verdicts

The Supreme Court's **inconsistency in judgments** over defections in many States erodes the credibility of the judiciary. BY **V. VENKATESAN**

THE Kamal Nath-led Congress government in Madhya Pradesh resigned on March 20 ahead of the floor test in the Assembly, paving the way for the formation of a Bharatiya Janata Party (BJP) government, led by Shivraj Singh Chouhan, on March 23. The transition of power happened because the Supreme Court, in the midst of the health crisis triggered by the coronavirus threat, prioritised the hearing of a petition filed by Chouhan seeking an immediate floor test in the Assembly following the resignation of 22 Congress MLAs which cast doubts over the majority of the Kamal Nath government.

With Speaker N.P. Prajapati ac-

cepting the resignations, the Congress' strength in the 230-member Assembly was reduced from 114 to 92. Prajapati resigned with the change of government. Chouhan won the trust vote in the Assembly on March 24 with the support of 112 MLAs (including 107 of the BJP). The number of vacant seats in the Assembly is now 24, reducing the effective strength of the House to 206.

On March 19, acting on Chouhan's plea, a two-judge bench of the Supreme Court comprising Justices D.Y. Chandrachud and Hemant Gupta held that the state of uncertainty in the State must be effectively ended. It issued a direction

to the Speaker to convene a floor test bearing in mind the principles enunciated in the decision of the nine-judge Supreme Court bench in *S.R. Bommai vs Union of India* in 1994 and of the Constitution Bench in *Nabam Rebia v Deputy Speaker, Arunachal Pradesh Legislative Assembly*, in 2016. The bench directed that the Madhya Pradesh Assembly session, which had been deferred to March 26 (citing the COVID-19 threat), be reconvened on March 20 and that it should be confined to a single agenda, namely, whether the government of the incumbent Chief Minister (Kamal Nath) continued to enjoy the confidence of the House.

The bench also directed that the



MADHYA PRADESH Chief Minister Shivraj Singh Chouhan (second from right) and outgoing Chief Minister Kamal Nath (right) during the former's swearing-in ceremony at Raj Bhavan in Bhopal on March 23.

floor test be concluded by 5 p.m. peacefully on March 20 and that there should be no restraint or hindrance whatsoever on any of the 16 MLAs lodged in a resort in Bengaluru by the BJP exercising their rights and liberties as citizens. The 16 MLAs of the Congress, owing allegiance to the rebel Congress leader Jyotiraditya Scindia, who joined the BJP, had submitted their resignations from the Assembly. "In the event that they or any of them opt to attend the session of the Legislative Assembly, arrangements for their security shall be provided by all the concerned authorities," the bench said in its order.

The Speaker was yet to accept their resignations even though he had accepted the resignations from the Assembly of six Ministers in the Kamal Nath government owing allegiance to Scindia. The Congress claimed that the 16 MLAs were held in captivity in Bengaluru and that the Governor could not have sought a floor test knowing well that these MLAs could not attend the session if they were held in captivity in another city. In another petition, the Madhya Pradesh Congress sought the Supreme Court's intervention to secure access to these MLAs.

While the Supreme Court is yet to give a reasoned judgment in this case, it is unfortunate that the court did not choose to address the concerns of the Madhya Pradesh Congress seeking access to the rebel MLAs held in captivity in Bengaluru. More important, the court missed an opportunity to lift the veil behind the mass resignations of MLAs, which was done to evade the rigour of the Anti-Defection Act. As a result, the Congress' plea that a floor test could be held in the Assembly only after the Election Commission conducted byelections to fill the vacancies caused by these resignations failed to convince the bench.

KARNATAKA

In *Shrimanth Balasaheb Patil vs Hon'ble Speaker, Karnataka Legislative Assembly and others*, the Supreme Court bench comprising Justices N.V. Ramana, Sanjiv

Khanna and Krishna Murari, on November 13, 2019, had held that the Speaker had no power to disqualify the members on the ground of defection until the end of the current term of the Assembly. The then Karnataka Speaker, while disqualifying rebel Congress MLAs, made them ineligible to contest the byelections to the Assembly until the end of its current term. The Supreme Court, while upholding the Speaker's act of disqualification of rebel MLAs, struck down the part of his order that disqualified them for the entire duration of the Assembly. This effectively blurred the distinction between the disqualification of a legislator on the grounds of defection and the acceptance by the Speaker of the resignation of a member from the Assembly, as in both the situations, the rebel MLAs would be free to contest the byelections to the vacant seats and re-enter the Assembly if they were victorious.

The Anti-Defection Act does not prevent the resignation from the Assembly of a legislator who is elected on the ticket of one party and seeking re-election on the ticket of another political party. But the Supreme Court held that if the legislator who resigns from the Assembly is found guilty of defection by the Speaker on the basis of his or her conduct prior to resignation, the Speaker would be right in disqualifying the member, leaving a decision on his resignation unnecessary. Therefore, in Karnataka, the Supreme Court did not find the Speaker's decision to reject the resignations of the disqualified MLAs illegal. "Factum and taint of disqualification does not vaporise by tendering a resignation letter to the Speaker. A pending or impending disqualification action does not become infructuous by submission of the resignation letter, when act(s) of disqualification have arisen prior to the member's resignation letter," the bench held.

But the bench in the Karnataka case also held that the Speaker's scope of inquiry with respect to the acceptance or the rejection of a resignation tendered by a member of the legislature is limited to examining

whether such a resignation was tendered voluntarily or genuinely. "Once it is demonstrated that a member is willing to resign out of his free will, the Speaker has no option but to accept the resignation," the bench held. In Madhya Pradesh, the Speaker took note of the fact that the rebel MLAs, in their separate petition before the Supreme Court, had declared in an affidavit that they were resigning out of their free will. The bench, therefore, concluded that their resignations were voluntary and genuine.

But there is one distinction that leaves a disqualified legislator at a disadvantage as compared to one whose resignation from the Assembly is accepted by the Speaker. The 91st amendment to the Constitution ensures that a member disqualified by the Speaker on account of defection is not appointed as a Minister or holds any remunerative political post from the date of disqualification or until the date on which his term of office would expire or he/she is re-elected to the legislature, whichever is earlier.

There is no similar bar on a member who resigns from the Assembly until he or she is re-elected to the legislature. This makes the rebel Congress MLAs in Madhya Pradesh who have resigned from the Assembly eligible for the posts of Ministers for six months, prior to their possible re-election to the Assembly. With 22 rebel Congress MLAs joining the BJP, there is nothing to prevent the BJP from rewarding them even before their re-election to the Assembly. In other words, by legitimising bulk resignations from the Assembly, the Supreme Court has encouraged MLAs to "defect" and cock a snook at the Anti-Defection Act and the 91st amendment to the Constitution.

THE MANIPUR STORY

Even as the Supreme Court enabled defections in the garb of bulk resignations to destabilise governments with majority strengths in Assemblies in Karnataka and Madhya Pradesh, in Manipur, another bench of the Supreme Court effectively inter-

vened to ensure strict implementation of the Anti-Defection Act. A three-judge bench comprising Justices R.F. Nariman, Aniruddha Bose and V. Ramasubramanian on January 21, in *Keisham Meghachandra Singh vs The Hon'ble Speaker, Manipur Legislative Assembly*, directed the Speaker to decide on the disqualification petition against a rebel Congress MLA, Thounaojam Shyamkumar, who joined the BJP even before he was sworn in as MLA. (The Assembly election in Manipur in 2017 had led to a fractured verdict, with none of the political parties in a position to secure a majority in the 60-member House. Shyamkumar's defection helped the BJP form the government despite the Congress emerging as the single largest party with 28 seats, and the BJP coming second only with 21 seats.)

Shyamkumar subsequently became a Minister in the BJP-led coalition government. He claimed that the Anti-Defection Act did not apply to him as he had switched his loyalties before being sworn in as the legislator.

As many as 13 applications for disqualifying Shyamkumar were filed before the Speaker in 2017. But the Speaker kept delaying a decision on the petitions for obvious reasons. Therefore, the Supreme Court recommended Parliament to consider amending the Constitution to substitute the Speaker of the Lok Sabha and Legislative Assemblies as arbiter of disputes concerning disqualification under the Tenth Schedule with a permanent tribunal headed by a retired Supreme Court judge or a retired Chief Justice of a High Court or with some other outside independent mechanism to ensure swift and impartial decisions, "giving real teeth to the provisions contained in the Tenth Schedule, which are so vital in the proper functioning of our democracy".

On March 18, the Supreme Court bench of Justices Rohinton F. Nariman and S. Ravindra Bhat took note of the Speaker's non-compliance with its January 21 judgment directing him to decide the disqualification petition within four weeks, re-



M. VEDHAN

O. PANNEERSELVAM, Deputy Chief Minister of Tamil Nadu. Defying the party whip, he voted against Chief Minister E. Palaniswami during a confidence motion in 2017.

strained Shyamkumar from entering the Assembly and directed the immediate cessation of his being a Cabinet Minister. On March 28, the Speaker, Y. Khemchand Singh, disqualified Shyamkumar under the Tenth Schedule until the expiry of the current term of the Manipur Assembly for voluntarily giving up the membership of the Congress.

Clearly, the Supreme Court cannot hold that an individual member of the Assembly stands disqualified on the ground of defection but can be rewarded for resigning from the Assembly and seeking re-election before the end of its tenure. Such inconsistency in its judgments will only erode the court's credibility.

TAMIL NADU

In Tamil Nadu, the Dravida Munnetra Kazhagam (DMK) alleged that the Tamil Nadu Speaker had not acted on its plea to disqualify 11 MLAs of the All India Anna Dravida Munnetra Kazhagam (AIADMK) who voted against Chief Minister E. Palaniswami during a voting on the confidence motion moved by him on February 18, 2017. These 11 MLAs included former Chief Minister O. Panneerselvam, who later merged his group with the one led by Palaniswami. He assumed the post of Deputy Chief Minister.

By violating the whip issued by the official faction of the party, the 11 rebel MLAs had clearly attracted dis-

qualification under the Anti-Defection Act. However, in view of the coming together of the two warring factions of the party, the Speaker, without stating any reason, chose to not act on the disqualification petitions against the 11 MLAs.

Paragraph 2(b) of the Tenth Schedule to the Constitution enables a political party to condone such violation of direction issued by it to vote or abstain from voting within 15 days. Since the party led by Palaniswami did not condone the violation of its direction by the 11 rebel MLAs within 15 days, the Speaker ought to have acted on the petitions seeking their disqualification.

The Madras High Court refused to intervene in the matter citing the pendency of a similar petition in the Supreme Court on whether the court could direct the Speaker to decide a disqualification petition within a time frame. On February 14, the Supreme Court disposed of the DMK's appeal against the Madras High Court's order after the State's Advocate General, Vijay Narayan informed the court that the Speaker had issued notice in the disqualification proceedings.

Unlike the Nariman-led bench of the court which directed the Manipur Speaker to decide the pending disqualification case within four weeks, the Supreme Court bench led by Chief Justice of India S.A. Bobde, which heard the Tamil Nadu matter, refused to direct the Speaker to decide the case within a deadline. "There is no reason to entertain these appeals any further. Hence, these appeals are disposed of as having become infructuous. Needless to say that the Speaker will take a decision in accordance with the law," the bench comprising Justices B.R. Gavai and Surya Kant observed in the short order closing the case.

With the Tamil Nadu Speaker not deciding the case even six weeks after issuing notice in the proceedings, the wisdom of CJI-led bench closing the case on February 14 is in contrast to the active intervention of the Nariman-led bench in the Manipur case to ensure that the Speaker decide in accordance with the law. □

Chastened rivals?

The release of Farooq Abdullah and Omar Abdullah after prolonged detention points to a **rethink and modified strategy** on the part of the government and the N.C. leaders. BY **ANANDO BHAKTO** RECENTLY IN SRINAGAR

A SOMEWHAT quick but apt inference from the February 12 meeting between former Research and Analysis Wing (RAW) chief Amarjit Singh Dulat and the former Chief Minister of Jammu and Kashmir Farooq Abdullah would be: A cogitating New Delhi realised the cost of its impulsive actions in Kashmir—a loss of Rs.18,000 crore during the “civilian curfew” besides uncontrollable global scrutiny—and turned to its tested trouble-shooter to ask, “Are you available?”

Although Farooq Abdullah’s National Conference (N.C.) claimed that the meeting was “apolitical” and denied that a deal was struck with the Narendra Modi government, a position somewhat validated by the Centre’s initial offer of pittance in the name of domicile guarantees, the release of the party’s leaders—Farooq Abdullah on March 13 and his son and former Chief Minister Omar Abdullah on March 24—after seven months of detention is no trifling development and it could not have played out in a vacuum.

The two leaders’ evasiveness on the question of the Centre’s incursions in Kashmir, much in contrast to their steely resolve at an all-party meeting in Gupkar, Srinagar on August 4, 2019, also points in that direction (*Frontline*, October 25, 2019).

(On August 5, the government of India revoked Article 370 which granted special status to Jammu and Kashmir and introduced a Bill in Parliament for the bifurcation of the State into Jammu and Kashmir Union Territory and Ladakh Union

territory.) The Gupkar declaration, adopted by a cross-section of political leaders, including the Abdullahs, Peoples Democratic Party (PDP) leader Mehbooba Mufti and Jammu and Kashmir People’s Conference leader Sajjad Lone, had spelt out in no uncertain terms that “any modification, abrogation of Articles 35A, 370, unconstitutional delimitation or trifurcation of the State would be an aggression against the people of Jammu, Kashmir and Ladakh”.

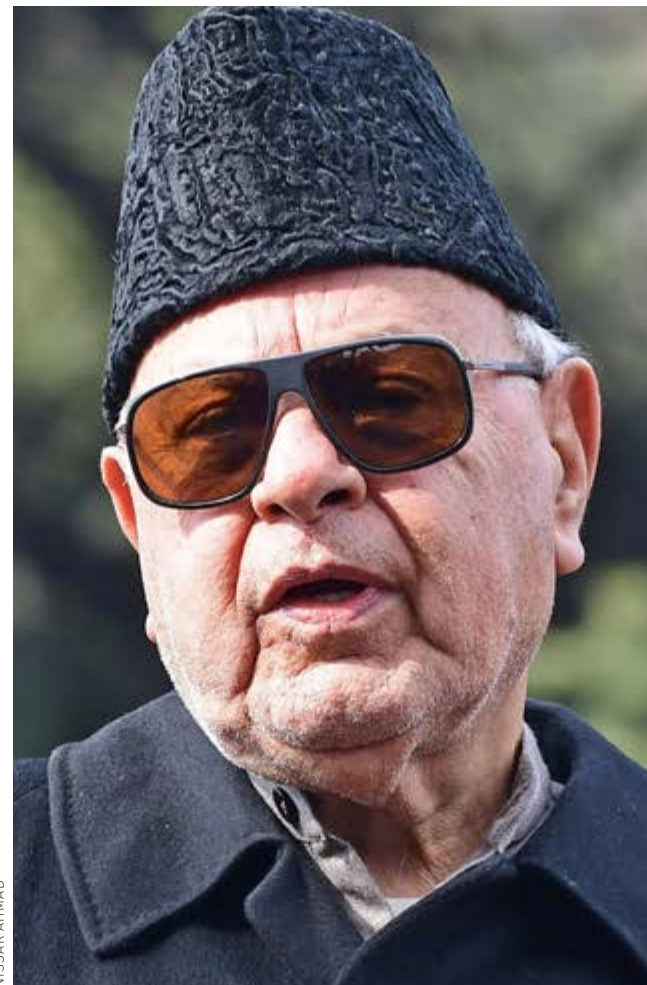
But after their release, the Abdullahs turned into quiescent fence-sitters. “I will not speak on political matters until everyone else is released,” the 82-year-old Farooq Abdullah, clad in an all-black attire, told reporters outside his residence in Srinagar on March 13. Omar Abdullah, on his release, focussed on battling the COVID-19 pandemic.

The brevity of their statements spurred relentless guessing games. Will they show deference to the sentiment on the ground and be willing for a long standoff with the Centre? Or, will they remain self-indulgent power-seekers, the fulcrum of their politics resting on an ignominious struggle for statehood?

A week after the release of Omar Abdullah on March 31, the Ministry of Home Affairs issued a notification that did little to allay Kashmiris’ fear of encroachment into their jobs and

NATIONAL CONFERENCE MP and former Chief Minister Farooq Abdullah in Srinagar on March 13.

land. The order says anyone who has lived in Jammu and Kashmir for 15 years would be eligible for domicile. It extended the same privilege to the children of Central government employees who have served in what now is the Union territory for at least 10 years, and also those who have stud-



NISSAR AHMAD

ied for seven years and appeared for Class 10 and Class 12 examinations in an educational institution there.

Soon, there was an explosion of outrage on social media. Omar Abdullah and other mainstream players—expectedly—were among the first to react. While Omar Abdullah remarked “insult is heaped on injury”, Altaf Bukhari, who heads the newly launched J&K Apni Party, scoffed at the order as “a casual exercise carried out at bureaucratic level”. As a debate raged, many political observers gravitated towards viewing the release of the N.C. leaders in isolation, a reminder of the effectiveness of combative rhetoric that politicians in Kashmir use to generate false hopes, and, in some instances, faith. The question asked was: “Had there been a deal, wouldn’t there be a reward?”

This point of view, however, fails

to take note of two things. First, if there is no reward at the outset, it does not mean that there would not be any ever. In fact, it suits the N.C. to win that after a hard bargain. That would bring the party back in a game, which is essentially about creating an illusion that one is locked in a combat with the Centre. That is how mainstream politics operates in Kashmir. The Centre’s decision to amend the new domicile law and make jobs in the Union Territory out of bounds for non-residents, barely four days after the “unionists” haggled for a more generous concession, smacks of that manoeuvre. Second, if the release of the Abdullahs was because of a sudden pang of conscience in the Modi government, it has no qualms about keeping Mehbooba Mufti in detention.

Frontline has learnt that the PDP, a former ally of the Bharatiya

Janata Party (BJP), “isn’t receiving any feelers from the government”. Said a source who is in touch with Mehbooba Mufti: “There hasn’t been any communication [from New Delhi] after the Public Safety Act (PSA) was invoked against her and Naeem Akhtar [former Cabinet Minister]. Earlier, there was some, but they refused to make any compromise over Article 370.” When the conversation veered towards the Abdullahs’ “silence”, the source said: “Those [the PDP leaders] who are willing to hit the street are in jail, whereas those who are free aren’t even talking about Article 370.”

When repeatedly questioned about the possibility of an understanding between the party and the Centre, an N.C. leader said: “I can vouch Omar Abdullah wouldn’t do any deal with the Modi government.” Does that mean the five-time Chief Minister Farooq Abdullah has caved in?

A SAINT-TURNED-POLITICIAN

The “unionist” politicians’ infirmity of purpose in the past decades enables us to do more than conjectural thinking. In 1975, Sheikh Abdullah, who was Prime Minister of Kashmir and who had spent close to 22 years in continual internment, surrendered to redrawn political battle-lines and agreed to an accord with Prime Minister Indira Gandhi. It virtually meant that the dilution of the pre-1953 autonomy of Jammu and Kashmir would be irrevocable. The people of Kashmir treated him like a saint, but the saint became a politician.

In its aftermath, mainstream politics in the Kashmir valley has operated along a predictable trajectory, stymying any process aimed at disturbing the *status quo*. In Farooq and Omar Abdullah’s case, the halo of a saint does not risk being evaporated. People look at them as politicians. They will not make unrealistic estimates of their end-goal and then be left livid at being duped. When the

FORMER CHIEF MINISTER Omar Abdullah after he was freed in Srinagar on March 24.



MUKHTAR KHAN/AP

PSA was invoked against the former Chief Ministers, there was no outrage. Danish, a youth in a village off Sangam in South Kashmir, explained: "Their detention is illegal; but it's hard to empathise with them." His was not a deviant view. The manager of a ritzy hotel at Sonwar Bagh in Srinagar, was more scornful. "Did Mehbooba Mufti care when the PSA was randomly used in her reign to terrorise people? This is natural justice."

The N.C. denies that its leaders are impervious to people's suffering. Imran Nabi Dar, N.C. spokesperson, told *Frontline*: "The Gupkar declaration was a multi-party endeavour. Farooq Abdullah is clear that the future course will be charted out after we have heard from everyone else. He has called for the immediate release of all political prisoners and that is the rational thing to do at the moment." There are others who mirror this point of view. Siddiq Wahid, a noted academic and political commentator, believes there is an oversimplification on social media on what political silence means. He explains: "We need to cogitate on how all actors in the State would regroup and reinvent their politics. Let there be a dialogue on that. Participation in elections is anathema for most of us post-August 5, but we ought to consider what everyone else has to say, including the 'unionist politicians'."

POLITICAL LIMITATIONS

Indeed, a sweeping indictment of Kashmir's mainstream political actors would amount to irresponsible grandstanding. One needs to factor in the limitations that hinder their politics. Government formation in Jammu and Kashmir is not the usual hand-over of power but a cessation of partial authority that can be reversed at the slightest violation of the fine line set by New Delhi. Various instances, including the Indira Gandhi-monitored coup that replaced Farooq Abdullah with his brother-in-law G.M. Shah as Chief Minister in 1986 amply illustrates this.

With this in mind, it becomes

somewhat easier to understand that, no matter his present circumspect behaviour and some amount of calculated belligerence that we may witness in the coming weeks and months, Farooq Abdullah could be—as he was in 1996—"available". In his four-decades long career, the only time he declined to act as a buffer was in January 1990, when he resigned as Chief Minister even as a turbulent period of militancy stared at India. But that decision, writes former bureaucrat Moosa Raza in his memoir *Kashmir: Land of Regrets*, was not shaped by mass sentiment against New Delhi's rule but his inability to accept Jagmohan as the new Governor of the State.

The N.C. would likely focus on repairing ties with the Centre and work on areas of agreement. The signs of it are becoming evident. The Prime Minister recently engaged with Omar Abdullah on Twitter and lauded his effort at physical distancing to fight the coronavirus pandemic. Siddiq Wahid warns Kashmiris against falling into that trap. "New Delhi is very good at taking 10 from us and returning two, and if I am supposed to be grateful for that, am I worth my salt?" On the domicile law, he contended: "It is a law to enable Delhi to circumvent the law to effect demographic change and initiate cultural flooding."

But within the N.C., there is an apparent mood for participating in elections whenever they are called. A party leader, who spoke on condition of anonymity, said that their decision to shun the local bodies election in 2018 was a "mistake". "We will not repeat that," he declared with conviction.

In public, they are watchful. "At a time when people are grappling with a deadly virus—where everyday news about deaths are coming, I think it's not right to talk about the political issues Jammu and Kashmir faces. As and when all the leaders are released and we are able to call the party's working committee meeting, we will be able to deliberate about post-August 5 events and the way forward," Omar

Abdullah's political advisor, Tanveer Sadiq, told *Frontline*.

As their procrastination smogs the scene in locked-down Srinagar, one wonders what compelled the BJP to shed its brusque air of command and seek rapprochement with those it bitterly discredited. "There will be no dialogue with the mainstream political parties or the separatists. How can you have a dialogue with someone who said there will be no one to hold the national tricolour?" Satya Pal Malik, the then Governor of the State, said soon after the August 5 decision. Jamyang Namgyal, BJP MP from Ladakh, was incisive. "Members of two families are still intoxicated and think that Kashmir is their father's property," he said in Parliament.

But that was then. The government now realises it entered a battlefield with robust preparedness for day one, but not for day two and days thereafter. The initial euphoria of Jammu and Kashmir's "total integration" with India evaporated sooner than one imagined. The BJP lost important elections in Jharkhand and Maharashtra, and in Jammu, its regional satraps clamoured for domicile rights.

A United States Congressional Committee twice called hearings over rights violations in Kashmir, while "friends" Malaysia and Turkey turned into bitter critics of India. The public relations gamble on October 29, when the Union government took a 27-member European Union delegation to Kashmir, ended in smoke, with the world noting that 22 of them came from far-right, Islamophobic backgrounds.

The government realised it risks exposing the brittle moral foundations of Indian democracy in Kashmir unless it makes a quick retreat. It realised that the larger objective in Kashmir is not to gain monopoly—that had been achieved by Jawaharlal Nehru in August 1953 when he deposed Sheikh Abdullah—but maintain a sheen of legitimacy. It understood the Abdullachs and Muftis abetted that.

Will they, again?

The past foretells the future. □